

Nutrition Assessment Tutorial

One of the most neglected areas of acute and critical care is nutrition. Also, one of the most litigated areas in long-term residential and/or nursing home care is malnutrition.

SETMA's Nutrition Assessment Template makes it possible to objectively document a patient's nutritional status in regard to:

- Risk Factors for Malnutrition
- Physical Signs and Symptoms of Malnutrition
- Chemical and Metabolic Indications of Malnutrition

The Nutrition Template can be launched from the:

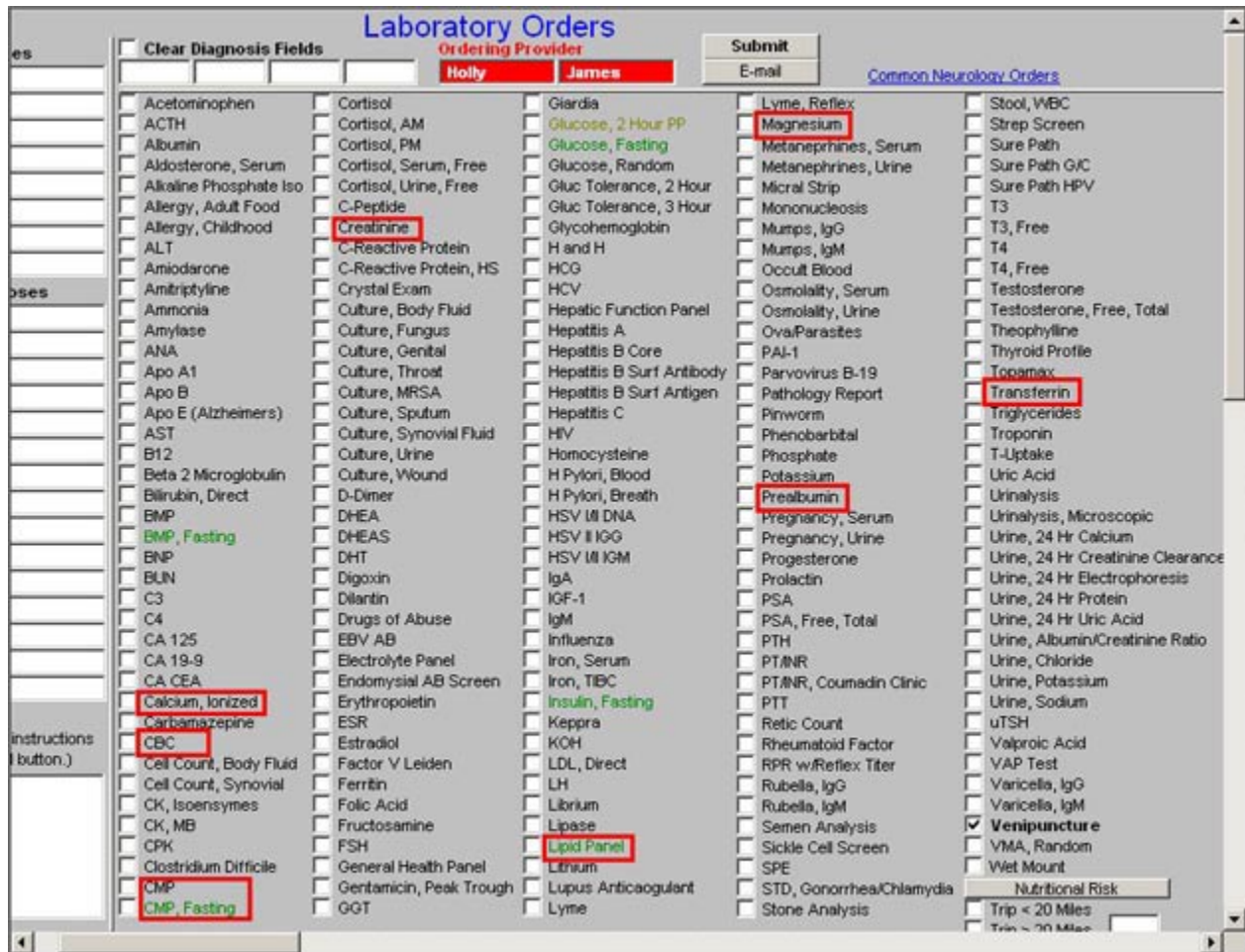
- AAA Home

The screenshot displays the SETMA Nutrition Assessment Template interface. At the top left is the logo for Southeast Texas Medical Associates, LLP. The patient information section includes fields for Patient (RichmondPROX, Ztest), Sex (M), Age (35), and DOB (05/23/1974). Below this are fields for Home Phone, Work Phone, and Patient's Code Status. A navigation bar contains various links, with 'Nutrition' highlighted in a red box. Other links include 'SETMA's LESS Initiative', 'Preventing Diabetes', 'Preventing Hypertension', 'Medical Home Coordination', 'Charge Posting Tutorial', 'ICD-9 Code Tutorial', 'E&M Coding Recommendations', 'Needs Attention!!', 'Master GP', 'Nursing Home', 'Ophthalmology', 'Pediatrics', 'Physical Therapy', 'Podiatry', 'Rheumatology', 'Daily Progress', 'Admission Orders', 'Discharge', 'Insulin Infusion', 'Colorectal Surgery', 'Pain Management', 'Exercise', 'CHF Exercise', 'Diabetic Exercise', 'Drug Interactions', 'Smoking Cessation', 'Hydration', 'Guidelines', 'Lab Future', and 'Lab Results'. A 'Disease Management' section lists links for 'Acute Coronary Syn', 'Angina', 'Asthma', 'CHF', 'Diabetes', 'Headaches', 'Hypertension', 'Lipids', 'Cardiometabolic Risk Syndrome', 'Weight Management', 'Renal Failure', and 'Diabetes Edu'. On the left, there are fields for Patient's Pharmacy, Phone, and Fax, along with buttons for 'Rx Sheet - Active', 'Rx Sheet - New', 'Rx Sheet - Complete', and 'Home Health'. On the right, there is a 'Chart Note' section with