Academy of Nutrition and Dietetics

Academy/A.S.P.E.N. Clinical characteristics that the RDN can obtain and document to support a diagnosis of malnutrition.

Clinical Characteristic	Malnutrition in the context of acute illness or injury				Malnutrition in the context of chronic illness				Malnutrition in the context of social or environmental circumstances			
	Non-severe (moderate) malnutrition		Severe malnutrition		Non-severe (moderate) malnutrition		Severe malnutrition		Non-severe (moderate) malnutrition		Severe malnutrition	
(1) Energy intake[1] Malnutrition is the result of inadequate food and nutrient intake or assimilation, thus recent intake compared to estimated requirements is a primary criterion defining malnutrition. The RD obtains or reviews the food and nutrition history, estimates optimum energy needs, compares them with estimates of energy consumed and reports inadequate intake as a percentage of estimated energy requirements over time.	< 75% of estimated energy requirement for > 7 days		≤ 50% of estimated energy requirement for ≥ 5 days		< 75% of estimated energy requirement for ≥ 1 month		≤ 75% of estimated energy requirement for ≥ 1 month		< 75% of estimated energy requirement for ≥ 3 months		≤ 50% of estimated energy requirement for ≥ 1 month	
(2) Interpretation of weight loss[2-5] The RD evaluates weight in light of other clinical findings including the presence of under- or over- hydration. The RD assesses weight change over time reported as a percentage of weight lost from baseline.	%	Time	%	Time	%	Time	%	Time	%	Time	%	Time
	1-2	1 week	>2	1 week	5	1 month	>5	1 month	5	1 month	>5	1 month
	5	1 month	>5	1 month	7.5	3 months	> 7.5	3 months	7.5	3 months	> 7.5	3 months
	7.5	3 months	> 7.5	3 months	10	6 months	>10	6 months	10	6 months	>10	6 months
					20	1 year	> 20	1 year	20	1 year	>20	1 year

Skipper A. Malnutrition Coding in Skipper A. Ed. Nutrition Care Manual, October, 2011 release.
Available at http://nutritioncaremanual.org/category.cfm?ncm_category_id=11. Accessed October 18, 2011.

Physical Findings[5 6] Malnutrition typically results in changes to the physical exam. The RD may perform a physical exam and document any one of the physical exam findings below as an indicator of malnutrition.						
(3) Body Fat Loss of subcutaneous fat (e.g. orbital, triceps, fat overlying the ribs).	Mild	Moderate	Mild	Severe	Mild	Severe
(4) Muscle Mass Muscle loss (for example wasting of the temples (temporalis muscle); clavicles (pectoralis & deltoids); shoulders (deltoids); interosseous muscles; scapula (latissimus dorsi, trapezious, deltoids); thigh (quadriceps) and calf (gastrocnemius)).	Mild	Moderate	Mild	Severe	Mild	Severe
(5) Fluid Accumulation The RD evaluates generalized or localized fluid accumulation evident on exam (extremities; vulvar/scrotal edema or ascites). Weight loss is often masked by generalized fluid retention (edema) and weight gain may be observed	Mild	Moderate to severe	Mild	Severe	Mild	Severe

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(6) Reduced Grip Strength[7] Consult normative standards supplied by the manufacturer of the measurement device	N/A	Measurably reduced	N/A	Measurably reduced	N/A	Measurably Reduced

A minimum of two of the six characteristics above is recommended for diagnosis of either severe or non-severe malnutrition.

Notes:

Height and weight should be measured rather than estimated to determine BMI.

Usual weight should be obtained in order to determine the percentage and to interpret the significance of weight loss.

Basic indicators of nutritional status such as body weight, weight change, and appetite may substantively improve with refeeding in the absence of inflammation. Refeeding and/or nutrition support may stabilize but not significantly improve nutrition parameters in the presence of inflammation.

The National Center for Health Statistics defines "chronic" as a disease/condition lasting 3 months or longer[8].

Serum proteins such as albumin and prealbumin are not included as defining characteristics of malnutrition because recent evidence analysis shows that serum levels of these proteins do not change in response to changes in nutrient intake[9-12].

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11. Does serum albumin correlate with weight loss in four models of prolonged protein-energy restriction: anorexia nervosa, non-malabsorptive gastric partitioning bariatric surgery, calorie-restricted diets or starvation? Available at: http://www.andeal.org/topic.cfm?menu=3584&cat=4302. Accessed August 1, 2011.

12. Does serum albumin correlate with nitrogen balance? *American Dietetic Association*. Available at: http://www.andeal.org/topic.cfm?menu=3584&cat=4302. Accessed August 1, 2011.

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