

## **USWR 20: Process Measure: Nutritional Screening and Intervention Plan in Patients with Chronic Wounds and Ulcers**

This measure was developed via a consensus process in collaboration with the Alliance of Wound Care Stakeholders Member Organizations, which include 16 wound care related clinical associations.

### **DESCRIPTION:**

**The percentage of patients aged 18 years and older with a diagnosis of a wound or ulcer of any type who undergo nutritional screening with a validated tool (such as the Nestlé MNA) within the 12-month reporting period, and for whom an appropriate nutritional intervention was ordered based on the results of the tool.**

Using the MNA Short Form algorithm, if a patient at risk of malnutrition has an MNA score of 8-11 and documented weight loss, the clinician would be provided with general treatment, monitoring or rescreening recommendations. These include: nutrition interventions (e.g. diet enhancement and oral supplementation of 400 kcal/d<sup>2</sup>), close weight monitoring, and a more in depth nutrition assessment. Malnourished patients with scores of 0-7 would be offered treatment with nutritional intervention (ONS 400-600 kcal/d<sup>2</sup> and diet enhancement), close weight monitoring and a more in depth nutrition assessment. No specific products will be recommended as part of the measure.

### **NUMERATOR:**

Patients 18 years or older diagnosed with a wound or ulcer who:

- Undergo nutritional screening with a validated tool (such as the Nestle MNA) within the 12 month reporting period
- AND for whom an appropriate nutritional intervention was ordered based on the results of the tool.

### **DENOMINATOR:**

Patients 18 years or older who have a diagnosis of a wound(s) and/or ulcer(s).

### **RATIONALE:**

National and international organizations recommend that routine screening for vulnerable groups should be built into nutrition policies and quality programs. Although ample data exist to validate the role of nutrition in preventing or healing wounds, the importance of nutrition in the care of patients with chronic wounds is poorly recognized by healthcare providers in the USA, leading to a “gap in practice” for the recognition of nutritional deficits as well as appropriate clinical interventions to correct them. The goal of this measure is to increase provider awareness of nutritional status among patients with wounds and ulcers and to correct nutritional deficits if they exist via a simple screening tool.

Validated tools provide a reliable way for healthcare professionals to identify patients who are malnourished or at risk of malnutrition and should be used to identify these patients. A variety of screening tools have been validated including the ‘Malnutrition Universal Screening Tool’ (‘MUST’) in the community, the Nutrition Risk Screening (NRS-2002) for use in hospitals and the Mini Nutritional Assessment (MNA) which has been used in the community and validated in older people.

There is extensive, good quality clinical evidence that oral nutritional supplements (ONS) are an effective solution to malnutrition in patients who, while able to consume food, do not eat enough to meet nutritional requirements. ONS have proven nutritional, functional, clinical and economic benefits in both the hospital and community setting. Meta-analyses show that ONS lead to weight gain, reductions in mortality, reductions in complication rates and reductions in the proportion of patients admitted or readmitted to hospital. There is “A level” evidence (from randomized trials) that ONS, particularly with high protein content, can reduce the risk of developing pressure ulcers (NPUAP panel, [www.npuap.org](http://www.npuap.org)). However, adequate nutrition and hydration are critical to healing wounds of all etiologies.

**CLINICAL RECOMMENDATION STATEMENTS:**

Because adequate nutrition and hydration are critical to healing wounds of all etiologies, routine screening of patients with wounds is advisable.

**REFERENCES**

Oral Nutritional Supplements to Tackle Malnutrition: A summary of the evidence base, Third version 2012, Ed: Medical Nutrition International Industry (MNI). Rue de l’Association 50, 1000 Brussels, Belgium <http://www.medicalnutritionindustry.com/>