buttons for 'Return Info', 'Return Doc', 'Email', 'Telephone', 'Records Request', and 'Transfer of Care Doc'. The 'Pending Referrals' table shows one entry: Status: Completed, Priority: Routine, Referral: Test, Referring Provider: Abbas. The 'Archived Referrals - Do not use for new referrals' table shows one entry: Status: In Progress, Referring Provider: James L. Holly MD. A 'Referral History' link is also present.

- SETMA Navigation Bar of Patient Data Master template
- SETMA Navigation Bar of Nursing Home Master template

The laboratory nutritional assessment of a patient can be completed by:

- Going to the Plan Template on the GP Master Suite of Templates and
- Opening the Lab Charge Posting Template.
- At the bottom of the fifth column of that template, there is a button entitled “Nutritional Risk.”
- When clicked 8 lab studies are highlighted in blue.
- The boxes next to each of these should be clicked which will order all of the test necessary to properly evaluate the patient’s nutritional status.
- The ICD-9 Codes for Malnutrition should be used with this set of tests.



The Nutrition Template is organized into four sections from top to bottom. They are:

Top Section:

The following patient data is pulled from other parts of the EMR:

- Age
- Weight

- **Height**
- **BMI**
- **Body Fat %**
- **Basal Metabolic Rate** – there is a help button which gives details about the patient’s BMR. If the BMR is not displayed, it is simple to go to AAA Home, click on Master GP, go the Nursing template, click in the box beside BMR, add the patient’s level of activity and click “OK.” The BMR is automatically calculated and displayed on the Nutrition Template.
- **Protein Requirements** – Among the very important aspects of a patient’s nutritional status is appropriate protein intake. In the first help button to the right of the Nutrition button two definitions are given:
 - **Kwashiorkor** – a form of malnutrition caused by inadequate protein intake
 - **Marasmus** -- a form of failure to grow with emaciation in face of a fair appetite.

