



**FRESENIUS
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caring for life

Good nutrition practice in Oncology

Nutritional risk screening,
assessment and intervention



gnp good
nutrition
practice
by Fresenius Kabi

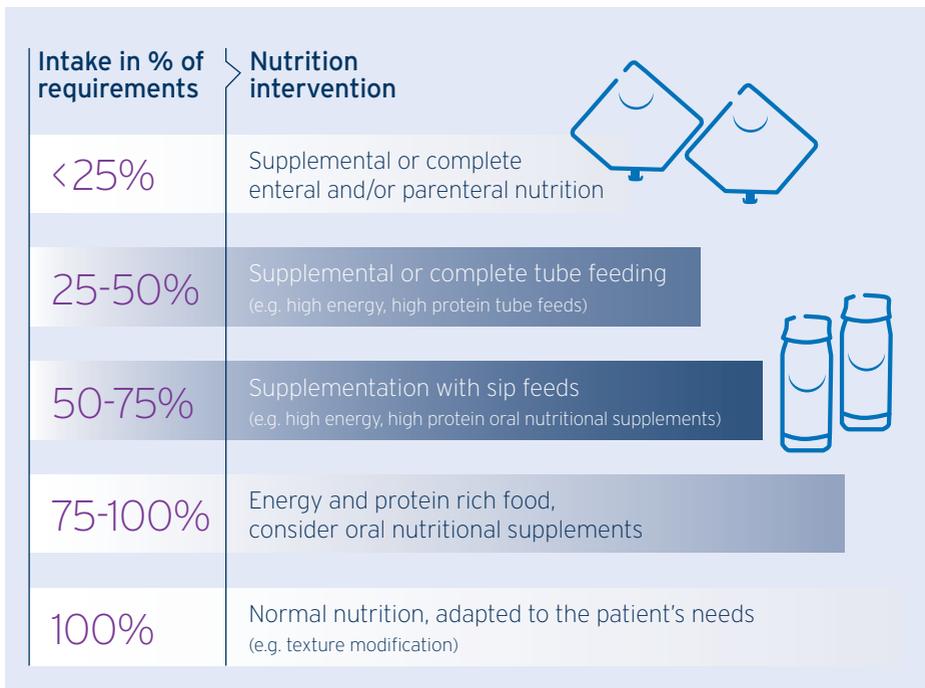
Oncology



Improve your patient's nutritional status

Adequate and patient-tailored nutritional intervention should be started as early as possible.¹

Stepping up from Dietary Counselling to Clinical Nutrition²



Please note: The definition of the right nutrition therapy and route of application should be based on the patient's food intake (question 3.) and also consider the reasons for eating less (assessment, question 4.).

Calculation of weight loss in % (Screening, questions 1./2.)

Patient's usual weight	40 kg	45 kg	50 kg	55 kg	60 kg	65 kg	70 kg	75 kg	80 kg	85 kg	90 kg	95 kg	100 kg
Weight loss	Weight loss [%]												
≤ 2,5 kg	5-10	5-10	≤5	≤5	≤5	≤5	≤5	≤5	≤5	≤5	≤5	≤5	≤5
2,6-5 kg	10-15	10-15	5-10	5-10	5-10	5-10	5-10	5-10	5-10	5-10	5-10	5-10	≤5
5,1-7,5 kg	≥15	≥15	10-15	10-15	10-15	10-15	10-15	5-10	5-10	5-10	5-10	5-10	5-10
7,6-10 kg	≥15	≥15	≥15	≥15	≥15	≥15	10-15	10-15	10-15	10-15	10-15	10-15	5-10
> 10 kg	≥15	≥15	≥15	≥15	≥15	≥15	≥15	≥15	≥15	≥15	≥15	≥15	10-15

Sources: 1 Caro MM, Laviano A, Pichard C: Nutritional intervention and quality of life in adult oncology patients. Clin Nutr 2007, 26:289-301. 2 adapted from Dutch guidelines on screening and treatment of malnutrition, Dutch Malnutrition Steering Group (www.fightmalnutrition.eu)

Screening and assessment of the nutritional risk

Patient name

Age

Height (m)

Date

Four leading questions:

1. What is the current weight of the patient?

kg

2. Has the patient unintentionally lost weight? yes no

How much? kg

Since when? ..

