

What Should You Consider When Screening and Prioritizing a Patient Caseload in Acute Care?

Nutrition Support: Enteral Nutrition (EN)/Parenteral Nutrition (PN)

- Is the patient starting EN or PN?
- Is the patient showing signs of intolerance to nutrition support?
- Is the patient transitioning from EN/PN to an oral diet/EN?

Restrictive or Modified Texture Diets

- Is the patient on one or more specialized diets that restrict dietary intake?
- Is the patient on a modified texture diet, such as a dysphagia diet?
- Does the patient have any food allergies, intolerances or preferences that restrict dietary intake?

Inadequate Intake

- Has the patient been NPO for several consecutive days?
- Has the patient not been eating due to low level of consciousness or decreased appetite?
- Has the patient been on a clear fluid or full fluid diet for several consecutive days?
- Has the patient been having any GI symptoms (e.g. nausea, vomiting, diarrhea, abdominal pain)?

Malnutrition

- Has the patient lost a significant amount of weight?
- Is the patient at risk of refeeding syndrome?
- Is the patient hypermetabolic/hypercatabolic (increased protein and energy needs)?

Interventions

- Has the patient recently undergone major surgery, procedures, illness or trauma that may affect intake, digestion or absorption?
- Is the patient mechanically ventilated (e.g. tracheostomy)?

Bloodwork

- Does the patient have abnormal laboratory values that may be of nutritional concern?

Screening Process

Identify patients who may benefit from nutrition intervention.
(Use PCIS census/ward specific report and computation visit reports)

Flags:

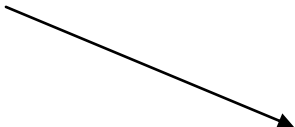
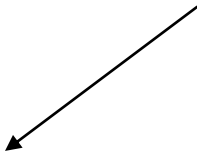
Diagnosis (refer to PIC)
Diets – therapeutic & modified texture
 NPO/no diet order >2 days
 CF/FF > 3days
Nutrition Support
Consults



Prioritize according to PIC and operational considerations.

Screen:

Chart +/- Kardex Review
Bedside or icare rounds
Discuss with other team members
Meal rounds.



**No Intervention
(Low Risk)**

Wt stable
Appropriate/adequate diet
Acceptable intake
Stable bloodwork
No chewing or
swallowing concerns

**Monitor
(Could become Moderate
to High risk)**

Fluctuating LOC preventing
intake
Delayed diet progression d/t
procedures or intolerance
Bloodwork abnormalities
GI symptoms limiting
intake

**Assess
(Moderate to High Risk)**

Malnourishment/refeeding
Hypermetabolism
Dysphagia
Nutrition support
Inadequate intake
Inappropriate diet
Restrictive or significantly
modified texture diet
Tracheostomy weaning

