

Good nutrition practice

4 steps: screening, assessment,
nutrition therapy, monitoring



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nutrition
practice
by Fresenius Kabi

Hospital

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by Fresenius Kabi

Screening
within 24 hours of admission

High Risk

Low Risk

Assessment

- ## Nutrition therapy

- ## Monitoring / Follow-up

- Documentation and monitoring of the effectiveness of the nutrition therapy
- Adaptation of the nutrition therapy plan if necessary

Re-Screening
weekly

	Weight (kg)																															
	30	32	34	36	38	40	42	44	46	48	50	52	54	56	58	60	62	64	66	68	70	72	74	76	78	80	82	84	86	88	90	
2.10	7	7	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	17	18	18	18	18	18	19	19	20	20	20
2.08	7	7	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	17	18	18	18	18	19	19	20	20	20	20
2.06	7	8	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	17	18	18	18	18	19	19	20	20	21	21
2.04	7	8	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	17	18	18	18	18	19	19	20	21	21	21
2.02	7	8	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	17	18	18	18	18	19	19	20	21	21	22
2.00	8	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	17	18	18	18	18	19	19	20	20	21	22	22
1.98	8	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	17	18	18	18	18	19	19	20	20	21	22	22
1.96	8	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	17	18	18	18	18	19	19	20	21	22	22	23
1.94	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	17	18	18	18	18	19	19	20	20	21	22	23	23
1.92	8	9	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	17	18	18	18	19	19	20	20	21	22	22	23	24
1.90	8	9	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	17	18	18	18	19	19	20	20	21	22	23	24	24
1.88	8	9	10	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	17	18	18	18	19	19	20	20	21	22	23	24	24	25
1.86	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	17	17	17	17	18	18	19	19	20	20	21	22	23	24	24
1.84	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	17	18	18	18	19	19	20	20	21	21	22	23	24	24	25
1.82	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	17	18	18	18	19	19	20	20	21	21	22	23	24	24	25	26
1.80	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17																

Age (years)	BMI (kg/m ²)
19 - 24	19 - 24
25 - 34	20 - 25
35 - 44	21 - 26
45 - 54	22 - 27
55 - 64	23 - 28
≥ 65	24 - 29



Ask your Fresenius Kabi contact person for the gnp knee height calculator for a quick and easy performance.

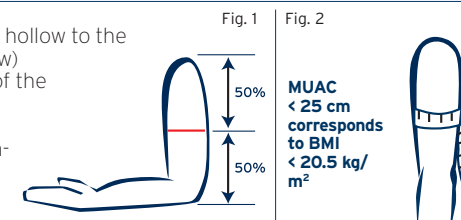
Source:
adapted from WHO 1995,
WHO 2000, WHO 2001

Estimating Body Mass Index from mid upper arm circumference (MUAC):

If the BMI cannot be determined (e.g. due to oedemas, contractures, amputations), the circumference of the middle upper arm can be measured as an alternative.

- Allow arm to hang loosely
- Feel out the small hollow at the attachment of the upper arm to the shoulder (between collar-bone and upper arm bone)
- Bend arm by 90°, with palm facing upward (Fig. 1)

- Measure length from the located hollow to the elbow (rearmost part of the elbow)
- Mark middle of upper arm (half of the measured length)
- Allow arm to hang down again
- At the mark, measure the circumference of the arm with a tape measure (do not pull to tightly) (Fig. 2)



Calculation of Weight loss in %

Normal weight [kg]	40	45	50	55	60	65	70	75	80	85	90	95	100	105	110	115	Weight loss [%]
Current weight [kg]	38	43	47.5	52	57	62	66.5	71	76	81	85.5	90	95	100	104.5	109	5 %
	36	40.5	45	49.5	54	58.5	63	67.5	72	76.5	81	85.5	90	94.5	99	103.5	10 %
	34	38	42.5	47	51	55	59.5	64	68	72	76.5	81	85	89	93.5	98	15 %

Patient name _____ Date of birth _____ Date of admission _____ Date of screening _____ Normal weight (kg) _____ Current weight (kg) _____ Height (m) _____ BMI (kg/m²) _____

Step 1 Screening⁽¹⁾

! Within 24 hours of admission. Takes less than 5 minutes.

Initial Screening

Is the Body Mass Index (BMI) < 20.5 kg/m²? ▶ Actual BMI: _____ ☐ YES ☐ NO

Has weight loss occurred during the last 3 months? ▶ _____ % weight loss over _____ month(s) _____ ☐ YES ☐ NO

Has food intake declined over the last week? _____ ☐ YES ☐ NO

Is a major illness involved? ▶ Details: _____ ☐ YES ☐ NO

If the answer is "Yes" to at least one question, the "Final Screening" needs to be performed.
If the answer is "No" to all questions, the patient needs to be re-screened at weekly intervals.

