

Malnutrition in the Nursing Home Resident: An Under-diagnosed Condition



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The Rembrandt Self-portraits

A Chronologic History of the Aging
Process



Teenager

Overview

- Prevalence
- Causes
- Classification
- Associated diseases/conditions
- Medications may contribute
- Aides to diagnosis
- CMS permissible codes



The young man, age 22

Prevalence

- Surprisingly common
- Often missed
- 23 to 60% of **institutionalized** adults
- Major contributor to morbidity:
 - Pressure ulcer
 - Infection
- Increased mortality

Mature adult, age 46



Causes

Physiologic	Pathologic	Sociologic	Psychologic
Decreased taste	Bad teeth	Can't shop for food	Depression
Decreased smell	Swallowing problems	Can't prepare food	Anxiety
Poor appetite	Underlying disease(cancer, CHF, COPD, DM)	Poverty, fixed income	Loneliness
Slow gastric emptying	Medications	Impaired ADLs	Stress
Loss of body mass	Alcoholism	Lack of interaction with others, isolation	Grief, loss
Loss of lean body mass	Dementia		

Introspective, after death of loved ones (age 49)



Classification (Jenson)

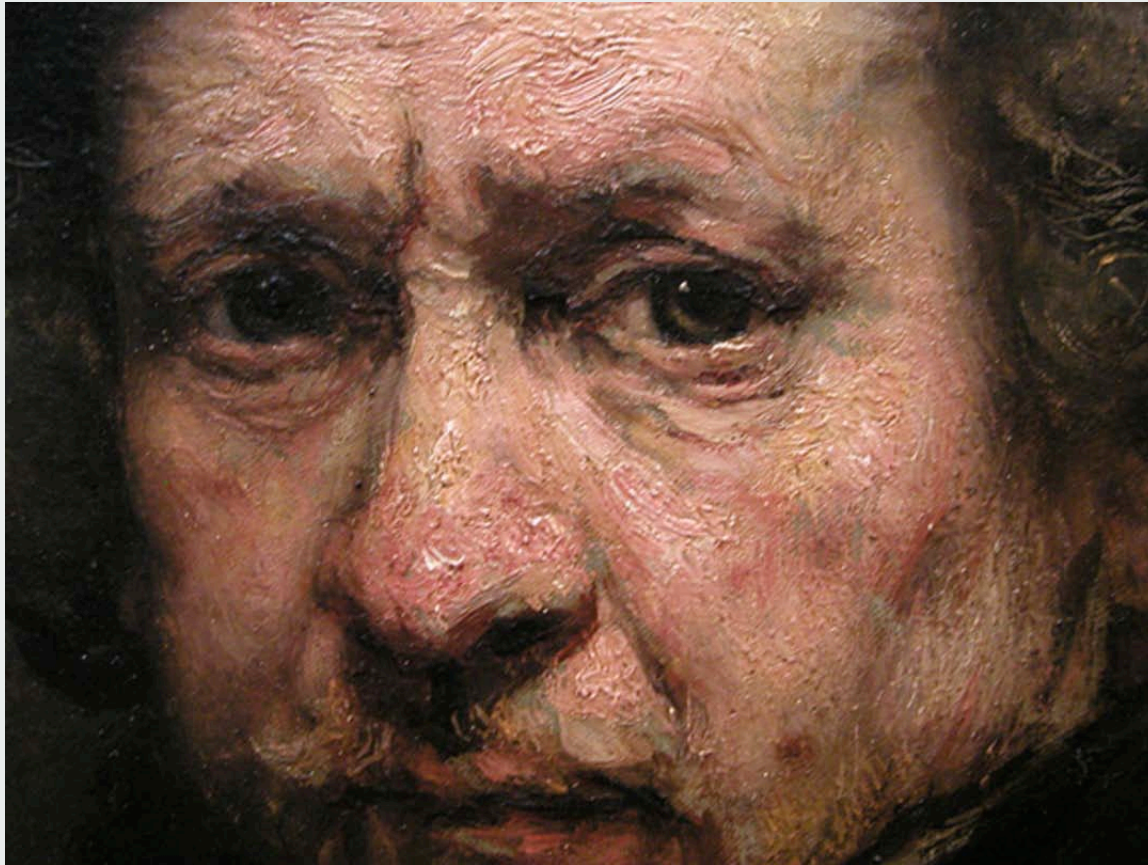
- Starvation-associated malnutrition
- Malnutrition associated with inflammation of chronic disease
- Malnutrition associated with acute disease, trauma



