



Nutritional Screening among Christie Inpatients

Nutritional Screening for Inpatients

Nutritional screening (Fig 1) is a process of identifying patients who are already malnourished or who are at risk of becoming so. All patients, especially those who would be more vulnerable, such as older people, need to have their nutritional needs identified and met in order to advance their recovery and/or create optimum wellbeing, whatever their condition or level of dependence.

Guidelines for nutritional screening for patients have been established by the Department of Health, Social Services and Public Safety (Fig 2). Monitoring of the implementation of these guidelines are to be within the context that:

- All staff understand the fundamental importance of nutritional care and treatment of patients
- All staff are fully aware of the screening policy and understand their role and responsibilities within it
- A reliable and valid tool is used to screen patients on admission to hospital e.g. Malnutrition Universal Screening Tool (MUST) for adults
- All staff that screen patients are trained in the use of the specific tool used in the Trust.

Following screening by nurses, patients who are identified as malnourished or at risk of malnutrition are referred for and receive a nutritional assessment appropriate to their level of need.

The Christie has developed a screening tool incorporated within the Clinical Web Portal suite of electronic nursing assessment forms.

This report is a review of nutritional screening and referrals to nutritionists for The Christie inpatients between January and June 2015. A review of the nutritional assessments by nutritionists will be covered in a subsequent report.

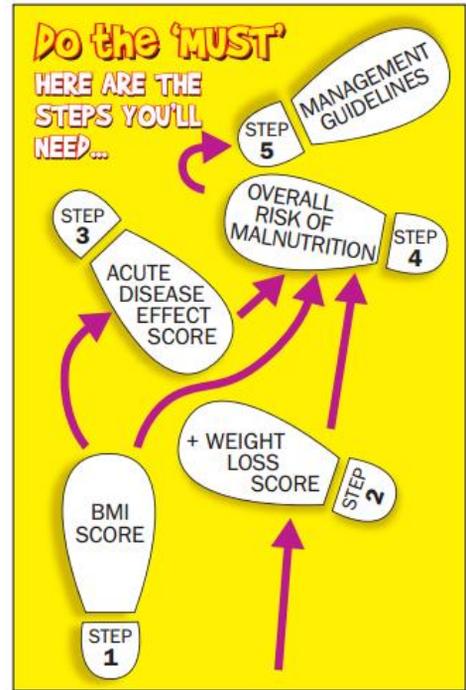


Fig 1. Steps to nutritional screening, after http://www.dhsspsni.gov.uk/food_standards-10_a_day.pdf

Nutritional Screening among Christie Inpatients

2,440 patients were admitted to The Christie as inpatients during the period January – June 2015. On review, all new admissions were found to have an appropriately completed nutrition screening or nutrition assessment undertaken using the electronic nutrition screening and referral form. Over 90% of patients had screening completed within one day of admission. Median age of inpatients during this period was 62 years. Just over half of the patients admitted were female.

Body Mass Index (BMI) of Christie Inpatients

Median BMI (calculated from height and weight) among the adult inpatients aged 20 years and over was 29 which is within the overweight height ratio range (Fig 3). Four per cent of inpatients were underweight, 27% obese.



1 All patients admitted to hospital are screened for risk of malnutrition.



2 Following screening by nurses, patients who are identified as malnourished or at risk of malnutrition are referred for and receive a nutritional assessment appropriate to their level of need.



3 Patients who require nutritional intervention will have a nursing care plan devised, implemented, evaluated and renewed to reflect the patient's nutritional and physical care needs and which documents both the dietetic plan and the nursing care assessment.

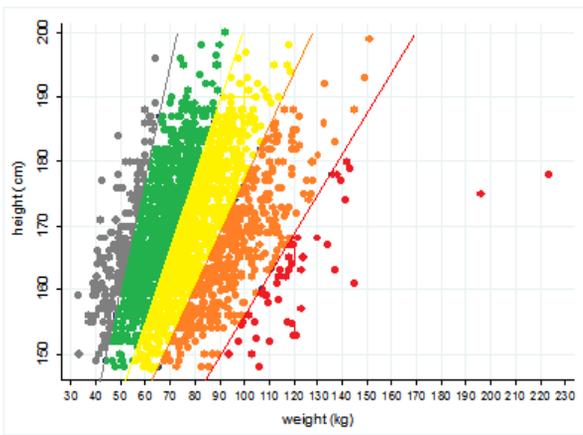


4 Patients who require food and/or fluid intake to be monitored will have that activity carried out in a way that is informative, accurate and up-to-date.



