MALNUTRITION RECOGNITION GUIDE
Two factors in the table below must be present for a malnutrition diagnosis.

<table>
<thead>
<tr>
<th>Energy Intake</th>
<th>Acute Illness or Injury</th>
<th>Chronic Illness</th>
<th>Social or Environmental Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;75% of EEE &gt;7 days</td>
<td>Moderate Protein Calorie Malnutrition</td>
<td>Moderate Protein Calorie Malnutrition</td>
<td>Moderate Protein Calorie Malnutrition</td>
</tr>
<tr>
<td>≤50% of EEE &gt;5 days</td>
<td>Severe Protein Calorie Malnutrition</td>
<td>&lt;75% of EEE ≥1 month</td>
<td>Severe Protein Calorie Malnutrition</td>
</tr>
<tr>
<td>&lt;75% of EEE ≥1 month</td>
<td>≤75% of EEE ≥1 month</td>
<td>≤50% of EEE ≥1 month</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Weight Loss</th>
<th>Acute Illness or Injury</th>
<th>Chronic Illness</th>
<th>Social or Environmental Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>1–2% 1 week</td>
<td>&gt;2% 1 week</td>
<td>5% 1 month</td>
<td>&gt;5% 1 month</td>
</tr>
<tr>
<td>5% 1 month</td>
<td>&gt;5% 1 month</td>
<td>7.5% 3 months</td>
<td>&gt;7.5% 3 months</td>
</tr>
<tr>
<td>7.5% 3 months</td>
<td>&gt;7.5% 3 months</td>
<td>10% 6 months</td>
<td>&gt;10% 6 months</td>
</tr>
<tr>
<td>20% 1 year</td>
<td>Measurably Reduced</td>
<td>Measurably Reduced</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Body Fat Loss</th>
<th>Acute Illness or Injury</th>
<th>Chronic Illness</th>
<th>Social or Environmental Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild</td>
<td>Moderate</td>
<td>Mild</td>
<td>Severe</td>
</tr>
<tr>
<td>Moderate</td>
<td>Mild</td>
<td>Severe</td>
<td></td>
</tr>
<tr>
<td>Severe</td>
<td>Mild</td>
<td>Severe</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Muscle Mass Wasting</th>
<th>Acute Illness or Injury</th>
<th>Chronic Illness</th>
<th>Social or Environmental Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild</td>
<td>Moderate</td>
<td>Mild</td>
<td>Severe</td>
</tr>
<tr>
<td>Moderate</td>
<td>Mild</td>
<td>Severe</td>
<td></td>
</tr>
<tr>
<td>Severe</td>
<td>Mild</td>
<td>Severe</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fluid (Edema)</th>
<th>Acute Illness or Injury</th>
<th>Chronic Illness</th>
<th>Social or Environmental Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild</td>
<td>Moderate to Severe</td>
<td>Mild</td>
<td>Moderate to Severe</td>
</tr>
<tr>
<td>Moderate to Severe</td>
<td>Mild</td>
<td>Mild</td>
<td>Moderate to Severe</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hand Grip Strength</th>
<th>Acute Illness or Injury</th>
<th>Chronic Illness</th>
<th>Social or Environmental Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>Measurably Reduced</td>
<td>Measurably Reduced</td>
<td>N/A</td>
</tr>
</tbody>
</table>

EEE: Estimated energy expenditure  
N/A: Not applicable

Bilateral Muscle Wasting

Upper Body
- Temples
- Deltoids (shoulders)
- Clavicles
- Scapula
- Interosseous

Lower Body
- Thigh
- Knee
- Calf

More significant than subcutaneous fat loss

- Upper body more susceptible, independent of functional status
- Muscle wasting from inactivity or bedrest most prominent in pelvis and upper legs
- Neurological deficits may produce false-positive findings
Bilateral Muscle Wasting (continued)

- Clavicle
- Temple
- Deltoid
- Scapula
- Interosseous
- Thigh
- Knee
- Calf
Bilateral Muscle Wasting: Temples

• Look at patients straight on and have them turn their head from side to side

• Inspect for “scooping” or hollowing of the temporal region

• Such signs indicate wasting of the temporalis muscle

Bilateral Muscle Wasting: Deltoids

Inspect straight on with patients’ arms at side and look for:

- “Squaring” of the shoulders
- Loss of roundness at junction of shoulder and neck
- Loss of deltoid muscle at junction of shoulder and arm
- Acromion process may protrude
Bilateral Muscle Wasting: Clavicles

- Inspect for prominence of bone
- Clavicle less prominent for women
- Indicates wasting of pectoral and deltoid muscles
Bilateral Muscle Wasting: Scapula

- Trapezius
- Deltoid
- Latissimus
- Dorsi

- Rotator Cuff Muscle

Have patients lift arms and push against hard object:

- Inspect for prominent bones or depression between bones
- Such signs indicate loss of trapezius and deltoid muscles
Bilateral Muscle Wasting: Interosseous

