



Nutrition Screening acc. to NRS 2002

ASSESSMENT OF THE NUTRITION STATE

PATIENT							
Surname Date of Birth			irst name	Gender Ward	□ m	□ f	d 🗌
DIAGNOSIS/CO-MORBIDITIES (Please indicate	ICD-10 or	ORPHAN co	de if possible.)				
			Neight (kg)				
INITIAL SCREENING Is BMI < 20.5 kg/m²? Has the patient lost weight within	🗌 No	☐ Yes	Was dietary intake reduced in the last week?		🗆 No	. [Yes
the last 3 months?	🗌 No	🗌 Yes	Is the patient severely ill (e.g., in intensive therapy	?	🗌 No	, [] Yes

YES: If the answer is "Yes" to any question, the Final screening is performed.

NO: If the answer is "No" to all questions, the patient is re-screened at weekly intervals.

If the patient e.g. is scheduled for a major operation, a preventive nutritional care plan is considered to avoid the associated risk status.

FINAL SCREENING

IMPAIRED NUTRITIONAL STATUS

ABSENT	Normal nutritional status	Score 0	
MILD	Weight loss > 5% in 3 months <u>or</u> food intake < 50–75% of normal requirement in preceding week	Score 1	
MODERATE	Weight loss > 5% in 2 months or BMI 18.5–20.5 kg/m ² and impaired general condition or food intake 25–50% of normal requirement in preceding week	Score 2	Carry over score
SEVERE	Weight loss > 5% in 1 month (> 15% in last 3 months) or BMI < 18.5 kg/m ² and impaired general condition or food intake 0–25% of normal requirement in preceding week	Score 3	·

SEVERITY OF DISEASE

ABSENT	Normal nutritional requirements	Score 0	
MILD	E.g, hip fracture, chronic patients, in particular with acute complications: cirrhosis, COPD. Chronic hemodialysis,	Score 1	
	diabetes, oncology		
MODERATE	E.g., major abdominal surgery, stroke, severe pneumonia, hematologic malignancy	Score 2	
SEVERE	E.g., head injury, bone marrow transplantation, intensive care patients (APACHE II $>$ 10)	Score 3	Carry over score

AGE

If \geq 70 years: add 1 to total score above.

SCORE		
TOTAL	Score < 3	Score ≥ 3
RISK ASSESSMENT	Weekly rescreening of the patient. If the patient e.g. is scheduled for a major operation, a preventive nutritional care plan is considered to avoid the associated risk status.	The patient is nutritionally at-risk and a nutritional care plan is initiated

LITERATURE: 1. Kondrup J et al. ESPEN Guidelines for Nutrition Screening 2002. Clin Nutr 2003, 22: 415-421.

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