Up to 40% of hospitalized patients are diagnosed with malnutrition\(^1\) with an average hospital length of stay of 5.4 days.\(^2\) Even with the best of interventions, almost all these patients are discharged with some ongoing malnutrition and need an outpatient nutrition care plan.

The recently approved Global Malnutrition Composite Score (GMCS), an electronic clinical quality measure, includes four main steps of nutrition care: malnutrition screening, assessment, diagnosis, and care plan development which includes needed interventions.\(^3\) Discharge planning for transitions of care should be included in the nutrition care plan and communicating this plan to assure the hospital-based interventions are carried across the healthcare continuum is crucial in order to improve patient outcomes.

**Resources**

- ASPEN Discharge Planning Podcast
  nutritioncare.org/DischargePodcast
  and Practice Tool nutritioncare.org/DischargePlan
- MQii Discharge Planning
- Organization Guidelines for Nutrition Support After Discharge
  » ESPEN guidelines: espen.org/guidelines-home/espen-guidelines

**References:**


**Discharge to Home Planning Process**

- Identify patient requiring home nutrition care early in the inpatient stay
- Evaluate nutrition care plan and communicate plan to discharge planner
- Collaborate with discharge planner on:
  1. Coverage or reimbursement of nutrition therapy if needed
  2. Home care agencies
- Discuss nutrition with and educate patient, family, and caregivers
- Communicate home nutrition care plan with home care clinicians and suppliers
- Plan for and schedule timely follow-up for both home and outpatient providers

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**Malnutrition Care Discharge Checklist**
## Malnutrition Care Discharge Checklist

<table>
<thead>
<tr>
<th>Discharge Planning Processes</th>
<th>Specific Steps and Documentation Needed</th>
<th>Sign Off and Date Completed</th>
</tr>
</thead>
</table>
| **Indications for home nutrition care** | ◦ Inpatient nutrition assessment and malnutrition diagnosis*  
◦ Nutrition care plan and goals*  
◦ Tolerance of current nutrition therapy | |
| **Discharge planner and insurance coverage as needed** | ◦ Insurance coverage for nutrition therapy as needed  
◦ Assess programs such as SNAP, food banks, Meals on Wheels, etc.  
◦ Discharge summary sent to primary care provider | |
| **Contacts identification** | ◦ For discharge planner  
◦ For primary care provider and ordering prescriber  
◦ For home care agencies, home infusion companies, and/or DME suppliers | |
| **Specific home care regimen** | ◦ Detailed home nutrition care orders  
◦ Advancement to goal at home order if applicable  
*Home Nutrition Orders (enter here):*  
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| **Patient/caregiver education** | ◦ Patient/caregiver education provided including home nutrition care and self-monitoring  
◦ Patient and caregiver provided with clinician and home care contacts  
◦ Patient/caregiver reminders of follow-up appointments  
◦ Written instructions provided for patient/caregivers | |
| **Home care agencies and suppliers** | ◦ Discharge planner, RD, or nutrition clinician communicates patient information, supplies, and monitoring needed with each home agency and supplier | |
| **Follow-up and appointments** | ◦ Schedule timely follow-up appointments with outpatient provider who is managing home nutrition therapy  
◦ Schedule follow-up with nutrition clinicians as appropriate  
◦ Arrange for monitoring labs and other tests | |

*Components of the Global Malnutrition Composite Score*

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