



*Audit on documentation of patient's
weight and nutritional screening
practices in Unit 4, Merlin Park
University Hospital, Galway.*

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Background

Nutritional Screening is an assessment of an individual's nutritional needs. This is an important tool in all settings but is especially important in a hospital setting. An individual's bodyweight can give an indication to his/her nutritional needs and in a hospital setting can help decipher medication dosages (Charani et al., 2015). Nice (2006) states that patients should have their weight recorded weekly and when there is a measure of concern. In 2010 a 'Nutrition Screening Survey in the UK and Republic of Ireland', carried out by the British Association for Parenteral and Enteral Nutrition, found that '1 in 3 adults admitted to hospitals were found to be at risk (BAPEN, 2011). This statistic shows the importance of this audit on weight documentation and screening practices in Ireland. Using the 'Malnutrition Universal Screening Tool' (MUST) as a tool to calculate malnutrition risk within the hospital setting, assists Health care professionals in this regard, as per the Nice guidelines (2006). The MUST score is calculated based on three indicators, BMI, weight-loss and acute disease. The score is 0-Low risk, the patient receives routine clinical care, 1-Medium risk, the patient is observed and 2-High risk, the patient receives treatment (Stratton et al., 2004).

Aims:

The aim of the audit was to

- evaluate current documentation practice governing patient weights.
- Evaluate current documentation standards governing nutritional screening
- Determine the current rates of malnutrition\obesity in this population

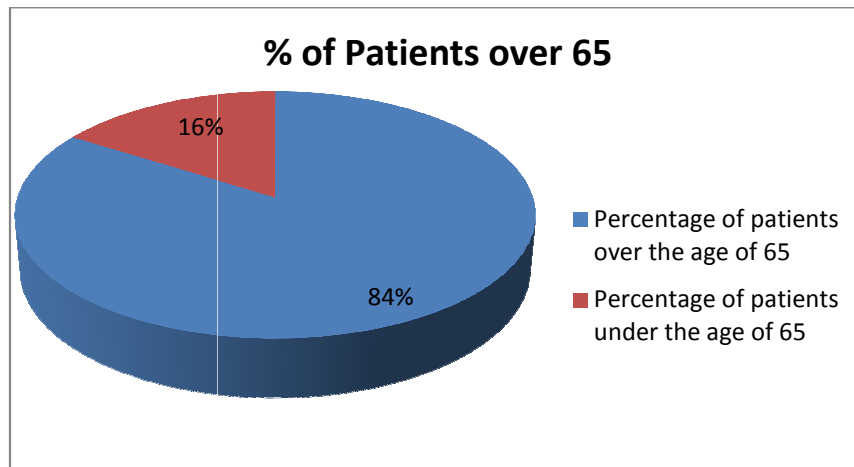
Method

A survey tool was designed by practice development (Appendix 1).

The audit was undertaken in March 2016 on Unit 4 Merlin Park, which is an acute medical rehabilitation ward which has a bed capacity of 19. Patient notes were accessed within the clinical setting. Patient weight documentation was reviewed at 4 separate points, which included each patient nursing admission kardex, nutritional screen assessment, Early Warning Score chart and drug prescription chart.

Findings

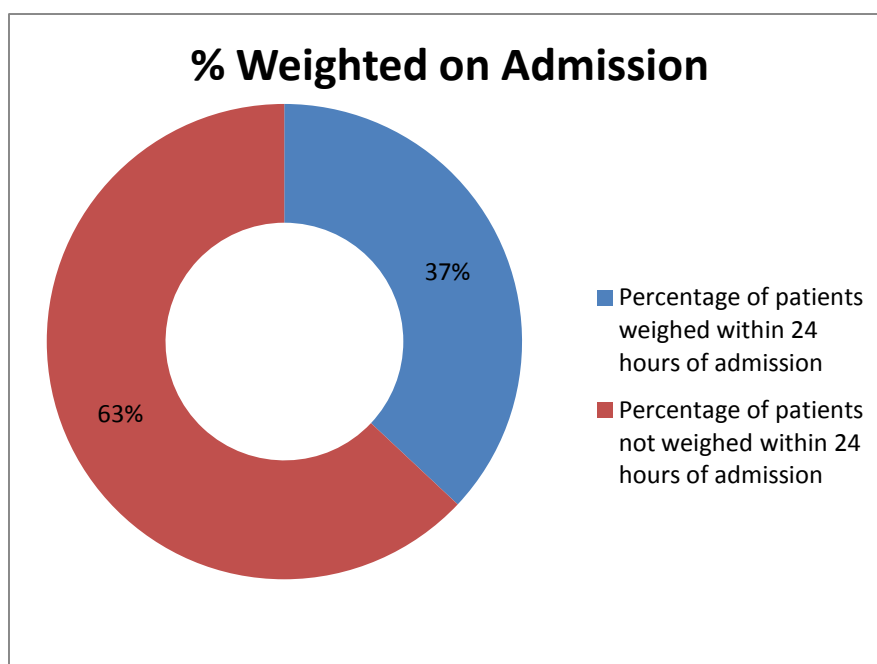
Patients over the age of 65 years.



