

The patient is required to meet certain criteria for a diagnosis of malnutrition, and the information must be documented for the chart to be appropriately coded for billing. Although nursing cannot document the diagnosis of malnutrition, it is important for them to document assessments that support the diagnosis of malnutrition. Malnutrition is heavily weighted in risk adjustment and has an impact on Severity of Illness (SOI), risk of mortality, and revenue.

Nursing Documentation to Support a Diagnosis of Malnutrition

➤ Accurate Dosing Weight

- On admission, if the ED documented a Stated Weight, inpatient nursing should obtain and document an **actual** weight on the **Height/Dosing Weight** form.
 - A documented stated weight cannot be used to support a malnutrition diagnosis.
 - **Daily Weights** ordered by the provider should be documented in iView in the **Measurements** section in the **Measured Weight** field.
 - A new **Dosing weight** should be documented in the **Height/Dosing Weight** form if:
 - Provider orders a dosing weight.
 - Patient has been in the hospital an extended period.
 - Patient has experienced a large weight change.

NOTE: Documentation of weight in a consistent location makes it easier for the Dietician to see the weight trend.

➤ Documenting a BMI

- Documentation of the Height and Dosing Weight will provide a calculation of the BMI.
 - The dosing BMI will flow to the **Vital Sign** component on the **Handoff MPage** and the **Inpatient 2018 MPage** used by Providers and others.
 - The Dosing and Measured BMI will also display in **Results Review** in the **Clinical Data Flowsheet** under **Measurements**.
 - In iView, **Body Mass Index Measured** is a calculation of BMI based on Daily Weight or Measured Weight. The field can be pulled into the **Measurements** section of the System Assessment bands using **Customize View** if it is not in view.
 - A **Height** must be documented in the same column as the **Measured Weight** in order for the **Body Mass Index Measured** calculation to function.
 - Double-click in the **Body Mass Index Measured** cell to populate the calculation.

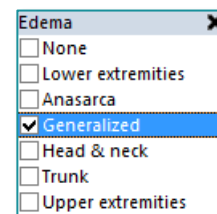
Measurements	
Height	cm 189
Height Method	
Measured Weight	kg 100
Weight Method	Standing
Ideal Body Weight	kg
BSA Measured	m ²
Body Mass Index Measured	kg/m ² 27.99
Chest Circumference	cm

➤ **Nutrition Screening**

- The **Nutrition Screening** section of the **Admission History** forms needs to be completed on every patient.
 - Certain documentation in the **Nutrition Screen** will fire a task to the Dieticians Multipatient Task List and to a report they receive daily.
 - Documentation of **Unintentional Weight Change Greater than 10lbs in the Last 6 months.**
 - Documentation of any of the **Nutritional Risk Factors.**

➤ **Physical Assessment**

- Document **Generalized Edema** in the **Edema Assessment** section of the System Assessment bands.
 - Generalized edema may mask weight loss.



The image shows a dropdown menu titled "Edema" with a close button (X) in the top right corner. The menu contains the following options, each with a checkbox:

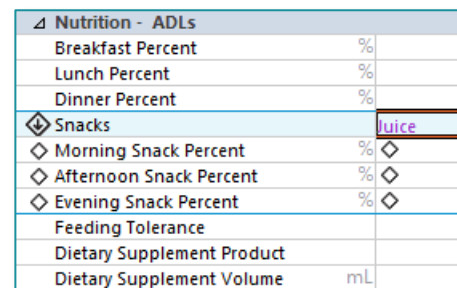
- None
- Lower extremities
- Anasarca
- Generalized
- Head & neck
- Trunk
- Upper extremities

➤ **Social History**

- Document the patient's **Home Environment** and indicate if the patient is living alone. This is especially important for the elderly who may be living alone without support.

➤ **Meal Intake**

- Document the percentage of each meal and snacks the patient consumes.
- Document any dietary supplements that are given.
 - Documentation of meal percentages will flow to **Results Review** in the **Clinical Data Flowsheet** under **Nutritional ADL Documentation.**



The image shows a table titled "Nutrition - ADLs" with the following rows and columns:

Nutrition - ADLs	
Breakfast Percent	%
Lunch Percent	%
Dinner Percent	%
Snacks	juice
◇ Morning Snack Percent	% ◇
◇ Afternoon Snack Percent	% ◇
◇ Evening Snack Percent	% ◇
Feeding Tolerance	
Dietary Supplement Product	
Dietary Supplement Volume	mL