- Engage muscle by pressing forefinger and middle finger against thumb pad. While engaged, palpate interosseous between forefinger and thumb.
- If unable to engage the muscle, place palm face down with fingers together. Have the patient adduct and abduct the thumb to assess the interosseous muscle.
- For well-nourished patients, the interosseous muscle will bulge with good tone (ie, bounce back) as the thumb is adducted.
Subcutaneous Fat Loss

Inspect and palpate areas where adipose tissue is normally present. Look for:

- *Subjective* impressions of loss of fat stores
- Loss of fullness, loose or hanging skin, or hollow appearance

**Note:** Age-related loss of subcutaneous tissue may confound findings
Subcutaneous Fat Loss (continued)

- **Orbital Fat Pads**
  - Loss of bulge under eyes (fat pads), characterized by hollow eye

- **Triceps**
  - Palpate (pinch skin) between thumb and forefinger to determine the amount of fat present

- **Anterior Low Ribs**
  - Ribs visible in patients with fat loss
Subcutaneous Fat Loss: Orbital Fat Pads

Normal
- Slightly bulged fat pads

Mild-Moderate
- Slightly dark circle, somewhat tired look

Severe
- Hollow and sunken look, dark circles, loose skin

Subcutaneous Fat Loss: Triceps

Normal
- Ample fat tissue between folds of skin

Mild-Moderate
- Slightly loose skin; Fingers almost touch when pinching skin between fingers

Severe
- Loose skin, very little space between skin folds
Fluid Status

- **Edema**
  - Dependent areas
  - Ankles, sacrum

- **Ascites**
  - Abdomen

- **Dehydration**
  - Orbital area
  - Skin
Fluid Status: Edema

- Inspect for swelling in contour of leg, ankle, or foot
- Palpate by gently squeezing top of foot, ankle, or front of lower leg, or by gently pressing skin in sacral area
- Note if an impression is left
Fluid Status: Ascites

• Stand at foot of bed, look up toward patient’s head, and observe contours of abdomen

• Global abdominal enlargement is usually cause by air, fluid, or fat
Fluid Status: Dehydration

- Dry or sticky mouth and/or oral mucosa
- Low output of concentrated urine or no urine output
- Dry sclera (decreased tear production)
- Sunken eyes
- Confusion or lethargy
- Poor skin turgor (consider age-related skin changes)

Protein-Energy Malnutrition (PEM)

Look for signs of physical PEM, which include:

- Pitting edema
- Dry, flaky, scaly, cracked, bruised, or bleeding skin
- Dull, brittle, and loose hair
- Ridged, cracked, spoon-shaped, or pale nails
MQii Recommended Clinical Care Workflow

Malnutrition Care Process – Sample Clinical Workflow

1. Patient admitted to hospital
   - Conduct nutrition screening
     - Team member: Nurse
     - Timing: Within 24 hours of admission
     - Use validated tool?* Y/N

2. Patient at risk for malnutrition?
   - No: Continue to monitor and re-screen patients as indicated or every seven days to ensure no change in nutritional status. Complete nutrition assessment if patient is deemed at-risk.
   - Yes: Automated dietitian consult and malnutrition-risk diet order
     - Team member: Nurse
     - Timing: Immediately
     - *Per malnutrition-risk protocol, intervene with food and/or oral nutrition supplement within 24 hours to expedite malnutrition treatment and provide interim support unless contraindicated. Conduct nutrition assessment as soon as possible.

3. Patient at risk for malnutrition?
   - No: Patient malnourished?
     - No: Conduct nutrition assessment
     - Yes: Patient consulted on care and intervention preferences
       - Team member: Dietitian
       - Timing: Immediately after diagnosis
       - *Following assessment, any active diet orders should be reevaluated

4. Implement care plan to maintain nutrition status
   - Team member: Dietitian and other Care Team members
   - Timing: Immediately after assessment

5. Patient care plan established
   - Yes: Malnutrition diagnosis recorded
     - Team member: Dietitian, physician, or other qualified Care Team member
     - Timing: Immediately after assessment
     - Recorded in EHR? Y/N

6. Implement Care Plan
   - Initiate patient nutrition intervention (including diet modifications, education, and counseling)
   - Team member: Dietitian and other Care Team members
   - Timing: Within 24 hrs. of diagnosis
   - Dietitian order writing privileges? Y/N

7. Patient monitoring, evaluation, and Care Plan updates as needed
   - Team member: All Care Team members
   - Timing: Duration of patient stay

8. Establish main nutrition Care Plan for post-discharge
   - Team member: All Care Team members
   - Timing: 24 hrs. prior to discharge

9. Patient nutrition counseling and education on discharge
   - Team member: Dietitian and other Care Team members
   - Timing: 24 hrs. prior to discharge

10. Support care transition as appropriate
    - Team member: Dietitian, case manager, or nurse
    - Timing: Upon discharge

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**Key**
- **Care Team activity**
- **Joint activity between patient/family member or caregiver and Care Team**
- **Decision point**

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1. A list of validated screening tools is provided in body of the Toolkit. If the tool is not on the list of validated tools, specify which tool is used.
2. A list of validated assessment tools is provided in body of the Toolkit. If the tool is not on the list of validated tools, specify which tool is used.