As a nurse, you are your patients’ first line of defense against negative outcomes. You can use these six key principles as your guide for advocating action against malnutrition in your hospital.

### Principles to Transform Hospital Environment

#### Create an Institutional Culture Where All Stakeholders Value Nutrition
- Recognize the essential role that nurses play in achieving enhanced patient outcomes through individualized nutrition care
- Incorporate nutrition into routine care checklists and processes
- Include patient dietary intake into team huddles

#### Redefine Clinicians’ Role to Include Nutrition Care
- Ensure practices are in place to support implementation of nutrition intervention
- Develop processes to ensure that nutrition screening and dietitian-prescribed intervention occurs within the targeted timeframes
- Facilitate nursing interventions to treat patients who are malnourished or at risk

#### Communicate Nutrition Care Plans
- Consult dietitian regarding nutrient intake concerns
- If present, ensure mild, moderate, or severe malnutrition is included as complicating condition in coding processes
- Incorporate nutrition discussions into handoff of care and nursing care plans

### Principles to Guide Clinician Action

#### Recognize and Diagnose All Malnourished Patients and Those At Risk
- Screen every hospitalized patient for malnutrition as part of regular workflow procedures
- Communicate screening results through use of EHR
- Rescreen patients at least weekly during hospital stay
- Communicate changes in clinical condition indicative of nutrition risk

#### Rapidly Implement Comprehensive Nutrition Intervention and Continued Monitoring
- Ensure that procedures allowing patients identified as ‘at-risk’ during nutrition screen receive automated nutrition intervention within 24 hours while awaiting assessment, diagnosis, and care plan
- Develop procedures to provide patients with meals at ‘off times’ if patient was not available or under a restricted diet at the time of meal delivery
- Avoid disconnecting EN or PN for patient repositioning, ambulation, travel, or procedures
- Work with interdisciplinary team to establish policies and interdisciplinary practices to maximize food/ONS consumption
- Monitor meal/ONS consumption and communicate to dietitian/physician via EHR

#### Develop a Comprehensive Discharge Nutrition Care and Education Plan
- Include nutrition as a component of all clinician conversations with patients and their family members/caregivers
- Reinforce the importance of nutrition care and follow-up post-discharge to patient and caregiver

Abbreviations: AND, Academy of Nutrition and Dietetics; A.S.P.E.N., American Society for Parenteral and Enteral Nutrition; EHR, electronic health record; EN, enteral nutrition; NPO, nil per os; ONS, oral nutrition supplement; PN, parenteral nutrition; PO, per oral.
Practices for Nurses to Support Implementation of Nutrition Intervention

1. Screen every admitted patient for malnutrition, regardless of physical appearance
2. Make every effort to ensure that patients receive all EN or PN as prescribed to maximize benefit
3. Develop procedures to provide ONS in between meals or with medication administration to increase overall energy and nutrient intake
4. Create a focused mealtime and supportive mealtime environment
5. Take notice of patient meal consumption
   - Be vigilant to the amount of food eaten
   - Sharing findings among the team (eg, during team huddles) facilitates development of a targeted nutritional plan
6. Stay alert to missed meals
   - Develop procedures to provide patients with meals ‘off times’ if patient was not available or under a restricted diet at the time of meal delivery
7. Avoid disconnecting EN or PN for patient repositioning, ambulation, travel, or procedures
8. Consider managing symptoms of gastrointestinal distress while continuing to administer PO diet or EN
   - Nutrients may be administered while the source of distress is being identified and treated
9. Remain mindful of ‘holds’ on PO diets or EN relative to procedures
   - Take action to reduce the amount of time that a patient’s intake is restricted
10. Identify medications and disease conditions that interfere with nutrient absorption
    - Develop plans to minimize the impact

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