NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES
POLICY AND PROCEDURE

SUBJECT: NUTRITIONAL ASSESSMENT AND SCREENING FOR HIGH RISK CONSUMERS

NUMBER: NN-PC-NS-06

ORIGINAL DATE: 8/28/95

REVIEW/REVISE DATE: 12/01/98, 11/28/2001, 10/07/04, 11/01/07, 5/20/10, 5/17/12

APPROVAL: Cody L. Phinney, MPH, Agency Director

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I. PURPOSE

To establish criteria for identifying consumers at nutritional risk, so that the need for an assessment of the consumer's nutritional status may be determined, and appropriate nutritional care provided.

II. POLICY

Northern Nevada Adult Mental Health Services (NNAMHS) will identify consumers at nutritional risk, based on a nutrition screening and assessment process. Development of therapeutic diet intervention and educational plans for nutrition therapy are initiated as appropriate to the nutritional status and dietary requirements of the consumer.
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III. REFERENCES:

1. Morrison Healthcare Food Services Manual of Clinical Nutrition
2. Recommended Dietary Allowances, 10th Edition, National Academy Press, Washington D.C. 1989
3. Nutritional Assessment and Support 3rde Edition, 1985, by Anne Grant, M.S., R.D., Susan DeHoog, R.D.
4. Mental Health Facilities – Rules and Regulations of 10-22-71 incorporated into the Nevada Administrative Code (NAC), Chapter 449 on 10-27-82

IV. PROCEDURE

Based on medical statistics and the results of the consumer nutrition history and screening form that describes consumer nutrition needs, a plan for nutrition therapy is developed and implemented by NNAMHS Nursing and the dietitian. The admission nurse shall complete electronically the RN Assessment including the Nutrition Screening form. If the admission nurse checks three or more nutrition problems on the Nutrition Screening form, the consumer is determined to be at nutritional risk and is referred to the dietitian for follow up. The Registered Dietitian shall consult the consumer within 24 to 72 hours and complete a nutrition assessment, which will be documented in the electronic medical record (EMR) by the dietitian. The consumer shall be reassessed as necessary on a daily, weekly, or monthly basis. The following criteria shall be used to determine if a consumer is at a high nutritional risk:

1. Consumer with actual or potential malnutrition
   a. Vitamin, mineral and nutrient deficiency or depletion
   b. Fluid imbalance and dehydration and possible nutrition discrepancies.
   c. Recent unexplained weight loss or gain of greater than 10-20% of usual body weight

d. Anthropometric body measurements, medical tests, clinical signs and observations of poor or inadequate nutritional status

2. Consumers with inadequate nutritional intake, refusing to eat or unable to receive or tolerate food or nutrition products related to:
   a. Appetite loss or food intake alterations
   b. Chewing or swallowing complications
   c. Drug or alcohol dependence with nutrition alterations
   d. Disease conditions affecting medical and nutritional status, acute or terminal.
3. Digestion, absorption and gastro-intestinal problems, constipation, diarrhea, hiatal hernia, Irritable Bowel Syndrome, Chronic Fatigue Syndrome, gluten intolerance ,Crohn's Disease and Bariatric surgery for obesity, etc.
4. Chronic conditions such as lung, liver and renal insufficiencies, Coronary Heart Disease and Hypertension, Diabetes Mellitus, cancer, immune and infectious diseases.
5. Food habits, cultural and religious beliefs, food intolerance, food allergies, food and drug interactions.
6. Weight management
   a. Obesity – BMI greater than 30
   b. Underweight – BMI less than 18.5
   c. Eating disorders, such as anorexia nervosa, bulimia, and overeating.
7. Pregnant and lactating women.
8. Geriatric nutrition insufficiencies.
9. Increased metabolism such as fever, infections, trauma, hyperthyroidism, burns, etc.