

MDS Alert

Tool: Use This Formula To Calculate Residents' Malnutrition Risk

Look for 6 characteristics to detect nutritional risk factors.

Malnutrition can seriously impede many facets of your residents' health, well-being and outcomes – all of which impacts your MDS assessments. But how can you determine whether nutritional issues are affecting your resident's wound healing?

Scope: Studies suggest that up to 85 percent of long-term care patients suffer from some level of malnutrition, wrote Kris Mastrangelo, president and CEO of Topsfield, MA-based Harmony Healthcare International, in a recent blog posting. But "finding the balance between providing adequate nutrition and hydration can be especially challenging in the elderly population, specifically when dealing with obstacles" like medical issues, food preferences, and honoring advanced directives.

Understand the Malnutrition/Wound Healing Connection

"Consequences of untreated malnutrition can include delayed wound healing, increased recovery time, decreased muscle mass impacting physical functioning and mobility, as well as an increased risk for infections," Mastrangelo said.

Decreased protein consumption from malnutrition can lead to loss of muscle mass and function, which is already a problem in the elderly, explained a recent blog posting by **Mary Ellen Posthauer, RDN, CD, LD, FANAND**, dietitian and consultant for **MEP Healthcare Dietary Services**. "Preserving lean muscle mass is critical to wound healing, immunity, organ function, and muscle strength."

Identify Your Resident's Nutritional Status

According to Posthauer, you can first define nutritional risk by identifying two or more of the following characteristics:

- Insufficient energy intake
- Weight loss
- Loss of muscle mass
- Loss of subcutaneous fat
- Localized or generalized fluid accumulation, which masks weight loss
- Diminished functional status as measured by hand grip strength

These malnutrition characteristics are those agreed upon by both the **Academy of Nutrition and Dietetics and the American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.)**, Posthauer noted.

Determine Malnutrition Risk in 4 Easy Steps

Strategy: Additionally, Mastrangelo suggested utilizing the "Malnutrition Universal Screening Tool," created by BAPEN (formally known as the British Association for Parenteral and Enteral Nutrition, www.bapen.org.uk):

1. Obtain the BMI Score

- BMI of:

oGreater than 20 = 0 points

o18.5 – 20 = 1 point

oLess than 18.5 = 2 points

2. Obtain the Weight Loss Score

- Unplanned weight loss of:
 - o Less than 5% = 0 points
 - o 5% - 10% = 1 point
 - o Greater than 10% = 2 points

3. Obtain Acute Disease Effect Score

- If patient is acutely ill and there has been or is likely to be no nutritional intake for greater than 5 days = 2 points

4. Add These Numbers Together:

- A score of 0 = low risk for malnutrition
- A score of 1 = medium risk for malnutrition
- A score of 2 or greater = high risk for malnutrition

Resource: To access the "Malnutrition Universal Screening Tool" by the MAG Malnutrition Advisory Group, go to www.bapen.org.uk/pdfs/must/must_full.pdf.