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Inpatient malnutrition screening: far from ‘NICE’

D. O’Regan, S. C. Ng, A. U. Muruganathan, M. C. Pitcher and M. R. Jacyna

Department of Gastroenterology, Northwick Park and St Mark’s Hospitals, Watford Road, Harrow HA1 3UJ, UK

Malnutrition remains highly prevalent in hospitalised patients and is often under-diagnosed. It is associated with a high morbidity and health economic burden⁽¹⁾. The National Institute for Health and Clinical Excellence (NICE) has recommended nutrition screening for all inpatients at the point of admission⁽²⁾. The effectiveness of healthcare professionals in utilising the nutritional assessment tool was assessed in both a district general hospital and a tertiary referral centre. Fifty inpatient clerking booklets (general medical ward, *n* 30; specialised gastro-surgical ward, *n* 20, five of whom were general medical patients) were reviewed to determine the documentation of nutrition-related issues and practices.

Ward type.		Medical		Specialised Gastro-surgery	
Patient type.		General medical		Surgical	
No. of inpatients.		30		15	
Recorded at admission	Weight	0	14***	1	
	Height	0	13***	0	
	BMI	0	1	0	
	Nutrition score	1	12***	0	
	Presenting complaint of weight loss or decreased appetite	9	4	1	
Actual NICE classification	Malnourished	13 (43%)	8 (53%)	5 (100%)	
	At risk	16 (53%)	7 (47%)	0	
Average length of admission (d)		9	9	13	
	SEM	3	2	6	
Average length to first weight measurement (d)		10	1***		
	SEM	3	0	8	
Patients referred to a dietitian		7	6	1	
	By whom?	Doctor (100%)	Doctor (100%)	Doctor (100%)	
	When? (d)	7	1	6	

Values were significantly different from those of the general medical inpatients: ****P*<0.001.

Malnutrition remains prevalent in hospitalised medical and surgical patients. Regardless of ward type, basic nutritional status recording (weight, height, nutrition score) was rarely performed for general medical inpatients despite ≥ 97% of them fulfilling NICE criteria for being malnourished or at risk of it. Gastro-surgical patients, but not general medical patients, in a gastrointestinal specialist ward fared better, with nutritional status recorded in ≥ 86% of the former cases.

Recommendations to assess nutritional risk in general medical inpatients are not being followed and those at risk are not being detected or treated. The present findings are mirrored by other surveys nationally^(3,4). All patients admitted to hospital, whether gastro-surgical, gastro-medical or general medical, should routinely have nutritional assessment. Hospital Trusts should make it a policy to provide additional support staff to achieve this outcome, so that malnutrition can be treated appropriately.

1. Bavelaar JW, Otter CD, van Bodegraven AA *et al.* (2008) *Clin Nutr* 27, 431–438.
2. National Institute for Health and Clinical Excellence (2006) *Nutrition Support in Adults*. London: NICE.
3. Campbell C, Avenell A & Walker AE for the TEMPEST Group (2002) *Q J Med* 95, 83–87.
4. Kennedy JF (2000) *Proc Nutr Soc* 59, 183.