

EFFECTIVENESS OF THE PEDIATRIC NUTRITION SCREENING TOOL AT TALLAHASSEE MEMORIAL HEALTHCARE



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VINTRODUCTION

Approximately 20 million children less than 5-years-old are severely undernourished, contributing to 45% of all child deaths world-wide. Pediatric malnutrition in the United States is unknown because of underreporting. Reportedly, the prevalence of malnutrition related to illness in hospitalized children varies from 6-51%. Because malnutrition can have deleterious outcomes on a child's development, it must be quickly detected for suitable nutrition interventions to be provided. The previously used tool, created for the adult population, was poorly detecting malnutrition for the pediatric population. Alternately, the Pediatric Nutrition Screening Tool (PNST) was implemented to determine nutrition risk. It is a quick, simple, and validated tool.



DESIGN

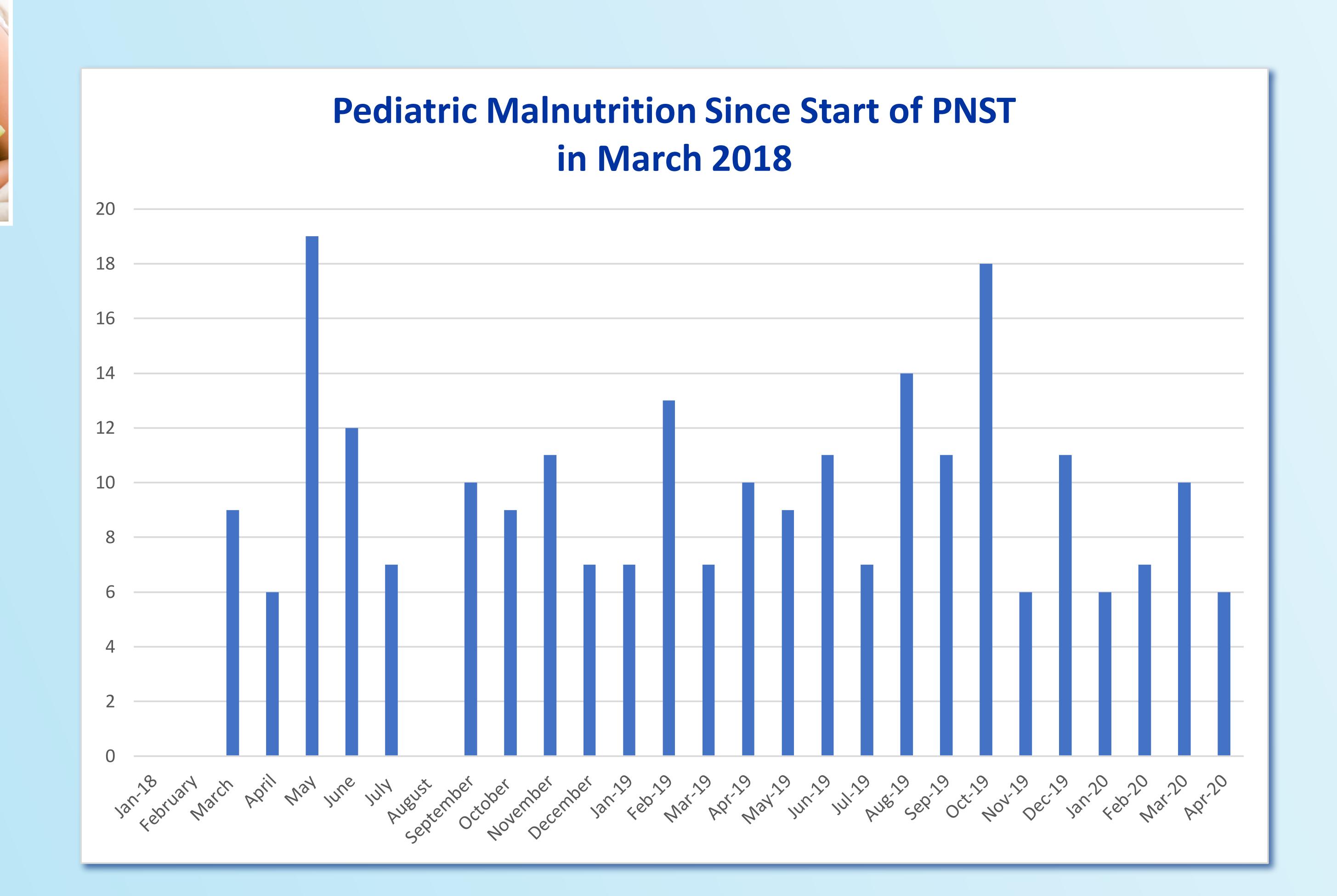
In the Children's Center at Tallahassee Memorial HealthCare (TMH), the PNST was used by the nurse upon admission to screen for malnutrition (undernutrition) for inpatient admissions from March of 2018 through April of 2020..

