

Conference Poster Abstract: **Selection of an Evidence Based Malnutrition Screening Tool**

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Objectives

1. Learner will be able to state the five steps of the Malnutrition Universal Screening Tool.
2. Learner will be able to state the incidence of malnutrition for this project.

Abstract/Project Summary

The impact of malnutrition on morbidity, mortality, length of hospital stay, and finance is well documented. Malnutrition in the hospitalized patient is frequently not recognized. The purpose of this project is to identify the incidences of malnutrition and patients at high nutritional risk. In an effort to identify these patients and to expedite the delivery of nutrition care, a Malnutrition Universal Screening Tool (MUST), developed by the British Association of Parenteral and Enteral Nutrition, was selected for its ease of use, validity, reproducibility, reliability, and because information required to complete the tool is readily available from the Patient Initial Assessment Form, which is completed by the nurse within eight hours of hospital admission.

The five steps of the MUST screening tool are:

1. Obtain height and weight to assign a BMI score (0-2), using a chart.
2. Determine the percentage of unintentional weight loss to determine a score (0-2), using a table.
3. Give a score of "2" if there has been or will be no nutritional intake for greater than 5 days.
4. Add score from steps 1, 2, and 3 to determine a tool score of nutrition risk, using a table.
5. If the nutrition risk score is greater than or equal to 2, further nutrition evaluation by a registered dietitian is indicated.

A three month multidisciplinary clinical trial project was conducted on a medical floor by nursing, quality management, and nutrition services. A total of 265 patients were admitted during the three month period. The MUST form was completed by nursing on 80% of the patients. Twenty-five percent were coded with a DRG co-morbidity of malnutrition, failure to thrive, or cachexia for this period. The incidence of patients at high nutritional risk (MUST score >2) was 22%, with 46% of these patients coded with this DRG co-morbidity. Serum albumin <3gm/dl, though not a part of the MUST screening tool, is one of the criteria used to designate a patient at nutrition risk at this medical center. Twenty-seven percent of the patients had a serum albumin result within three days of admission, and 65% of these patients had a serum albumin <3gm/dl. Six percent had a MUST score >2 with an albumin <3gm/dl, and 50% of these patients had a DRG co-morbidity code for malnutrition. Of most significance was, when compared to the prioritizations guidelines in the current Standards of Care, that the delivery of nutrition care to 26% of the patients was expedited by five days. It is our belief that with the implementation of Health Connect, a program may be written such that nursing will simply complete the patient initial assessment form and the Must Score would be generated automatically into the electronic medical record, enabling the continuum of nutritional care throughout the Kaiser health care system.