

# Malnutrition Top Ten Checklist

## APPENDIX I: TOP TEN CHECKLIST

Associated Hospital/Organization: HRET HIIN

Purpose of Tool: A checklist to review current or initiate new interventions for malnutrition prevention in your facility

Reference: [www.hret-hiin.org](http://www.hret-hiin.org)



Evaluate the current state of malnutrition screening, assessment and nutritional care planning. Assess the effectiveness of current work flows.



Screen all patients for malnutrition and nutritional risk upon admission.



Conduct a comprehensive nutritional assessment within 24-48 hours for patients who screen positive for malnutrition or nutrition risk.



Implement interventions rapidly. Activate diets, parenteral or enteral feedings as soon as possible. Build protocols to support activation of feedings while awaiting nutritional assessment.



Diagnose and document mild, moderate, or severe malnutrition to support adequate reimbursement for nutritional services.



Minimize fasting or interrupting feedings as much as possible to optimize intake. Implement ERAS nutritional guidelines for patients undergoing colorectal, thoracic and vascular surgery and radical cystectomy.



Provide a positive meal experience for patients. Support ordering, set up and feeding to optimize the patient's intake. Monitor oral consumption and report and address poor intake.



Communicate the patient's nutritional status and plan in the interdisciplinary plan of care, during clinical rounds and during handoffs.



Provide nutritional care discharge planning. Include the nutritional care plan in discharge summaries, post-hospitalization handoffs and in post-discharge phone calls.



Partner with patients and their caregivers in making nutritional care choices and in learning and understanding their post-discharge nutritional care plan. Use teach-back to ensure understanding.