The research team identified that 84% of patients were over the age of 65 years, thus making them eligible for nutritional screening as per the nutritional screening criteria.

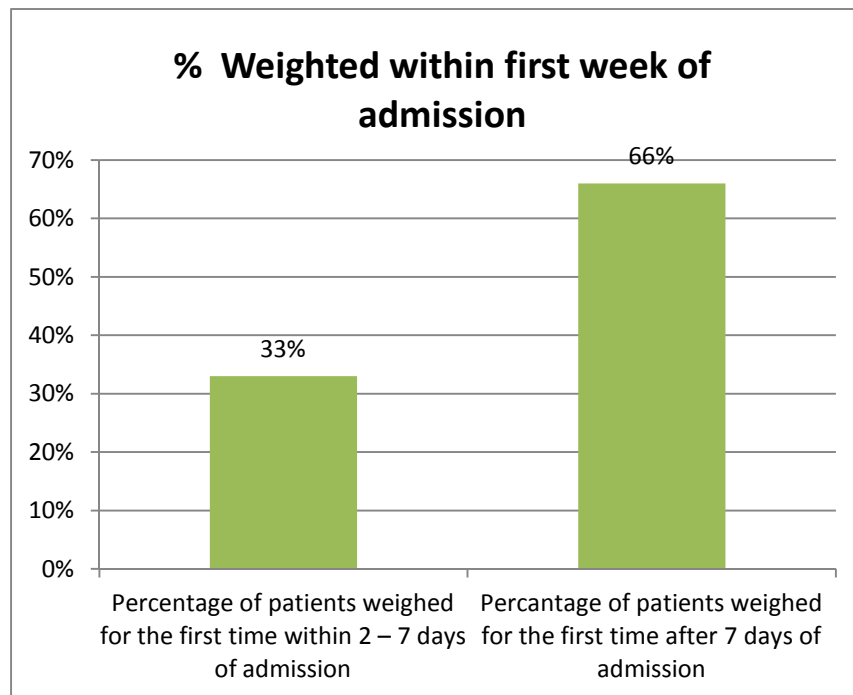
Percentage of patients weighed on admission as documented in the nursing kardex

In relation to nursing practices with recording of patient's weight on admission to the unit, 37% of this group of patients were weighed on admission.



Percentage of patients weighed for the first time within 2 – 7 days of admission

On review of each patients early warning score chart, the research team identified that out of the 63% of patients who didn't have their weight recorded on admission, 33% of those had their weight recorded within the period of 2-7 days of admission to the unit. Hence a substantial number (66%) of this subgroup had no weight recorded within the first week of hospitalization as per their early warning score chart.

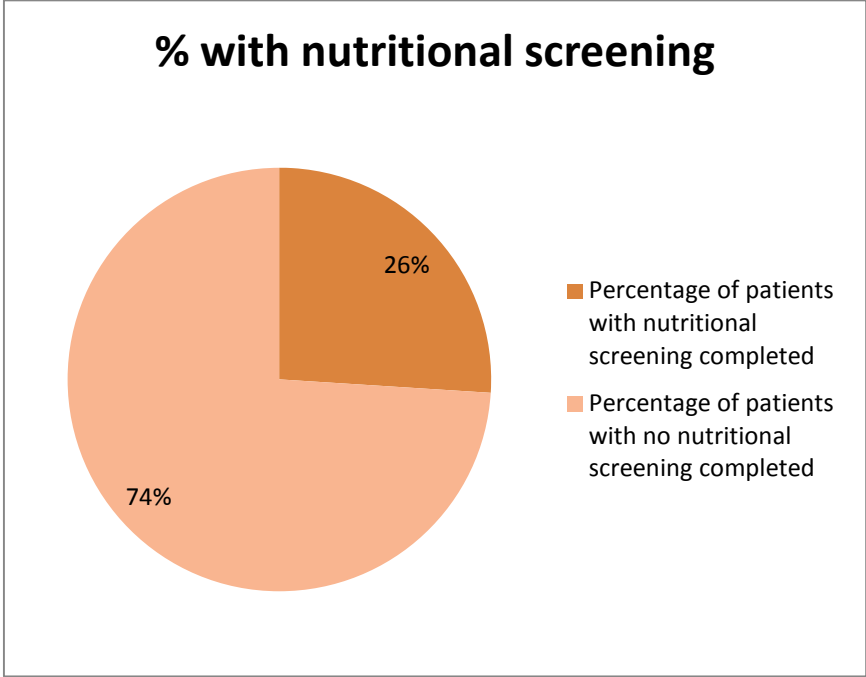


Percentage of patients with nutritional screening completed

A review of patient notes was completed to establish compliance with completion of nutritional screening. Criteria for completion of nutritional screening include

