ASPEN PEDIATRIC NUTRITION CARE PATHWAY

(Age 1 month – 18 years)

ADMISSION SCREENING

- Complete screening within 24 hours
- Use validated screening tool
- Obtain weight, height/length, and head circumference
- Document results in EHR

MALNUTRITION SUSPECTED?

YES

GENERATE NUTRITION CONSULT

RD notified by automatic trigger in EHR or consult

NUTRITION ASSESSMENT

Complete by RD or NST within one day of nutrition risk identification

- Clinical and medical history
- Food and nutrition history
- Anthropometrics
- Biochemical data, medical tests and procedures
- Nutrition focused physical exam (NFPE)

NO

RESCREEN [RD, RN, or DT]

- For hospitalized patients, rescreen in 3-5 days
- For home or long-term care patients, set an institutional rescreen schedule

Risk factors to monitor:

- NPO/CLD for >3 days
- Intake <50% for >3 days
- Weight loss
- Intubation
- High risk disease or medical condition

NO

MALNUTRITION IDENTIFIED?

AND/ASPEN pediatric malnutrition characteristics

DETERMINE MALNUTRITION SEVERITY [RD, NST]

- Mild
- Moderate
- Severe

DETERMINE CHRONICITY [RD]

- Acute <3 months
- Chronic ≥3 months

DETERMINE ETIOLOGY [RD, MD/DO/NP/PA, RN, SW]

- Illness-related (+ inflammation and/or illness)
  - » Medical evaluation
- Non-illness related (social, environmental, behavioral)
  - » Evaluate resources, support, stressors, rule out neglect

DOCUMENT MALNUTRITION DIAGNOSIS

- RD documents malnutrition severity, chronicity, and supporting evidence
- MD/DO/NP/PA/RD documents malnutrition in progress note and adds diagnosis to hospital problem list

CONTINUED

KEY

- Action Steps
- Documentation Steps
- Communication Steps

RN Registered Nurse
RD Registered Dietitian
DT Diet Technician
NST Nutrition Support Team
MD/DO Physician
NP Nurse Practitioner
PA Physician Assistant
RPh/PharmD Pharmacist
SW Social Worker
OT Occupational Therapist
PT Physical Therapist
SLP Speech-Language Pathologist
NPO/CLD Nothing by mouth/Clear Liquid Diet
EHR Electronic Health Record
HC Head circumference
MUAC Mid-upper arm circumference
EN Enteral Nutrition
PN Parenteral Nutrition

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CODE MALNUTRITION DIAGNOSIS

- Coder notified of diagnosis
- Appropriate pediatric codes used

NUTRITION CARE PLAN AND INTERVENTION
[RD, NST, RN, MD/DO/NP/PA, SW, RPh/PharmD, PT, OT, SLP]

- Create nutrition care plan that identifies goals
- Determine access needs for nutrition support to maximize intake (feeding device for EN, IV for PN)
- Communicate nutrition care plan with team members in EHR and on multidisciplinary patient care rounds
- Order oral nutrition, infant formula, and/or vitamin/mineral supplements
- Order medically & developmentally appropriate diet
- Order nutrition support (enteral, parenteral) as appropriate
- Educate on malnutrition diagnosis, diet modification
- Order medical therapy as needed (treat reflux, nausea, malabsorption, constipation, diarrhea, feeding problems, infection, spasticity, muscle weakness)

MONITORING AND EVALUATION
[RD, NST, RN, MD/DO/NP/PA, RPh/PharmD, PT, OT]

- Follow-up within 3 days
- Daily weights (<12 months old) or daily to 2x/week weights (>12 months old)
- Height/length, HC (<2 years old), MUAC
- Biochemical data, medical tests & procedures
- Intake/output
- Gastrointestinal tolerance
- Access devices (feeding tubes, central venous access)
- Nutrition focused physical exam (NFPE)

IMPROVEMENT IN NUTRITION STATUS?
DOCUMENT PARAMETERS THAT INDICATE IMPROVEMENT

- Adequate nutrient intake
- Stable or increased weight and other anthropometrics

NO

REVISE NUTRITION CARE PLAN

- Reassess every 3-5 days in acute care setting, as needed in home and long-term care
- Begin discharge planning

YES

CONTINUE CURRENT NUTRITION CARE PLAN

- Reassess every 3-5 days in acute care setting, as needed in home and long-term care
- Begin discharge planning

DISCHARGE PLAN
[MD/DO/NP/PA, RD, NST, RN, RPh/PharmD, SW]

- Educate/counsel patient and caregivers
- Communicate current nutrition assessment and care plan
- Communicate PN, EN, or oral nutrition supplement prescription and supplies
- Involve case management or social services for continuity of care
- Provide ongoing follow-up as appropriate

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- Documentation Steps
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