The second section of the Nutrition Assessment is composed of three columns:

Risk Factors for Malnutrition

- Inappropriate Food Intake
- Poverty
- Social isolation

- Dependence and/or Disability
- Acute of chronic Diseases/conditions
- Chronic medication use
- Advanced aged (80+)
- Late-Life Paranoia
- Swallowing Disorders
- Oral Problems
- Nosocomial Infections
- Wandering or Other Dementia-related Behaviors
- Hyperthyroidism/Hypercalcemia/Hyperadrenalism
- Enteric Problems
- Inability to feed self
- Eating Problems
- Low-salt, low-cholesterol Diets
- Stones (Cholelithiasis)
- Depression
- Unable to turn and position

Nutrition Assessment

Age Basal Metabolic Rate cal/day
 Weight lbs
 Height in Protein Requirement g/day

Risk Factors for Malnutrition

- Inappropriate Food Intake
- Poverty
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Physical Signs and Symptoms of Malnutrition

- Involuntary Weight Loss - 5% in 30 days
- Involuntary Weight Loss - 10% in 180 days
- Wasting of Fat and Muscle Tissue
- Flaking Dermatitis
- Sparse, thin hair that is easy to pull out
- Transverse Lines on Nails
- Abdominal Distension
- Hepatomegaly
- Parotid Gland Enlargement
- Anorexia
- Depression
- 25% of meals left uneaten at two thirds of meals

BMI

Body Fat %

Home

Malnutrition Information

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Nutrition and the Elderly

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Chemical and Metabolic Indications of Malnutrition

Albumin (g/dL) <input type="text"/>	Total Protein (g/dL) <input type="text"/>
Prealbumin (mg/dL) <input type="text"/>	Magnesium (mg/dL) <input type="text"/>
Cholesterol (mg/dL) <input type="text"/>	Calcium (mg/dL) <input type="text"/>
Hemoglobin (g/dL) <input type="text"/>	Blood Urea Nitrogen (mg/dL) <input type="text"/>
Transferrin <input type="text"/>	Urine Urea Nitrogen <input type="text"/> <input type="button" value="Info"/>
	Creatinine (mg/dL) <input type="text"/>

Orders/Guidelines

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This check list not only provides an excellent risk stratification for nutritional compromise in a patient but also provides an excellent guide to evaluation of nutritional problems.

Midway down the first column and next to the Risk Factors for Malnutrition are two

buttons:

Meds w/Nutritional Risk – this is the list of common medications which can contribute either to decrease appetite or to decrease absorption. Any patient at nutritional risk ought to be evaluated for the possibility of avoiding these medications.

Nutrition Assessment

5 lbs
in

Basal Metabolic Rate cal/day
Help

Protein Requirement g/day

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BMI

Body Fat %

Meds w/ Nutritional Risk
Nutritional Risk Questionnaire

Check for New Labs Laboratory Dates

Total Protein (g/dL)

Magnesium (mg/dL)

Calcium (mg/dL)

Blood Urea Nitrogen (mg/dL)

Urine Urea Nitrogen Info

Creatinine (mg/dL)

Nutrition Riskmed

Medications Increasing Malnutrition Risk

- Amiodipine - Norvasc
- Ciprofloxin - Cipro
- Cisapride - Propulsid
- Conjugated Estrogen - Premarin
- Digoxin - Lanoxin
- Enalapril Maleate - Vasotec
- Famotidine - Pepcid
- Fentanyl Transdermal - Duragesic
- Furosemide - Lasix
- Levothyroxine Sodium - Synthroid
- Narcotic Analgesic - Propacet
- Nifedipine - Procardia XL
- Nizatidine - Axid
- Omeprazole - Prilosec
- Peroxetine - Paxil
- Phenytoin - Dilantin
- Potassium Replacement - K-Dur
- Rantidine HCl - Zantac
- Risperidone - Risperidal
- Sertraline HCl - Zoloft
- Warfarin - Coumadin

OK Cancel

Nutritional Risk Questionnaire – based on the following categories, a score of 10 or higher places the patient at a high risk of malnutrition. The categories are:

- Level of Consciousness/Mental Status
- Self-feeding ability
- Weight Status
- Oral health status
- Food intake
- Fluid intake
- Snacks/Supplements
- Food Preferences
- Medications
- Lab Values
- Predisposing Conditions