5 Patients who require support with eating and drinking are clearly identified.

Fig 2. Department of Health Nutritional Screening Guidelines http://www.dhsspsni.gov.uk/food_standards-10_a_day.pdf



- Underweight (bmi < 18.5)
- Healthy weight (bmi 18.5 – 24.9)
- Overweight (bmi 25 – 29.9)
- Obese/very obese (bmi 30 plus)

Fig. 3. Height and weight of adult Christie inpatients (age 20 years and over) segregated into BMI categories. Each dot represents one patient

Weight Loss and No or Poor Food Intake

Twenty-five per cent of patients reported recent weight loss during their screening assessment (Fig 4). Among these, 57% reported the weight loss as “unintentional”, 13% reporting the weight loss as significant. There was a significant relationship between recent weight loss and reported food intake with patients who reported weight loss being more likely to have no or poor intake (Fig 5). Seventy-four percent of patients with poor food intake reported having experienced poor food intake for 5 days or more. The most common conditions reported as reasons for poor food intake were ascites, dry or sore mouth, loss or change of taste, difficulty swallowing, diarrhoea or constipation, and nausea or vomiting.

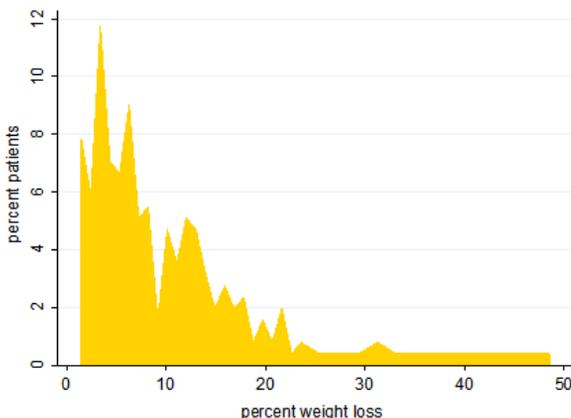


Fig. 4. Recent weight loss reported (as percentage of usual weight)

Having no or poor food intake was also significantly associated with:

- ❖ Being underweight (patients with BMI 18.5 were more likely to have no or poor intake)
- ❖ Cancer treatment type (chemotherapy patients being more likely to have no or poor food intake)
- ❖ Patient age (older patients being more likely to have no or poor food intake, and
- ❖ Gender (females being more likely than males to have poor food intake)

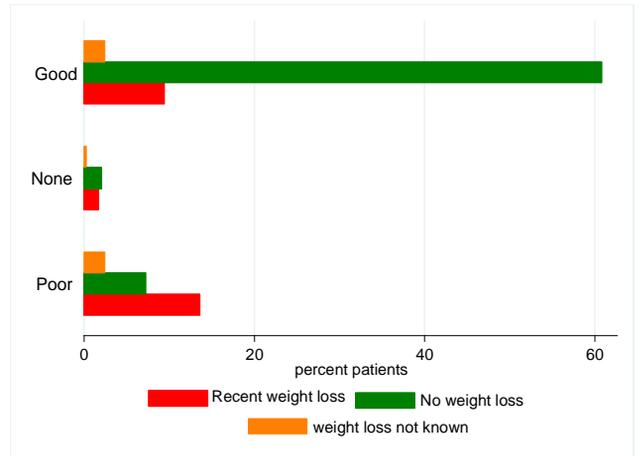


Fig. 5. Relationship between reported food intake appetite and reported recent weight loss. Good = able to take at least 75% of meals, Poor = able to take 50% or fewer meals. None = unable to eat or nil by mouth

Referrals to a Nutritionist

Seventy-three percent of the inpatients reviewed were referred to a nutritionist. Patients most likely to be referred to a nutritionist were those who were underweight, with poor food intake and recent weight loss (Fig 6).

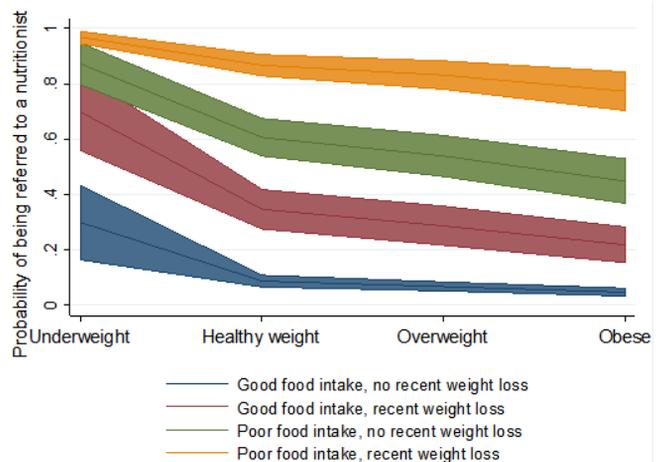


Fig. 6. Relationship between reported food intake appetite and reported recent weight loss. Good = able to take at least 75% of meals, Poor = able to take 50% or fewer meals. None = unable to eat or nil by mouth