Nutrition screening of patients within 24 hours of hospital admission conducted by RN using validated nutrition screening tool that is age appropriate

(18+ years): Malnutrition Screening Tool (MST): Score ≥ 2 indicates at-risk of malnutrition

(65+ years): Mini Nutritional Assessment (MNA®): Score ≤ 11 indicates with (or at-risk of) malnutrition

Other validated screening tool: Based on hospital preference

Nutrition screening indicates with (or at-risk of) malnutrition

Triggers Registered Dietitian Nutritionist (RDN) to consult to perform Nutrition Assessment and determine Nutrition Risk within 24 hours of Malnutrition Screening.

- Nutrition Focused Physical Assessment
- NRS 2002 or Modified NUTRIC

Malnutrition and/or High Nutrition Risk Identified

Diagnosis/risk is documented by RDN and confirmed by Physician

Nutrition Care Plan and Intervention

Patient awake, alert and able to tolerate oral feedings

Initiate Oral Nutritional Supplements (ONS): 2 servings per day within 24 hours of screening

Diet Order | ONS Product Selection
---|---
Higher Protein | BOOST® High Protein Drink
Higher Calorie | BOOST® PLUS Drink
Fluid Restriction | BOOST® PLUS Drink
Diabetes-friendly | BOOSTGlucose Control® Drink
Renal-friendly | NOVASOURCE® Renal Drink
Clear Liquid | BOOST BREEZE® Drink
Thickened Liquids | BOOST® Nutritional Pudding
All Other Diets | BOOST® High Protein Drink

Patient diet and ONS orders re-evaluated by the RDN during nutrition assessment

Is Enteral Nutrition Contraindicated based on the following:
- Severe Malabsorptive Condition
- Severe GI Bleed
- Distal High Output GI Fistula
- Paralytic Ileus
- Intractable Vomiting and/or Diarrhea
- Mechanical Obstruction
- Inaccessible GI tract

Start Enteral Nutrition Support

Consider parenteral nutrition if unable to start oral or enteral feeding

Documented Nutrition Care Plan in Medical Record
Use the Malabsorption Index worksheet below to assist in identifying individuals with malabsorption and provide guidance in the selection of enteral diets.

**Instructions:** Check the box next to the answer that best applies to each question.

1. **Stool frequency and consistency**
   - How frequently does the individual experience diarrhea* and/or loose stools?
     - Every day (4 points)
     - Three or more times per week (3 points)
     - Rarely (0 points)

2. **Medication**
   - Is the individual on a sorbitol-containing medication or other medications which promote rapid intestinal transit time and/or is the individual on a medication to control stools?
     - Yes (3 points)
     - No (0 points)

3. **Nutritional status**
   - Is weight loss occurring despite the provision of a reasonable level of calories and protein (e.g., 25-35 kcal/kg with >1.0 g protein/kg/day)?
     - Yes (3 points)
     - No (0 points)

Add points here:

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<th>Question 1</th>
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**Enteral Formula Selection Guide based on Total Points from the Malabsorption Index Worksheet**

- **Low (0 points):**
  - Select an intact protein formula, examples include:
    - COMPLEATE® Formulas
    - ISOSOURCE® Formulas
    - FIBERSOURCE® HN
    - REPLETE® Formulas

- **Moderate (2-6 points):**
  - Initiate high MCT-containing intact protein diet:
    - NUTREN® 2.0
    - ISOSOURCE® Complete Nutrition
    - FIBERSOURCE® HN
    - REPLETE® Formulas

- **High (7-14 points):**
  - Peptide-based, MCT-containing formula or free amino acid-based, very low-fat diet:
    - PEPTAMEN® Formulas
    - IMPACT® Peptide 1.5
    - VIVONEX®/TOLEREX®

- **Very High (15+ points):**
  - TPN may be indicated as dual feeding with elemental diet or sole therapy.

**References:**

2. ASPEN Adult Nutrition Care Pathway 2015.  

*Gastrointestinal intolerance: diarrhea >300 mL/day or more than 4 loose stools per day; abdominal distention; nausea and/or vomiting.

This pathway is intended to provide guidance. This document is not a substitute for clinical judgment or medical advice. Formula selection should be based on clinical assessment and judgment of the clinician.