Malnutrition Risk Questionnaire

Calculate
Score
Return

<p>Level of Consciousness/Mental Status</p> <p><input type="radio"/> Alert - Oriented x3</p> <p><input type="radio"/> Slow to respond - Disoriented x1</p> <p><input type="radio"/> Lethargic - Disoriented x2</p> <p><input type="radio"/> Comatose, depressed, constant wanderer - Disoriented x3</p> <p>Self-Feeding Ability</p> <p><input type="radio"/> Feeds self</p> <p><input type="radio"/> Feeds self with verbal ques</p> <p><input type="radio"/> Feeds self slowly and only part of meal</p> <p><input type="radio"/> Fed by staff or tube fed</p> <p>Weight Status</p> <p><input type="radio"/> Stable within last 3 months</p> <p><input type="radio"/> Explained weight changes (i.e., edema, diet, surgery, etc.)</p> <p><input type="radio"/> < 5% loss in 1 month or < 10% in 6 months</p> <p><input type="radio"/> > 5% loss in 1 month or > 10% in 6 months</p> <p>Oral Health Status</p> <p><input type="radio"/> Teeth/Dentures in good condition</p> <p><input type="radio"/> Lost dentures or several missing teeth</p> <p><input type="radio"/> Endentulous</p> <p><input type="radio"/> Difficulty swallowing or frequent choking</p> <p>Food Intake</p> <p><input type="radio"/> Excellent - Eats 75 to 100% most meals</p> <p><input type="radio"/> Good - Eats 50 to 75% most meals</p> <p><input type="radio"/> Fair - Eats 25 to 50% most meals</p> <p><input type="radio"/> Poor - Eats less than 25% most meals Refuses some meals</p> <p>Fluid Intake</p> <p><input type="radio"/> 2000 cc or more daily</p> <p><input type="radio"/> 1000 - 2000 cc daily</p> <p><input type="radio"/> 500 - 1000 cc daily</p> <p><input type="radio"/> Less than 500 cc daily</p>	<p>Snacks/Supplements</p> <p><input type="radio"/> Takes as offered</p> <p><input type="radio"/> Takes most of the time, greater than 50%</p> <p><input type="radio"/> Takes occasionally, less than 50%</p> <p><input type="radio"/> Refuses to take</p> <p>Food Preferences</p> <p><input type="radio"/> Few food dislikes</p> <p><input type="radio"/> Many food dislikes/complaints</p> <p><input type="radio"/> Specific foods, related allergies, intolerance</p> <p><input type="radio"/> Limited access to culturally accepted foods</p> <p>Medications</p> <p>Respond based on the following meds: chemo, steroids, cardiac glycosides, psychoactives, diuretics, and antibiotics</p> <p><input type="radio"/> None currently taken</p> <p><input type="radio"/> Takes 1 of these drugs</p> <p><input type="radio"/> Takes 2 of these drugs</p> <p><input type="radio"/> Takes 3 or more of these drugs</p> <p>Lab Values</p> <p><input type="radio"/> Albumin 3.5-5.0 all other labs normal</p> <p><input type="radio"/> Albumin 3.2-3.4, 1 to 2 other labs abnormal</p> <p><input type="radio"/> Albumin 2.9-3.1, 3 to 5 other labs abnormal</p> <p><input type="radio"/> Albumin<2.8, 5 or more other labs abnormal</p> <p>Predisposing Conditions</p> <p>Respond based on the following diseases: Osteoporosis, Diabetes, COPD, Arthritis, Anemia, Cancer, Kidney Disease, Malabsorption Syndrome, Alcohol Abuse, GI Surgery, Prolonged Nausea, Diarrhea, Vomiting, Depression</p> <p><input type="radio"/> 1 present</p> <p><input type="radio"/> 2-3 present</p> <p><input type="radio"/> 4 or more present</p>
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Column 2:

Physical Signs and Symptoms of Malnutrition

- Involuntary Weight Loss – 5% in 30 days
- Involuntary Weight Loss – 10% in 180 days
- Wasting of Fat and Muscle Tissue
- Flaking Dermatitis
- Sparse, thin hair that is easy to pull out
- Transverse lines on Nails
- Abdominal distension
- Hepatomegaly
- Parotid Gland enlargement
- Anorexia
- Depression
- 25% of meals left uneaten at two thirds of meals.

