**DOCTORS ORDERS**

**NUTRITION CLASSIFICATION FORM**

Your patient has been seen by Nutrition Services. Please review the findings, and complete the documentation below.

**Dietician Name/Signature:** _________________________________ **Date:** _________ **Time:** __________

**Pager #:** _______________

**Clinical Indicators of Nutrition Status:**

- Serum Albumin: __________
- Serum Prealbumin: __________
- Decreased appetite/poor intake
- % Weight Loss: __________
- BMI: ______________________________
- Other:

**Nutrition Related Comorbidities:**

- Kwashiorkor
- Marasmus
- Severe Protein Calorie Malnutrition
- Moderate Malnutrition
- Mild Malnutrition
- Other Protein Calorie Malnutrition
- Unspecified Protein Calorie Malnutrition
- Cachexia
- Underweight (BMI <19 kg/m²)
- Overweight
- Obesity, unspecified
- Morbid Obesity (BMI > 40 kg/m²)
- Other:

**Treatment that does not require a physician order:**

- Modify diet consistency
- Initiate a nutrition supplement:
- Other:

**Treatment/Recommendation that require a physician order:**

- Change diet to: ______________________________________________________________________
- Start/change TF of/to: __________________________________________________________________
- Recommend MVI with Minerals
- Recommend appetite stimulant
- Speech Pathology consult
- Other: ______________________________________________________________________

**Physicians: Please indicate your review and assessment of these findings, then sign below.**

- I have reviewed and agree with the nutrition assessment as documented above and agree with recommendations for management as documented.

- I have reviewed the nutrition service documentation; my findings and recommendations are:

  ____________________________________________________________________________
  ____________________________________________________________________________

**Physician/Date/Time:** _________________________________  **Nurse Date/Time:** _________________________________  **Secretary/Date/Time:** _________________________________

**Full page of orders requires only one physician, one nurse and one clerical signature**

Original to Patient’s Chart  Fax to Pharmacy

Original: 8/10  Reviewed: 5/12  Form # 1.0-002
Any two of the following characteristics must be present:
1. Weight >90% of standard weight for height (IBW)
2. Albumin <3.0 gm/dL and/or Transferrin < 160 mg/dL
3. Acute energy and protein deficiency reflecting a metabolic response to injury
4. Characterized by edema, catabolism of muscle tissue, weakness, neurological changes, loss of vigor, secondary infections, stunted growth in children, changes in hair.

**Malnutrition of Moderate Degree**

Characteristics #1 & #2 must be present:
1. Depressed anthropometrics: Weight <80% of standard weight for height (IBW) and/or a weight loss of >10% of UBW in last 6 months
2. Relative preservation of visceral proteins: Serum albumin >3.0 g/dL
3. Overt muscle wasting
4. Chronically deficient energy intake
5. Characterized by catabolism of fat and muscle tissue, lethargy, generalized weakness, and weight loss.

**Severe Protein-Calorie Malnutrition**

Characteristics #1 & #2 must be present:
1. Depressed anthropometrics: Weight <60% of standard weight for height, and/or a weight loss of >10% of usual weight in last 6 months and/or BMI <16 kg/m²
2. Depressed visceral protein concentration: serum albumin < 3.0 g/dL and/or serum prealbumin < 10 gm/dL and/or serum transferrin < 100 mg/dL
3. Overt muscle wasting
4. Inadequate intake for >7 days
5. Occurs when a marasmic patient is exposed to stress (e.g. trauma, surgery, or acute illness). Characterized by combined symptoms of marasmus and kwashiorkor, a high risk of infection, and poor wound healing.

**Kwashiorkor**

Protein deficit - Characteristics #1 and #2 must be present:
1. Weight >90% of standard weight for height (IBW)
2. Albumin <3.0 gm/dL and/or Transferrin < 160 mg/dL
3. Acute energy and protein deficiency reflecting a metabolic response to injury
4. Characterized by edema, catabolism of muscle tissue, weakness, neurological changes, loss of vigor, secondary infections, stunted growth in children, changes in hair.

**Marasmus**

Calorie deficit - Characteristics #1 and #2 must be present:
1. Depressed anthropometrics: Weight <80% of standard weight for height (IBW) and/or a weight loss of >10% of UBW in last 6 months
2. Relative preservation of visceral proteins: Serum albumin >3.0 g/dL
3. Overt muscle wasting
4. Chronically deficient energy intake
5. Characterized by catabolism of fat and muscle tissue, lethargy, generalized weakness, and weight loss.

**Unspecified Protein-Calorie Malnutrition**

Any two of the following characteristics must be present:
1. Serum albumin < 3.5 g/dL
2. Weight loss of ≥ 7% pre-illness or usual body weight
3. Weight ≤ 75% standard weight for height (IBW)
4. Serum transferrin < 180 mg/dL
5. Poor intake for 3 or more consecutive days
6. BMI 16.1 - 18.4

**Other Protein-Calorie Malnutrition**

(midpoint of mild and moderate)
Any two of the following characteristics must be present:
1. Serum albumin < 3.5 g/dL
2. Weight loss of ≥ 7% pre-illness or usual body weight
3. Weight ≤ 75% standard weight for height (IBW)
4. Serum transferrin < 180 mg/dL
5. Poor intake for 3 or more consecutive days
6. BMI 16.1 - 18.4

**Cachexia**

Characteristics #1, #2, #3 must be present:
1. Involuntary weight loss of ≥ 5 % within 1 month; ≥ 7.5% within 3 months; > 10% within 6 months
2. Depletion of serum protein
3. Depletion of fat tissue and skeletal muscle mass
4. Related to chronic conditions such as: Cystic Fibrosis, Cerebral Palsy, Cancer, AIDS, Congestive Heart Failure, End-stage Organ Failure, Neurological Degenerative diseases

**Underweight**

BMI < 19 kg/m²

**Overweight**

BMI 25 - 29.9 kg/m²

**Obesity, unspecified**

BMI 30 - 39.9 kg/m² (obesity class 1 & 2)

**Morbid Obesity**

BMI ≥ 40 kg/m² (obesity class 3)

**Clinical Malnutrition Not Noted**

If pt adequately nourished or does not meet the DRG criteria for the above categories.

**Unable To Assess Due To Limited Data**

If unable to adequately assess malnutrition categories secondary to certain pertinent information not available i.e. albumin.

**Transferrin**

should not be used as an indicator protein-calorie malnutrition when the following clinical conditions are present: iron deficiency anemia and chronic blood loss.

Transferrin normal values: 215-365 mg/dL; elderly (> 60 y): 160 - 340 mg/dL