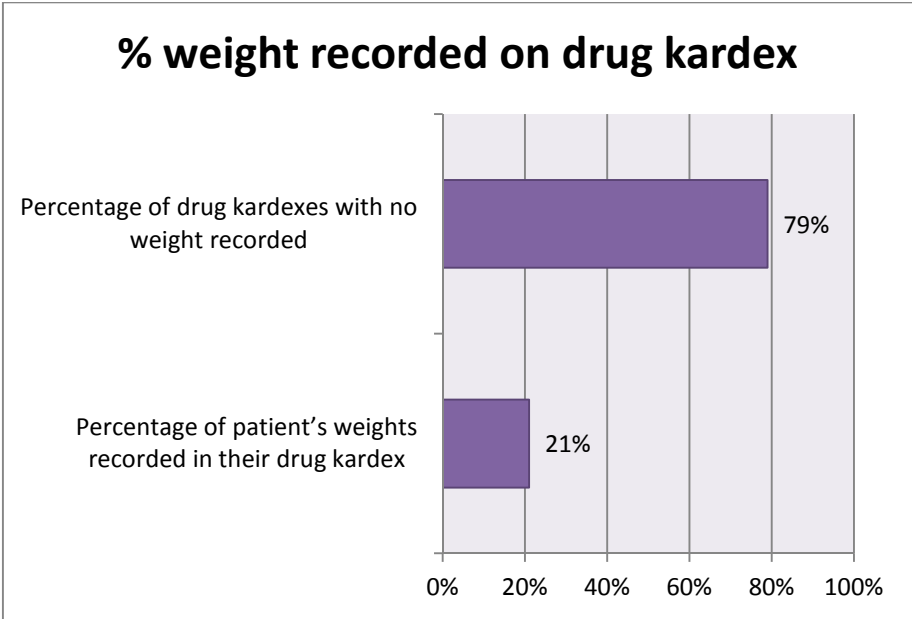
- all patient's age over 65 or
- Patient's identified as at risk.

The "MUST" tool for malnutrition screening is not incorporated in patients clinical notes. Patients are reviewed by the dietician on receipt of completed referral form from medical team. A review of patient's medical notes identified that 26% of the population had nutritional assessment completed by the dietician. Patients BMI was not recorded by the dietician in her assessment of referred patients.



Percentage of patient’s weights recorded in their drug kardex

In relation to weight documentation practices on drug Kardex, only 21% of patients had their weight documented on the allocated section in the front of each drug kardex.



Discussion

Current best practice, within Unit 4, Merlin, is for each patient is to be weighed on admission to hospital and weekly thereafter. Patient weight is recommended to be recorded on each patient's drug kardex, early warning score chart and nursing admission notes. A sit down electronic weighting scales is utilised on the ward to obtain patient weight to facilitate the aging population.

Overall, weight documentation and nutritional screening practices in Unit 4, Merlin, is not consistent with Nice guidelines, with 37% of patients having their weight completed on the Nursing Admission Kardex on admission to the ward. A minority of patients (33%) who did not have their weight recorded on admission to the unit had their weight recorded on the early warning score chart within the first week of admission to the unit. Hence a substantial number (66%) of this subgroup had no weight recorded within the first week of hospitalization as per their early warning score chart. Weight documentation on drug Kardexs was also low at 21%.

Recording a patient weight is a fundamental part of any nutrition screening tool as well as other investigations that arise as part of a person's treatment, including accurate drug dosage (Clarkson 2012), monitoring of oedema and screening for profiling beds.

In clinical practice, BMI recording is incorporated in the "MUST" chart however this document is not currently in use in this unit therefore patients BMI was not recorded. With 84% of the research population eligible for nutritional screening, as per existing nutritional screening criteria which includes all patient's over 65 years or Patient's identified as at risk, only 26% had nutritional assessment completed by the dietician.

Recommendations

- Education and awareness sessions to be completed with staff regarding timely documentation of patient weights on all relevant documents.
- The requirement for frequent review of standards governing patient weight, nutritional screening and nutrition and hydration practices must be addressed via nursing metrics or alternative audit process.
- Share learning from this audit with other hospitals in the Saolta group.

References

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