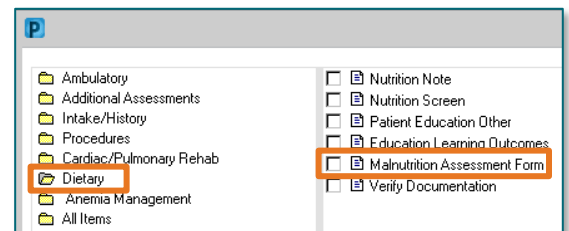


To appropriately code a chart for billing, the patient must meet certain criteria for a diagnosis of malnutrition and the information must be documented. By providing a standardized location and content of malnutrition documentation, more streamlined communication between care team members occurs. Dietitian documentation of a malnutrition assessment will populate in the Hospitalists and Surgeons Progress Note and the Transfer and Discharge Summary Notes.

Malnutrition Assessment Documentation

Malnutrition Assessment Form was created using the ASPEN criteria and has been added to the Dietary folder in Adhoc.

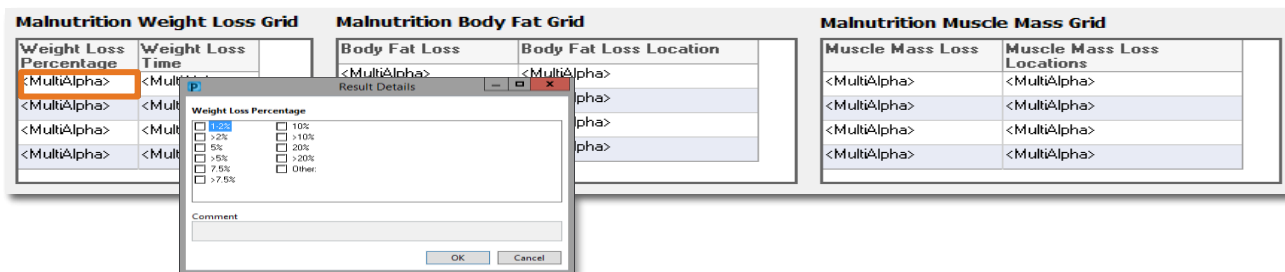


➤ Documenting Criteria

- Select the applicable response(s) for **Energy Intake**, **Fluid Accumulation**, and **Reduced Grip Strength**.

Energy Intake	Fluid Accumulation	Reduced Grip Strength
<input type="checkbox"/> Less than 75% estimated needs for greater than 7 days <input type="checkbox"/> Less than or equal to 50% estimated needs for greater than or equal to 5 days <input type="checkbox"/> Less than 75% estimated needs for greater than or equal to 1 month <input type="checkbox"/> Less than or equal to 75% estimated needs for greater than or equal to 1 month <input type="checkbox"/> Less than 75% estimated needs for greater than or equal to 3 months <input type="checkbox"/> Less than or equal to 50% estimated needs for greater than or equal to 1 month	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate to severe <input type="checkbox"/> Unable to assess <input type="checkbox"/> Other:	<input type="checkbox"/> Measurably reduced <input type="checkbox"/> Not applicable <input type="checkbox"/> Unable to assess <input type="checkbox"/> Other:

- In **Malnutrition Weight Loss**, **Malnutrition Body Fat**, and **Malnutrition Muscle Loss** grids, document the percentage/degree of loss in the first column. In the second column document the timeframe in which the weight loss occurred, and the Body Fat/Muscle Loss locations.
 - Click the <MultiAlpha> cell in the grid to open the documentation options.



- Document a **Nutrition Focused Physical Exam** as **Performed** or **Unable to perform**.

Nutrition Focused Physical Exam	
<input type="radio"/>	Performed
<input type="radio"/>	Unable to perform

➤ **Documenting Current Malnutrition Status and Malnutrition Plan**

- If a selection other than **Does not meet criteria at the time of this assessment** is documented, **Malnutrition Plan** becomes a required field.
- Documenting **Current Malnutrition Status** opens **Malnutrition Plan** and the attestation box with the radial button prepopulated.
- **Current Malnutrition Status** and **Malnutrition Plan** will populate the providers Progress Note, Transfer Summary, and Discharge Summary.

Current Malnutrition Status


Moderate Protein Calorie Malnutrition of Acute Illness (two or more characteristics under ASPEN criteria as documented by dietitian)
 Severe Protein Calorie Malnutrition of Acute Illness (two or more characteristics under ASPEN criteria as documented by dietitian)
 Moderate Protein Calorie Malnutrition of Chronic Illness (two or more characteristics under ASPEN criteria as documented by dietitian)
 Severe Protein Calorie Malnutrition of Chronic Illness (two or more characteristics under ASPEN criteria as documented by dietitian)
 Moderate Protein Calorie Malnutrition of Social/Environmental Circumstances (two or more characteristics under ASPEN criteria as documented by dietitian)
 Severe Protein Calorie Malnutrition of Social/Environmental Circumstances (two or more characteristics under ASPEN criteria as documented by dietitian)
 Mild Protein Calorie Malnutrition (poor intake less or equal to 75% for at least 7 days)
 Does not meet criteria at the time of this assessment

Malnutrition Plan

No changes to current diet
 Oral Nutrition Supplement per dietitian
 Ongoing discussions with Care Team
 Diet has been liberalized to allow nutrient dense foods and fluids
 Other:

This documentation is for incorporation into the provider's note for attestation.

By signing X below I agree to the malnutrition diagnosis and plan assessed by the dietitian.

- Sign the form using the green checkmark. 

NOTE: Student Dietitians DO NOT complete this form.

➤ **Malnutrition Assessment in the provider note**

Malnutrition Assessment
Current Malnutrition Status: Mild Protein Calorie Malnutrition (poor intake less or equal to 75% for at least 7 days) (04/29/22 08:20:00)
Malnutrition Plan: Oral Nutrition Supplement per dietitian, Other: testing (04/29/22 08:20:00)
Provider Attestation: By signing X below I agree to the malnutrition diagnosis and plan assessed by the dietitian. (04/29/22 08:20:00)

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