GRP053

Optimization of available resources in the implementation of a nutritional screening method.

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OBJECTIVES

The prevalence of hospital malnutrition ranges between 30-55%. As malnutrition increases with hospital stay duration, consequences are both clinical and economic, resulting in increased morbidity and mortality.

To analyze if the current resources allow us to implement a nutritional screening system **NRS**-2002 (Nutritional Risk Screening-2002) or we should adapt this method to our center.

MATERIAL AND METHODS

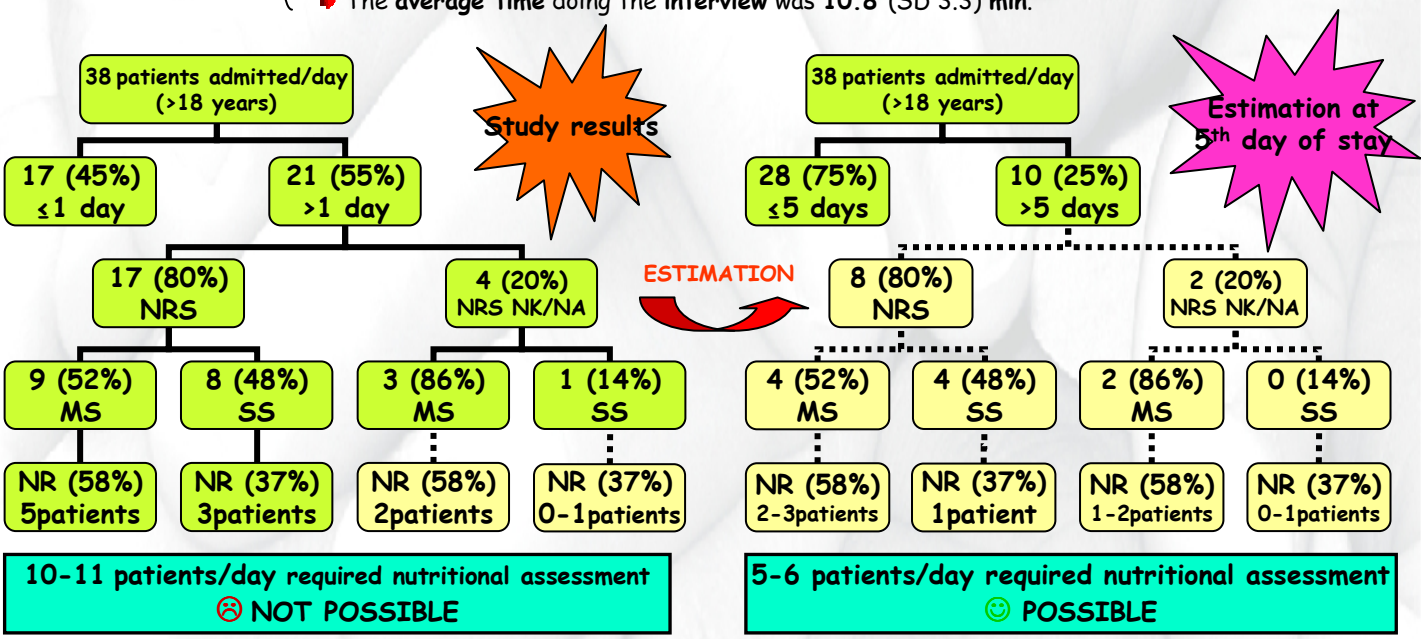
- Observational study during April-May of 2011.
- Patients included: >18 years with >1 day expected stay.
- The Nutrition-Unit is consisted of one full-time doctor and one half-time pharmacyst, we evaluated:
  - If would be possible to perform screening of all incomes.
  - How to implement the NSR- 2002 to detect th maximum, number fo patients at risk malnutrition with availables resources.

- NRS-2002
  - patients that answer ≥ 1 "yes" in the first test → need to perform the final test.
  - patients with total score ≥3 points → nutritional risk **(NR)** → required nutritional assessment.
- Variables analyzed
  - Time spent in each interwiew.
  - Number of patients that may required nutritional assessment.

RESULTS

277 PATIENTS from 505 admited in our hospital were included.

- **92.5%** needed the **final-test**; wherein **>50%** required nutritional assessment.
- **20%** did not know or could not answer (**NK/NA**) the NRS-2002. The **average age** of this group was higher than the rest: **84.3** (SD 11.4) vs. 71.5 (SD 15.6) **years** (F= 8.8 p<0.003).
- The **average hospitalization stay** was **7.5** (SD 6.6) **days** (F= 7.2 p= 0.008), by services: medical (**MS**) 8.7 (SD 7.1) and surgical (**SS**) 6.1 (SD 5.5).
- **57.9%** of patients of **MS** had **nutritional risk** (NR) compared to 37.3% of patients of SS (χ^2=9.4 p=0.002).
- The **average time** doing the **interview** was **10.8** (SD 3.3) **min**.



CONCLUSION

- We can not implement this screening method for all admitted patients using the available resources, we will need a full-time profesional exclusive dedication.
- In order to optimize resources and to detect a largest number of malnourished patients we decide to perform the screening at 5th day of stay.
- We stablish the short MNA(2009) in patients that can not answer the NRS-2002. As the results showed, those patients are older and probably have higher nutritional risk.