METHODS & INSTRUMENTS

Four questions were asked by the nurse upon admission:

- 1) Has child unintentionally lost weight lately?
- 2) Has child had poor weight gain over the last few months?
- 3) Has child been eating/feeding less in the last few weeks?
- 4) Is child obviously underweight?

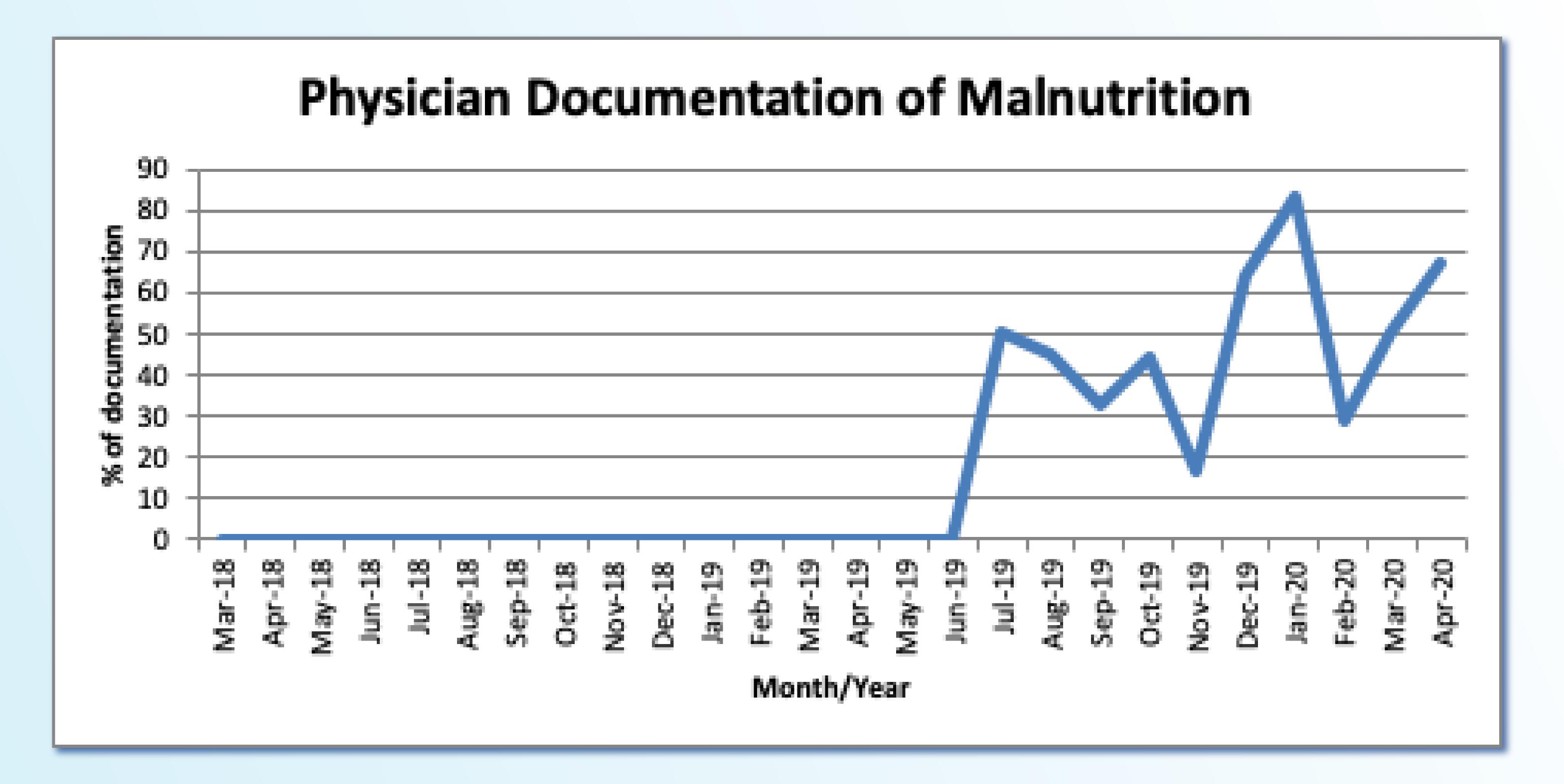
Responses were entered into the electronic medical record (Cerner PowerChart software). If two or more questions were answered "yes," a Registered Dietitian Nutritionist completed a nutrition assessment within 48 hours. The physicians were provided education by the RDN on the process of diagnosing and coding for malnutrition. The physicians were notified when a patient was diagnosed with malnutrition.





RESULTS

Results demonstrated that, compared to baseline, implementation of the PNST significantly increased the diagnosis of malnutrition. There were no hospitalized children diagnosed with malnutrition by the RDN in the two months before the PNST was implemented. Since implementation, 90% of positive screenings met the criteria for pediatric malnutrition, resulting in an average of 9.7 malnourished children per month. Furthermore, physician documentation of pediatric malnutrition increased from none to an average of 52%.



CONCLUSIONS

This tool proved to effectively detect pediatric malnutrition and improve physician documentation at the TMH Children's Center.

REFERENCES

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