Final Screening

Impaired nutritional status

– Normal nutritional status

Score

0

– Weight loss > 5% in 3 months **or**
– Food intake 50–75% of normal requirements in preceeding week

1

mild

– Weight loss > 5% in 2 months **or**
– BMI 18.5–20.5 + impaired general condition **or**
– Food intake 25–50% of normal requirements in preceeding week

2

moderate

– Weight loss > 5% in 1 month (> 15% in 3 months) **or**
– BMI < 18.5 + impaired general condition **or**
– Food intake 0–25% of normal requirements in preceeding week

3

severe

Score

0

Severity of disease

Low

e.g. hip fracture, chronic disease, in particular with acute complications: cirrhosis, COPD, chronic haemodialysis, diabetes, cancer

1

mild

e.g. major abdominal surgery, stroke, severe pneumonia, haematologic malignancy

2

moderate

e.g. intensive care patients (APACHE > 10), head injury, bone marrow transplantation

3

severe

Score _____ + _____ Score = _____ If age ≥ 70 years + 1 = _____
Age adjusted total score

Evaluation

☐  0 points = low risk Repeat screening (weekly) ☐  1–2 points = moderate risk Patient needs nutrition support. ☐  ≥ 3 points = high risk Patient needs nutrition support.

Patient related actions

☐ Weekly re-screening ☐ Start nutrition therapy (e.g. ONS) ☐ Others _____
☐ Assessment ☐ Monitor food and fluid intake _____

Date/Signature _____

Step 2 Assessment Risk factors for nutrition/fluid deficiency

! To be assessed by a qualified healthcare professional.

Patient related actions

- ☐ Nausea/vomiting (e.g. review medication) _____
☐ Poor appetite (e.g. try new foods) _____
☐ Chewing and / or swallowing problems _____
☐ Pain _____
☐ Gastrointestinal dysfunction / impairment _____
☐ Diarrhoea _____
☐ Dementia / cognitive decline _____
☐ Chronic disease _____
☐ Acute infections, Fever _____
☐ Increased needs (e.g. wounds) _____
☐ Dialysis _____
☐ Ascites and / or oedema _____
☐ Food allergies / intolerances _____
☐ Social / cultural requirements and habits _____
☐ Mood _____
☐ Psychological factors (e.g. fear) _____
☐ Dislike of available food options _____
☐ Others _____
☐ Others _____

Sources:

- Kondrup J et al. (2003) ESPEN Guidelines on Enteral Nutrition Screening 2002. Clin Nutr; 22: 415 – 421;
- Adapted from „Early detection and treatment of malnutrition in hospital“, Dutch Malnutrition Steering Group, www.fightmalnutrition.eu 2012.

Patient name _____ Date of birth _____ Date of admission _____ Date of screening _____ Normal weight (kg) _____ Current weight (kg) _____ Height (m) _____ BMI (kg/m²) _____

Step 3 Nutrition therapy

Intake versus requirement⁽²⁾

Compared to a normal (pre-illness) daily intake the patient now eats:



Intake versus requirement	Ways to close the nutritional gap	
☐ 100 % of requirements	No supplementation necessary	0%
☐ 75 – 100 % of requirements	Energy- and protein-rich food and consider oral nutritional supplements	< 25%
☐ 50 – 75 % of requirements	Oral nutritional supplements	25%
☐ 25 – 50 % of requirements	If possible: oral nutritional supplements, if not: supplementary or complete tube feeding. Consider parenteral nutrition if enteral nutrition is inadequate or impossible.	50%
☐ < 25 % of requirements	Tube feeding. Consider parenteral nutrition if enteral nutrition is inadequate or impossible.	> 75%

Nutrition plan

Existing nutrition therapy: ☐ oral ☐ tube feeding ☐ parenteral nutrition ☐ none

Consider refeeding syndrome !

☐ **Dietary modifications**
(e.g. High energy / high protein meals)

☐ **Oral nutritional supplements**
(e.g. Product name, ml / units per day)

☐ **Tube feeding**
(e.g. Product name, ml / units per day, flow rate (ml / hour), number of hours (per day), timings)

☐ **Parenteral nutrition**
(e.g. Product name, ml / units per day, flow rate (ml / hour), number of hours (per day), timings)

Date / Signature _____

Step 4 Monitoring/Follow-up

! Monitor at least once a week.

Check the body weight always at the same time (e.g. in the morning, pre-breakfast, after urination), with similar clothing without shoes, and with the same validated scales.

Week:	1	2	3	4	5	6	7	8
Date								
Weight (kg)								
BMI								
Weight change (+ or - in kg)								
+ 10 kg ▶								
+ 9 kg ▶								
+ 8 kg ▶								
+ 7 kg ▶								
+ 6 kg ▶								
+ 5 kg ▶								
+ 4 kg ▶								
+ 3 kg ▶								
+ 2 kg ▶								
+ 1 kg ▶								
Initial weight								
- 1 kg ▶								
- 2 kg ▶								
- 3 kg ▶								
- 4 kg ▶								
- 5 kg ▶								
- 6 kg ▶								
Week:	1	2	3	4	5	6	7	8
Initials								

Please note: Consider potential influence of oedema on body weight.



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