

## 334 Malnutrition and Nutritional Assessment

Gordon L. Jensen

Malnutrition occurs in 30–50% of hospitalized patients depending on the setting and criteria that are used. Poor wound healing, compromised immune status, impaired organ function, increased length of hospital stay, and increased mortality are among the notable adverse outcomes associated with malnutrition. It is now widely appreciated that acute or chronic inflammation contribute to the pathophysiology of disease-related or injury-related malnutrition. The presence of inflammation can also render historic nutrition assessment indicators, like albumin and prealbumin, unreliable, and inflammation diminishes favorable responses to nutrition therapies. In order to guide appropriate care, it is necessary to properly assess and diagnose malnutrition. Nutrition assessment is a comprehensive evaluation to diagnose a malnutrition syndrome and to guide intervention and expected outcomes. Patients are often targeted for assessment after being identified at nutritional risk based on screening procedures conducted by nursing or nutrition personnel within 24 h of hospital admission. Screening tends to focus explicitly on a few risk variables like weight loss, compromised dietary intake, and high-risk medical/surgical diagnoses. Preferably, health professionals complement this screening with a systematic approach to comprehensive nutrition assessment that incorporates an appreciation for the contributions of inflammation that serve as the basis for new approaches to the diagnosis and management of malnutrition syndromes.

### ■ MALNUTRITION SYNDROMES

Famine and starvation have long been leading causes of malnutrition and remain so in developing countries. However, with improvements in agriculture, education, public health, health care, and living standards, malnutrition in the settings of disease, surgery, and injury has become a prevalent concern throughout the world. Malnutrition