



Good nutrition practice is a crucial part of patient management. By following four practical steps, health care professionals can ensure that patients receive appropriate nutrition at the right time. Nutritional risk screening, assessment, intervention and monitoring assist in the early detection and adequate nutritional management of patients suffering from hospital malnutrition or are at risk of malnutrition.

## Good Nutrition Practice

### Practical Steps to Improve the Nutritional Status of Patients

These practices have been developed by experienced practitioners and clinical experts. They are intended for daily practice and are quick and easy-to-use.

#### 1. Nutritional Risk Screening: The First Step in the Fight Against Hospital Malnutrition

Accurate screening is the initial step in good nutrition practice. Screening should be performed within 24 hours of admission to define and quickly start nutrition therapy.

Nutritional risk screening should be done with a recommended screening tool looking at weight relative to height (BMI), weight loss, appetite, and food intake. Nutritional Risk Screening 2002 (NRS 2002) is one of the most widely used screening tools for the hospital setting, based on 128 studies, and is recommended in the European Society for Clinical Nutrition and Metabolism (ESPEN) Guidelines for Nutrition Screening 2002.<sup>1</sup> NRS 2002 is characterized by a rapid and simple procedure which can be done non-invasively and routinely by any health care professional in less than five minutes.

Alternately, a Subjective Global Assessment (SGA) can be used to screen patients. SGA is a nutritional non-invasive tool highly predictive of malnutrition-associated complications.<sup>2</sup> This method considers not only alterations in body composition, but also changes in physiological function.<sup>3,4,5</sup> The SGA can also be used for a more in-depth analysis as a screening tool.

## 2. Nutritional Assessment: An In-depth Evaluation of the Causes of Hospital Malnutrition

If the initial nutritional risk screening has shown signs for a risk of malnutrition, a more in-depth evaluation follows. A nutritional assessment is crucial to fully understand the patient's condition. The assessment should analyze the causes of hospital malnutrition and the risk factors for nutrition and fluid deficiency.

Relevant assessment parameters include disease and treatment-related risk factors such as nausea, dehydration, diarrhea, acute infections; social and psychosocial risk factors such as depression and social isolation; and nutrition-related risk factors such as allergies, anthropometrics conditions, and restrictive diets. Biochemical data which is objective and readily available, is also useful a mean to assess nutritional status.

The assessment should be performed by a nutritional expert (e.g. a dietitian, a clinician knowledgeable in nutrition, a nutrition nurse specialist, or a nutritional support team).

## 3. Nutritional Therapy Plan: Improving the Nutritional Condition of the Patient

The primary purpose of a nutrition therapy is to stabilize or to increase the weight of the patient and to improve their nutritional condition. The aim is to deliver sufficient energy, proteins, micronutrients, and fluid to meet the patient's needs.<sup>6</sup> Further objectives of nutritional therapy include the maintenance of immune function and prevention of metabolic complications.<sup>7</sup>

The development of a nutritional therapy plan by a physician or dietitian should follow these critical steps:

- Define the nutritional goals for the patient
- Define the patient's individual nutritional requirements
- Define nutritional support and implement nutritional therapy plan
- Define the route(s) of nutrition

## 4. Monitoring Nutrition Therapy: Keeping Patients on Track

Monitoring is an integral part of the nutritional management process, which calls for careful documentation and control to estimate the efficacy of therapy. Each patient's status should be monitored with defined measurements and observations, such as recording of food and fluid intake, body weight and function and, where appropriate, blood parameters. During the course of the patient's condition, these monitoring results may lead to adaptations of the nutrition therapy plan. Here, physician, nurses, and dietitians are involved.

Good Nutrition Practice Makes a Difference

Follow these four steps for nutrition management for improved support and clinical outcomes, such as: <sup>7</sup>

- Earlier recognition and intervention in nutritional therapy
- Fewer complications
- Fewer infections
- Improved wound healing
- Reduced length of stay
- Quicker mobilization and convalescence
- Fewer re-hospitalizations
- Better survival rates
- Better quality of life
- Prevention of future costs and health care constraints

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