



Nutritional Screening in Nephrology Inpatients: A National Audit

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Background

- Malnutrition has a reported prevalence of 30-50% in the dialysis population (Fouque et al 2011)
- It is an independent predictor of poor clinical outcome
- This audit aimed to assess adherence to All Wales Nutritional Care Pathway standard that all patients (100%) should be weighed and screened for malnutrition risk using a validated nutrition screening tool within 24 hours of admission.

Methods

A pro-forma was designed to record patient demographics, whether screening was carried out using either MUST or WAASP and weights. Presence of oedema was noted.



The audit was carried out by renal dietitians, dietetic assistants and students on 6 sites* across Wales.



All patients admitted during a two week period in June 2014 were included in the audit. Weights were monitored until discharge, or following 2 weeks after the screening audit, whichever came sooner.



The information was collated on a standardised spreadsheet locally, and then centrally analysed.

Results

203 patients were included in the audit.

Figure 1 illustrates, for each site in Wales, the percentage of patients where nutritional screening was completed within 24 hours of admission.

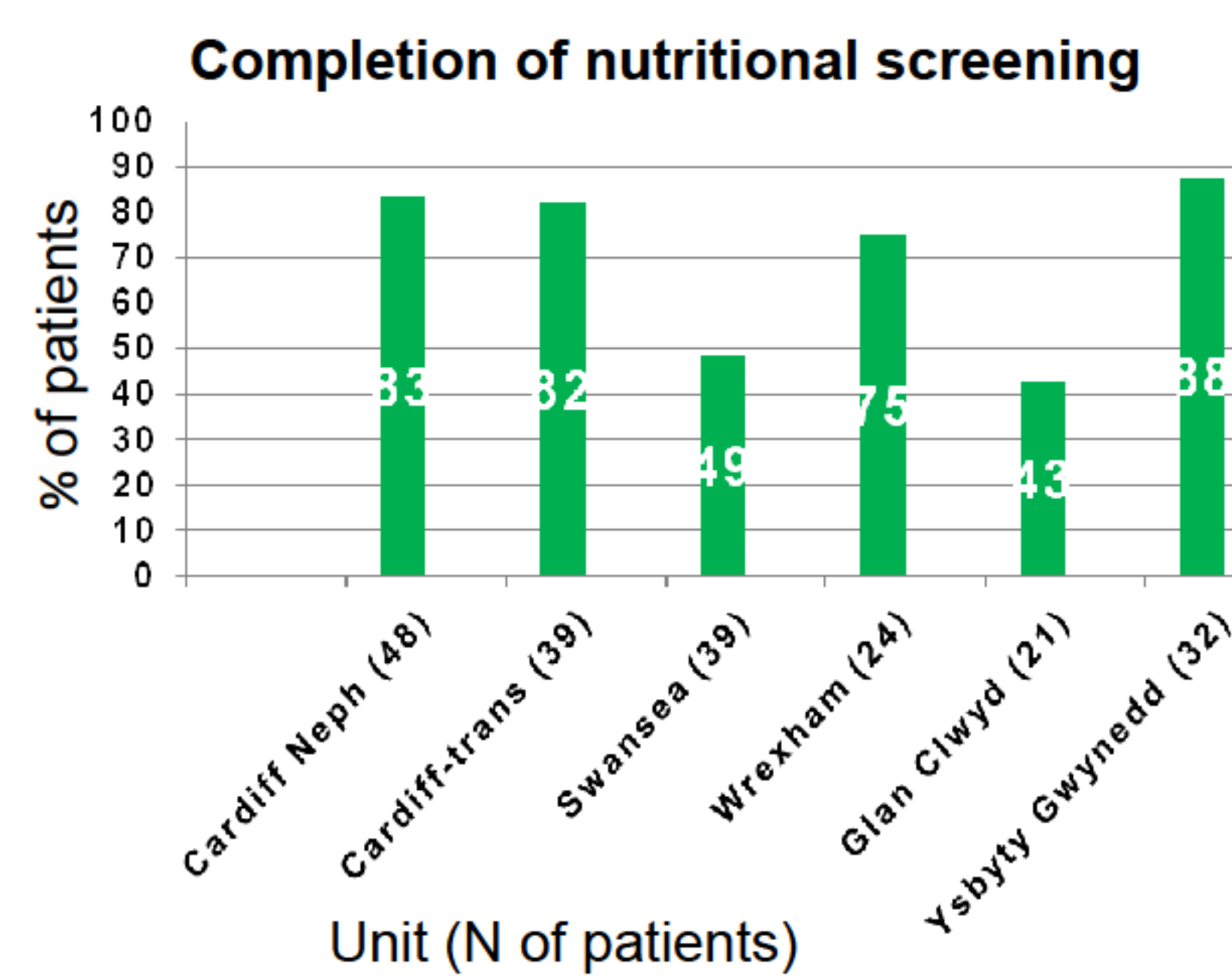


Figure 1.

Weight loss during admission

	% patients	N
Cardiff Nephrology	61%	22/36
Cardiff Transplant	58%	21/36
Swansea	55%	21/38
Wrexham	75%	18/24
Glan Clwyd	43%	9/21

Figure 2.

The percentage of patients who lost weight during admission is shown in figure 2**, this excludes patients where oedema was present.

Discussion

- There was wide variation in compliance with screening for malnutrition (43-88%), with no site achieving 100%.
- Excluding patients with oedema, 43-75% of patients lost flesh weight during admission.
- Furthermore, presence of oedema may mask weight loss meaning universal screening tools are not sensitive enough to detect under-nutrition in renal patients.

Conclusion

The failure to ensure all renal inpatients are screened for under-nutrition needs addressing across Wales.

There is a need for a robust, renal-specific screening tool to identify malnutrition risk to enable treatment in a timely manner in this nutritionally vulnerable group.

*Cardiff Nephrology, Cardiff Transplant Unit, Swansea, Wrexham Maelor, Glan Clwyd and Ysbyty Gwynedd. **Detail on weight loss for Ysbyty Gwynedd are excluded due to incomplete data. MUST= Malnutrition Universal Screening Tool; WAASP = Weight Appetite, Ability to Eat, Stress Factors, Pressure Sores. Reference: Fouque et al *Kidney International* (2011) **80**, 348–357