ASSEN 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

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

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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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

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