Column 3:

Print Button -- this creates a document for the Nutritional Assessment Template

Malnutrition Information -- these are provider education pieces on nutrition

- Definitions
- Adverse Affects
- Biochemical Indicators
- Incidence and Awareness
- Monitoring
- Nutritional Assessment
- Risks

Nutrition and the Elderly – these are provider education pieces

- Age Change in Body Composition
- Causes of PEM
- Drug Tx Weight Loss in Elderly
- Ethical Issues about Nutrition
- Nutrient Functions
- Undernutrition in the Elderly

The third section from top to bottom is:

Chemical and Metabolic Indications of Malnutrition

- Albumin
- Prealbumin
- Cholesterol
- Transferrin
- Total Protein
- Magnesium
- Calcium
- Blood Urea Nitrogen
- Urine urea nitrogen -- there is an “info” button which explains what urine urea nitrogen is.
- Creatinine

Nutrition Assessment

Age Basal Metabolic Rate cal/day
 Weight lbs
 Height in Protein Requirement g/day

Risk Factors for Malnutrition

- Inappropriate Food Intake
- Poverty
- Social Isolation
- Dependence and/or Disability
- Acute or Chronic Diseases/Conditions
- Chronic Medication Use
- Advanced Age (80+)
- Late-Life Paranoia
- Swallowing Disorders
- Oral Problems
- Nosocomial Infections
- Wandering or Other Dementia-Related Behaviors
- Hyperthyroidism/Hypercalcemia/Hyperadrenalism
- Enteric Problems
- Inability to Feed Self
- Eating Problems
- Low-salt, Low-cholesterol Diets
- Stones (Cholelithiasis)
- Depression
- Unable to turn and position

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BMI
 Body Fat %

Home

Malnutrition Information

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Nutrition and the Elderly

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Chemical and Metabolic Indications of Malnutrition

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Hemoglobin (g/dL)	<input type="text"/>	Blood Urea Nitrogen (mg/dL)	<input type="text"/>
Transferrin	<input type="text"/>	Urine Urea Nitrogen <input type="button" value="Info"/>	<input type="text"/>
		Creatinine (mg/dL)	<input type="text"/>

Orders/Guidelines

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To the right of this section are two buttons:

- **Check for new lab** – this populates the lab results with the most current lab.

Nutrition Assessment

Age Basal Metabolic Rate cal/day
 Weight lbs
 Height in Protein Requirement g/day

Risk Factors for Malnutrition

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BMI

Body Fat %

Malnutrition Information

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Malnutrition and the Elderly

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Chemical and Metabolic Indications of Malnutrition

Albumin (g/dL) <input type="text"/>	Total Protein (g/dL) <input type="text"/>
Prealbumin (mg/dL) <input type="text"/>	Magnesium (mg/dL) <input type="text"/>
Cholesterol (mg/dL) <input type="text"/>	Calcium (mg/dL) <input type="text" value="8.5"/> Low
Hemoglobin (g/dL) <input type="text" value="3"/> Low	Blood Urea Nitrogen (mg/dL) <input type="text" value="31"/>
Transferrin <input type="text"/>	Urine Urea Nitrogen <input type="text" value="Info"/>
	Creatinine (mg/dL) <input type="text" value="1.9"/>

Orders/Guidelines

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- **Laboratory Dates** – this tells you when the lab was done.

Nutrition Assessment

Age
Weight
Height

Risk Factors for Malnutrition

- Inappropriate Food Intake
- Poverty
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- Acute or Chronic Diseases/
- Chronic Medication Use
- Advanced Age (80+)
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- Oral Problems
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- Wandering or Other Dement
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Nutrition Labs

Laboratory Collection Dates

Albumin		/ /
Prealbumin		/ /
Cholesterol		/ /
Hemoglobin		/ /
Total Protein		/ /
Magnesium		/ /
Calcium		/ /
BUN		/ /
Creatinine		/ /

Malnutrition Information

- Definitions
- Adverse Affects
- Biochemical Indicators
- Incidence and Awareness
- Monitoring
- Nutritional Assessment
- Risks

Ittution and the Elderly

- Age Change in Body Composition
- Causes of PEM
- Drug Tx Weight Loss in Elderly
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- Undernutrition in the Elderly

Chemical and Metabolic Indications of Malnutrition

Albumin (g/dL)		Total Protein (g/dL)		
Prealbumin (mg/dL)		Magnesium (mg/dL)		
Cholesterol (mg/dL)		Calcium (mg/dL)	8.5	Low
Hemoglobin (g/dL)	3	Blood Urea Nitrogen (mg/dL)	31	
Transferrin		Urine Urea Nitrogen	Info	
		Creatinine (mg/dL)	1.9	