{ Start nutritional therapy, when weight loss is >5% and/or food intake is <100%.

3. Has the patient eaten less last week?

Compared to a normal (pre-illness) daily intake she or he eats:



<25% 25-50% 50-75% 75-100% 100%

4. What are the patient's reasons for eating less?

Less appetite

Feeling of fullness

Swallowing disorders

Fatigue

Nausea & vomiting

Alterations in taste & smell

Constipation

Mucositis & stomatitis

Others _____

Diarrhoea

Pain

Obstructions

Dryness of mouth

Please note: As the validity of the BMI as an indicator of nutrition status in cancer patients is limited, the decision to start nutrition therapy should instead be based on involuntary weight loss.

Nutrition therapy plan

Based on self-estimation of current nutrition intake in % (question 3):

<input type="checkbox"/>	<25%*	Supplemental or complete enteral and/or parenteral nutrition	* Intake in % of requirements
<input type="checkbox"/>	25-50%*	Supplemental or complete tube feeding (e.g. high energy, high protein tube feeds)	
<input type="checkbox"/>	50-75%*	Supplementation with sip feeds (e.g. high energy, high protein oral nutritional supplements)	
<input type="checkbox"/>	75-100%*	Energy and protein rich food, consider oral nutritional supplements	
<input type="checkbox"/>	100%*	Normal nutrition, adapted to the patient's needs (e.g. texture modification)	

Access for nutrition application available: tube CVC/port none
 Existing nutrition therapy: oral tube feeding parenteral nutrition none

Notes: _____ (e.g. product name(s), dose, kcal)

Definition of nutrition therapy:

<input type="checkbox"/> Oral nutritional supplements	<input type="checkbox"/> Tube feeding	<input type="checkbox"/> Parenteral nutrition
product name _____	product name _____	product name _____
kcal/day _____	kcal/day _____	kcal/day _____
ml/day _____	ml/day _____	ml/day _____
no. of bottles _____	flow rate (ml/h) _____	flow rate (ml/h) _____
	duration (hours) _____	duration (hours) _____

Notes: _____

Date

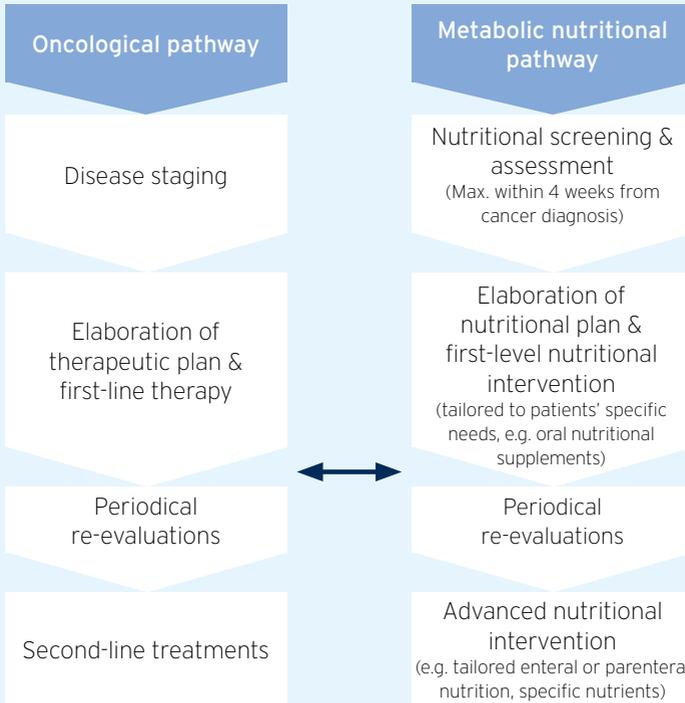
Signature

Nutrition intervention

increases treatment tolerance and outcome,
and **improves** the patient's quality of life.

PARALLEL PATHWAY UPON CANCER DIAGNOSIS

(adapted from Muscaritoli et al. 2011³)



Source: 3 Muscaritoli M, Molino A, Gioia G, Laviano A, Rossi FF: The „parallel pathway“: a novel nutritional and metabolic approach to cancer patients. Intern.Emerg.Med 2011, 6:105-112.