Looking back at life

Diseases Commonly Associated with Malnutrition in Elderly

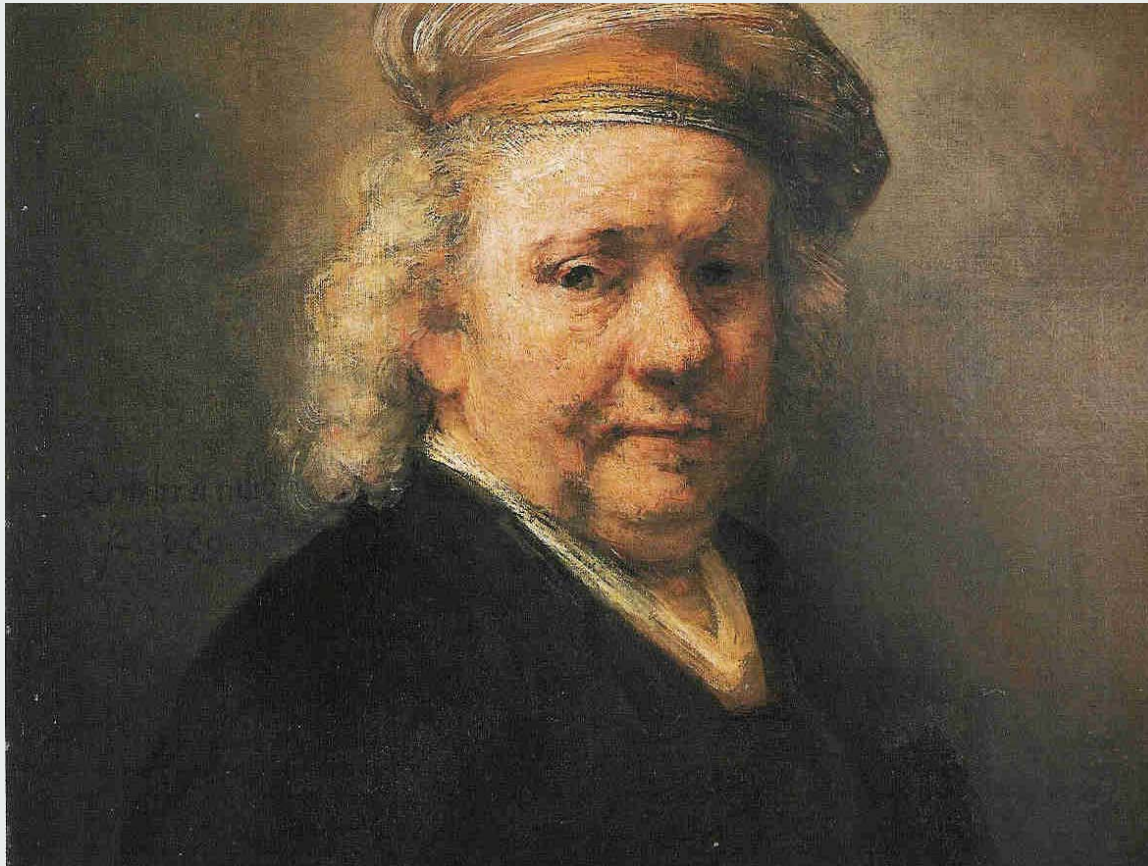
- Cancer
- Heart failure
- Diabetes (diet restriction)
- COPD
- Depression
- Dementias
- Adult failure to thrive



