

HARBOR-UCLA MEDICAL CENTER

SUBJECT: NUTRITION SCREENING

POLICY NO. 391

PURPOSE:

To establish a process to identify patients at risk for malnutrition and/or need for nutrition intervention.

POLICY:

Harbor-UCLA Medical Center will ensure that an initial nutrition screening program is implemented to identify patients who are at potential nutritional risk or who require medical nutrition therapy.

PROCEDURE:

Harbor-UCLA Medical Center will adhere to the following procedure for inpatient and outpatient nutrition screening and referral services:

I. INPATIENT NUTRITION SCREENING AND REFERRAL

A. Initial Screen

1. Nursing

- Gathers information from the patient/family within 24 hours of admission orders being written, and documents on the Nursing Admission History/Assessment in the Electronic Health Record (EHR) or using the area specific form.
- Malnutrition Screening Tool is used in adults (Appendix I). All areas use Nutrition Risk Triggers, including Pediatrics, Neonatal and Pregnant Women Form. The triggers are attached for reference (Appendix II).
- If any of the nutritional risk triggers listed are identified, nursing staff initiates a consult or an automatic consult is sent to Nutrition Services through the EHR.

2. Dietitian or Dietetic Intern\*

- Acts on information/consults resulting from nursing screening within 2 days.
- Reviews/prioritizes based on the following:
  - Written or verbal consult

EFFECTIVE DATE: 1/05

SUPERSEDES:

REVISED: 2/07, 6/10, 12/12, 4/14, 11/17

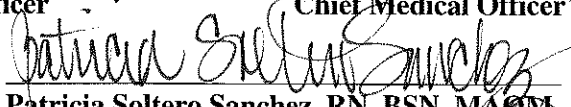
REVIEWED: 2/06, 6/10, 12/12, 4/14, 11/17

REVIEWED COMMITTEE: NUTRITION COMMITTEE - 9/17

APPROVED BY:

  
 Kim McKenzie, RN, MSN, CPHQ  
 Chief Executive Officer

  
 Anish Mahajan, MD  
 Chief Medical Officer

  
 Patricia Soltero Sanchez, RN, BSN, MAOM  
 Chief Nursing Officer

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- Date of admission
- Diet Order
- Location (e.g. ICU vs. ward)

**B. Continuous Screen**

## 1. Dietitian

- a. Evaluates information from the following sources as it becomes available: (Refer also to Food and Nutrition Services Policy D003)
  - Information Services: Diet orders/changes, new enteral nutrition orders, admission diagnosis(es), admission date, patient location.
  - Pharmacy: TPN/PPN list
  - Medical Services: Consults from physicians or other healthcare providers
  - Interdisciplinary Team: Collaborative rounds
  - Nutrition staff member: Meal rounds
- b. Further assesses patients identified at potential risk (per Food and Nutrition Services, Policy D003 Initial prioritization, screening, assessment).

## 2. Nursing

- a. For patients refusing to eat without other means of nutrition support, registered nurse to initiate a referral to Nutrition Services via EHR.
  - b. For patients refusing to drink for more than 48 hours without receiving IV or enteral fluids, registered nurse to notify nurse manager, attending and resident physicians.
  - c. Document notification of above with date, time and who was notified.
  - d. Nurse Manager to coordinate patient care conference within 24 hours of notification. Members may include Attending physician, resident physician, appropriate medical specialist, Nurse Manager, dietitian, Patient Advocate and/or Social Services. The outcome of the patient care conference is documented in the medical record and an interdisciplinary plan of care is created and implemented. Nursing and Medical Administration shall be notified of the outcome of the conference.
  - e. If the patient care conference does not resolve the issue, consult psychiatry to evaluate patient's understanding of consequences and decision making capacity.
  - f. If patient is judged to have capacity and patient continues to refuse water and food, Risk Management, the Bioethics Committee Chair/Vice Chair and the hospital CEO shall be consulted.
  - g. County Counsel to be contacted for consultation if needed.
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**II. OUTPATIENT NUTRITION SCREENING**

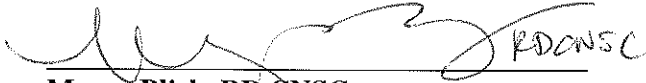
**A. Screening**

Clinics are responsible for identifying and referring patients for nutrition assessment.

**B. Referrals**

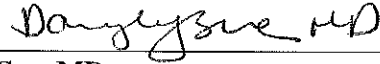
Referrals may be made to the nutrition clinic. Time sensitive cases are taken on a walk-in basis or by paging the clinic-assigned dietitian. For general appointments individual clinics may book an appointment for Nutrition Clinic using eConsult.

Approved by:



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Megan Blick, RD CNSC  
Co-Chair Nutrition Committee



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Darryl Sue, MD  
Co-Chair, Nutrition Committee

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NUTRITION SCREENING

Appendix I

NUTRITION RISK TRIGGERS: ADULT (General)

Please consult Nutrition Services with a Malnutrition Screening Tool (MST) score of 2 or more, or a Yes answer to following questions.

Malnutrition Screening Tool

1. Have you lost any weight recently without trying?

- No 0
- Unsure 2

Yes- how much weight have you lost?

- 1-5 kg 1
- 6-10 kg 2
- 11-15 kg 3
- >15 kg 4
- Unsure 2

2. Have you been eating poorly because of a decreased appetite?

- No 0
- Yes 1

*MST Score of 2 or greater will result in a Nutrition Consult*

Additional Information:

- Does the patient have pressure ulcers? Y N
- Has the patient refused to eat for 5 days or refused to drink for 2 days? Y N

*Any Yes answer will result in a Nutrition Consult*

Unable to assess nutrition risk at this time.

Reason: \_\_\_\_\_

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**NUTRITION RISK TRIGGERS**

Appendix II

**NUTRITION RISK TRIGGERS: General Adult Population**

If any of these criteria are identified during the initial nutrition screening, an automatic consult to Nutrition Services is entered into the electronic health record for complete nutritional assessment:

- MST Score  $\geq 2$
- Presence of a pressure ulcer, stage II or greater
- Fluid intake <50% of normal in last 3 days
- Impaired nutritional intake

**NUTRITION RISK TRIGGERS: PREGNANCY/OB Patients**

If any of these criteria are identified during the initial nutrition screening, nursing initiates a consult or an automatic consult is sent to Nutrition Services in the electronic health record for complete nutritional assessment:

- MST Score  $\geq 2$
- Documented home diet other than "regular".
- Presence of a pressure ulcer, stage II or greater
- Fluid intake <50% of normal in last 3 days
- Impaired nutritional intake

**NUTRITION RISK TRIGGERS: PEDIATRIC**

If any of these criteria are identified during the initial screening, nursing initiates a consult or an automatic consult is sent to Nutrition Services in the electronic health record for complete nutritional assessment:

- Documented home diet other than "regular".
- Presence of a pressure ulcer, stage II or greater.
- Fluid intake <50% of normal in last 3 days.
- Impaired nutritional intake.

**NUTRITION RISK TRIGGERS: NEONATAL**

If any of these criteria are identified during the initial screening, nursing initiates a consult to Nutrition Services for complete nutritional assessment:

- <34 Weeks Gestational Age
- <1000 g Birth Weight
- Small for Gestational Age
- Intrauterine growth restriction
- Diagnosis of Bronchopulmonary Dysplasia, Necrotizing Enterocolitis, Cholestasis, Gastroesophageal Reflux Disease, Gastroschisis