Laboratory Dates

Orders/Guidelines

- General
- Family Suggestions

The last section from top to bottom has two buttons and is entitled “**Orders/Guidelines**”

Nutrition Assessment

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BMI
 Body Fat %

Chemical and Metabolic Indications of Malnutrition

Albumin (g/dL) <input type="text"/>	Total Protein (g/dL) <input type="text"/>
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Transferrin <input type="text"/>	Urine Urea Nitrogen <input type="text" value="Info"/>
	Creatinine (mg/dL) <input type="text" value="1.9"/>

Malnutrition Information

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Nutrition and the Elderly

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Orders/Guidelines

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General – launches a pop-up entitled **Loss of Appetite/Malnutrition Guidelines**

Appetite Protocol

Loss Appetite/Malnutrition Guidelines

Risk Factor

- Inapp
- Pover
- Socia
- Deper
- Acute
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- Hyper
- Enteri
- Inabill
- Eating
- Low-
- Stone
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- Prealbumin, repeat in one (1) week.
- CMP
- Initiate 72 hour calorie count, record each shift.
- Consult Therapeutic Dietitian
- Perform and record weekly weight measurements.
- Perform and record daily weight measurements.
- Monitor and record intake and output for [] hours.
- Implement Medication Pass program.
- Give [] nutritional supplement,
Dose: []
- Supervised Feeding
- Feed by Licensed Nurse only.
- Spoon feed patient.
- High Protein Diet
- Zinc 220 mg BID

- Periactin 4 mg one (1) PO TID 30 minutes AC.
- Megace 800 mg one (1) PO q.A.M.
- Modified Barium Swallow
- Speech Therapist to evaluate
- Complete Hydration Evaluation (Template)
- Complete Nutrition Evaluation (Template)
- Check for fecal impaction.
- Stop therapeutic diet.
- Check for Infection
UTI, URI, Pneumonia, Gastrointestinal
- Physical Therapy for strengthening.
- Feed sitting in chair is possible
- Feed sitting in bed if chair not possible
- Give feeding assistance if required - by a nurse not an aid
- Have a nurse note what the patient does or does not eat
- Vitamin C 500 mg q day
- Multi Vitamin q day

If more than 50% of meal taken, increase H2O by [] cc q24 hours

OK Cancel

Chemical and Metabolic Indicators of Malnutrition Check for New Labs Laboratory Dates

Albumin (g/dL)	[]	Total Protein (g/dL)	[]
Prealbumin (mg/dL)	[]	Magnesium (mg/dL)	[]
Cholesterol (mg/dL)	[]	Calcium (mg/dL)	8.5 Low

General Family Suggestions

Family Suggestions – six suggestions which can be made to the family to improve the nutrition of their loved one.

Nutrition Assessment

Age Basal Metabolic Rate cal/day
 Weight lbs
 Height in Protein Requirement g/day

Malnutrition
 Involuntary Weight Loss - 5% in 30 days

Physical Signs and Symptoms of Malnutrition

Nutrition Family

Suggestions for Family

Visit at meal times

Help feed

Discuss alternate food sources

Review food preferences

Recommend favorite foods or comfort foods

Discuss quality of life issues and treatment goals

Malnutrition Information

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Nutrition and the Elderly

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Metabolic Indications of Malnutrition

<input type="text"/>	Total Protein (g/dL)	<input type="text"/>	
<input type="text"/>	Magnesium (mg/dL)	<input type="text"/>	
<input type="text"/>	Calcium (mg/dL)	8.5	Low
3	Blood Urea Nitrogen (mg/dL)	31	
<input type="text"/>	Urine Urea Nitrogen <input type="button" value="Info"/>	<input type="text"/>	
<input type="text"/>	Creatinine (mg/dL)	1.9	

Orders/Guidelines

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The “Print” button creates a document with all of the information completed on this template. The information also is added to the document of the Master GP and the Master Nursing Home chart notes.

Nutrition Assessment

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 Height in Protein Requirement g/day

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BMI

Body Fat %

Malnutrition Information

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Malnutrition and the Elderly

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Transferrin <input type="text"/>	Urine Urea Nitrogen <input type="text" value="Info"/>
	Creatinine (mg/dL) <input type="text" value="1.9"/>

Orders/Guidelines