Dignity in aging

Red Flags and Aides to Diagnosis

- Weight loss (5-10% of weight over 4-6 months)
- 50% or more of meals left on plate
- Body Mass Index (less than 21 in institutionalized elderly)
- Dementia and chronic illnesses noted above
- Medical complications (pressure ulcer, infection)
- Polypharmacy
- Dysphagia
- Sentinel lab results



Then patriarch, age 61

Sentinel Lab Values Suggesting Malnutrition

- Serum albumin < 2.4 grams/dl
- Serum transferrin < 200
- Total lymphocyte count < 1500/mm³



<http://louisianaqio.eqhs.org>

ICD-9 Codes Accepted by CMS

- 260 Kwashiorkor (usually in kids)
- 261 Marasmus (also usually in kids)
- 262 Other severe protein-calorie malnutrition
- 263.0 Malnutrition, moderate
- 263.1 Malnutrition, mild
- 263.2 Arrested development post protein-calorie malnutrition (kids)
- 263.8 Other protein-calorie malnutrition
- 263.9 Unspecified protein-calorie malnutrition

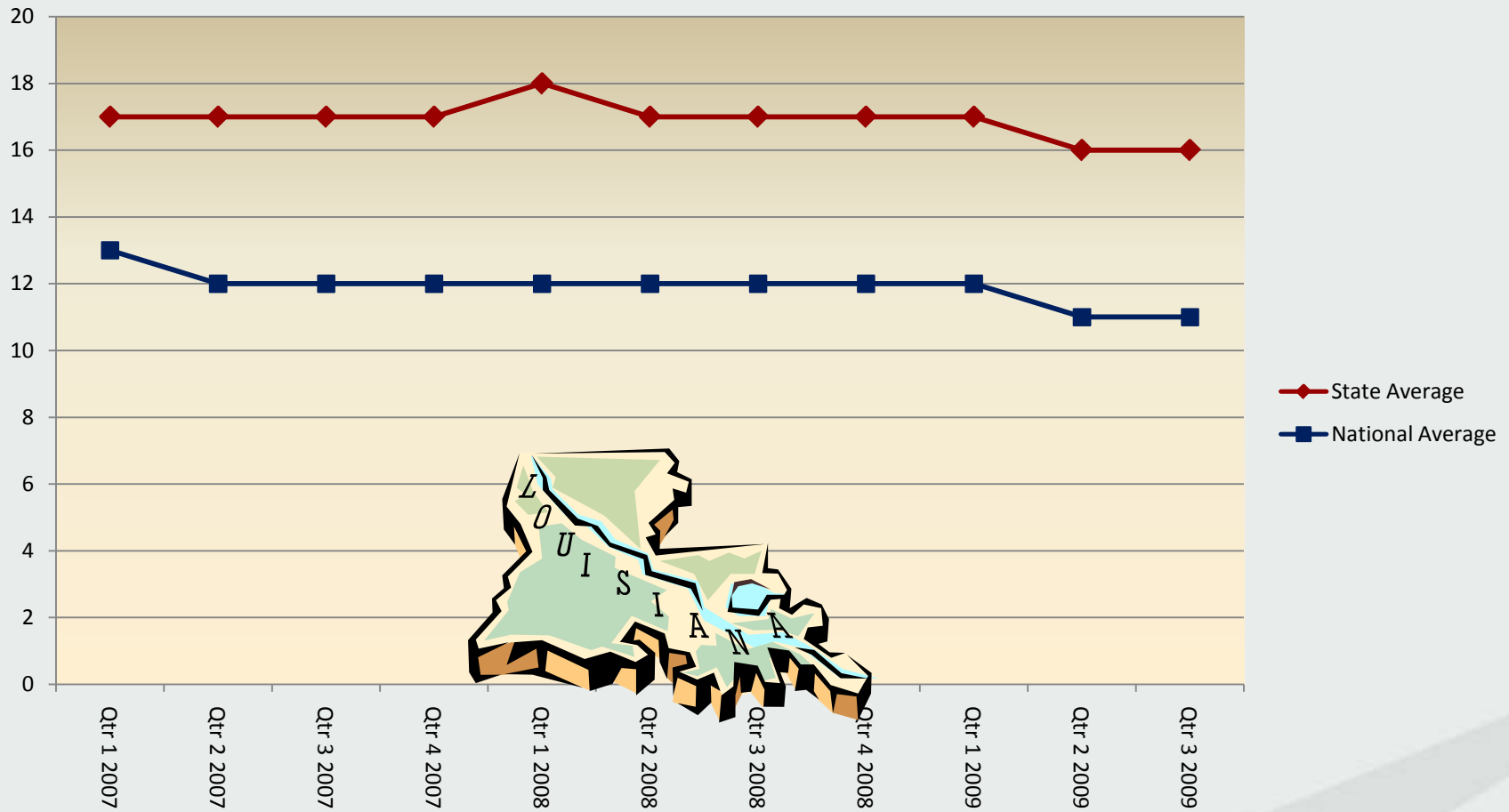


Muscle wasting, anorexia of aging

Diagnosis to Avoid

- 783.7 Adult failure to thrive
- **Unless**, patient is in hospice program

The State Rate as Compared to the National Rate



Tackling Malnutrition

MDS Coding Cue Sheets

Coding Cue Sheet for High Risk Pressure Ulcer (Malnutrition)

PATIENT FACTORS

- Medications
- Chronic illness
- End stage diseases
- Eating habits (weight loss)
- Pressure ulcer size & location

PATIENT DIAGNOSES

- Protein deficiency
- Anemia
- Hypoalbuminemia
- Depression
- Dementia, tremors (reason for decline in meal consumption)

ICD-9 Codes that Drive MDS High Risk for PU Development Status:

- 260 Kwashiorkor – a syndrome usually in children
- 261 Nutritional marasmus (children) (Malnutrition codes are used for all age groups; Coding Clinic, 4th qtr 1992, p. 25)
- 262 Other severe, protein-calorie malnutrition
- 263.0 Malnutrition of moderate degree
- 263.1 Malnutrition of mild degree
