

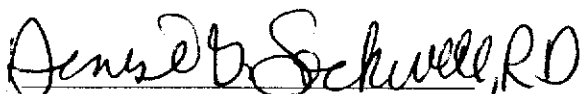
## NUTRITION SCREENING, EVALUATION, AND ASSESSMENT OF INPATIENTS

1. **PURPOSE:** To establish standards for nutrition screening and evaluation which results in the identification of patients at nutrition risk who require nutrition assessment and the prioritization of nutrition treatment.
2. **POLICY:** Patients admitted to the medical center will be screened by a Registered Nurse (RN) within 24 hours utilizing the Nursing Inpatient Admission Assessment Form. The Clinical Nutrition Staff will complete the Nutrition Assessment form as appropriate in response to consult from nursing service. Those patients identified with significant nutrition problems will have further assessment, nutrition counseling, and/or development of a nutrition care plan.
3. **ACTION:**
  - a. On admission the RN will complete the nutrition screening section of the Inpatient Admission Assessment Form or other nursing admission form. A nutrition consult via the computerized consult package will be initiated by the RN if an item on the screen is selected. The consult will be transmitted to the appropriate clinical dietitian for review/assessment. The Clinical Dietitian will gather data (see Attachment A and C) and respond to consult within 48 hours.
  - b. Nutrition evaluation forms will be obtained on new admissions each workday. A preliminary review (quick review of admission information: diagnosis, diet, and lab data) will be conducted to prioritize the evaluation forms. The computerized nutrition patient profile can supplement this information.
  - c. Patients will be evaluated to determine their nutrition status (level of acuity) in three working days of admission by using the criteria in Attachment A. Significant nutrition information for all patients will be recorded by the RD/DTR in the computerized medical record using template, "Nutrition Evaluation" (Attachment B) under progress notes.
  - d. Patients on Blind Rehabilitation Center (BRC) and Safe Harbor will be evaluated within 3 days by the DTR. Follow-up will be on consult from nursing/health staff.

- e. Patients evaluated by the DTR and determined to be at nutrition risk, which is defined as moderately or severely compromised (level III and IV), will have a nutrition assessment completed by the Clinical Dietitian (Attachment C) in the progress notes in CPRS under title, "Nutrition Assessment" within two working days. Refer to SOP "Documentation in the Medical Record" for guidance on completing a nutrition assessment.
- f. Health care professionals can refer patients to the RD/DTR for evaluation/assessment. The Clinical Nutrition Staff can be consulted via the computer under consult option in CPRS. Professionals can contact the appropriate RD/DTR through e-mail or calling Nutrition and Food Services.
- g. The patient's nutrition status will be entered into the computer within one (1) workday of completing the evaluation/assessment.
- h. Patients whose nutrition status cannot be determined due to lack of data, will be re-evaluated by the third workday. If data is still not available, the RD/DTR will use all available data and subjective clinical judgment to determine nutrition risk and develop a care plan accordingly.
- i. If a patient is admitted with a diet order of "NPO" or "clear liquids," the evaluation form will be completed but the RD/DTR will monitor the diet through the third day for advancement of diet. The advancement of diet and its adequacy will be documented on progress note. Patients on NPO status for more than three (3) days will be automatically marked with an asterisk (\*) by the computer on the Ward Diet Order List. If no order is received by the fourth day, the RD will use clinical judgment to make recommendations to the primary care physician. The DTR can refer patients to the appropriate RD if no plans for nutritional support are documented in the chart.
- j. The extent and frequency of nutrition assessment and follow-up after the evaluation/assessment will be determined by the nutritional status of the patient as outlined in Attachment D. Nutrition status can be adjusted based on improvement or decline in a patient's medical condition.

#### 4. **REFERENCES:**

- VHA Handbook 1109.2. Clinical Nutrition Management.
- VHA Handbook 1109.01 Nutrition Status Classification Scheme Handbook.
- The Joint Commission Comprehensive Accreditation Manual for Hospitals.

  
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