

# MALNUTRITION

## ASPEN 2011 Criteria

- Insufficient energy intake
- Weight loss
- Loss of muscle mass
- Loss of subcutaneous fat
- Fluid accumulation masking weight loss
- Decreased functional status measured by hand grip

BMI is NOT included in these criteria but can be used to support diagnosis of malnutrition.

BMI < 20 for ages under 70 and BMI < 22 for ages 70 and older

Albumin and prealbumin are NOT included in criteria.

Final diagnosis must be made by a dietician.

## **DOCUMENTATION TIPS**

- DO NOT use the term “well-nourished” in your exam.
- If the patient appears frail, poorly-nourished, cachectic or thin, document in exam.
- Ask about and document weight loss and poor oral intake.
- If any of these findings are found on history and exam, order a dietary consult.
- If dietary consult confirms moderate or severe malnutrition, cosign their note AND address malnutrition with a plan in the next progress note. Include etiology if known.
- Address malnutrition in the discharge summary and the plan to be carried out upon discharge.
- If you see a “stated weight” used upon admission rather than an actual weight, place order to weigh patient.

**REMEMBER THAT A PATIENT CAN BE OBESE OR OVERWEIGHT AND STILL MALNOURISHED!**