- 263.2 Arrested development following protein-calorie malnutrition
- 263.8 Other protein-calorie malnutrition (specified, but not listed above 260-263.2)
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- Dystrophy due to malnutrition
- Malnutrition (calorie) NOS

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This material was produced by eQ-Health Solutions (formerly Louisiana Health Care Review), the Medicare Quality Improvement Organization for Louisiana, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. LARS#M23110-2190



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Malnutrition Solutions

REMINDER

Resident Name _____

Date _____

Does this resident need
a malnutrition diagnosis? Yes/No

Code _____

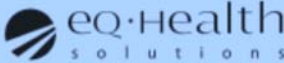
Albumin _____

Pre-albumin _____

Weight loss? Yes/No

**ICD-9 Codes that cause the resident
to be coded on the MDS into at
High Risk for PU Development:**

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The Medicare QIO for Louisiana
(Formerly Louisiana Health Care Review)
<http://louisianaqio.eqhs.org>

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Save Our Skin Toolkit Contents

- Change Package Strategies
- Tools and Resources
 - Facility Assessment Checklist
 - System Investigative Audit
 - Pressure Ulcer Definition and Stages
 - Comprehensive Admission Skin Assessment
 - SBAR Communication Tool
 - Braden Scale for Predicting Risk
 - PUSH Tool
 - Turning Mobility Tools



Tips From Louisiana Homes

- CNA pocket body audit book
- Consider everyone high risk
- Wound/Treatment nurse assess on what happened over the weekend
- Pink Pillow Cases
- Transfer Information Sheets between settings
- PUP Team: Pressure Ulcer Prevention Team
 - Point of accountability



Nursing Home Team Members

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Questions

