

**Table.** Academy of Nutrition and Dietetics (Academy)/American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.) clinical characteristics that the clinician can obtain and document to support a diagnosis of malnutrition<sup>ab</sup>

Clinical characteristic	Malnutrition in the Context of Acute Illness or Injury				Malnutrition in the Context of Chronic Illness				Malnutrition in the Context of Social or Environmental Circumstances			
	Non-severe (moderate) malnutrition		Severe malnutrition		Non-severe (moderate) malnutrition		Severe malnutrition		Non-severe (moderate) malnutrition		Severe malnutrition	
(1) Energy intake (reference 30)	< 75% of estimated energy requirement for > 7 days		≤ 50% of estimated energy requirement for ≥ 5 days		< 75% of estimated energy requirement for ≥ 1 month		< 75% of estimated energy requirement for ≥ 1 month		< 75% of estimated energy requirement for ≥ 3 months		≤ 50% of estimated energy requirement for ≥ 1 month	
<p>Malnutrition is the result of inadequate food and nutrient intake or assimilation; thus, recent intake compared to estimated requirements is a primary criterion defining malnutrition. The clinician may obtain or review the food and nutrition history, estimate optimum energy needs, compare them with estimates of energy consumed and report inadequate intake as a percentage of estimated energy requirements over time.</p>												
(2) Interpretation of weight loss (references 33-36)	%	Time	%	Time	%	Time	%	Time	%	Time	%	Time
The clinician may evaluate weight in light of other clinical findings including the presence of under- or over- hydration. The clinician may assess weight change over time reported as a percentage of weight lost from baseline.	1-2	1 wk	>2	1 wk	5	1 mo	>5	1 mo	5	1 mo	>5	1 mo
	5	1 mo	>5	1 mo	7.5	3 mo	>7.5	3 mo	7.5	3 mo	>7.5	3 mo
	7.5	3 mos	>7.5	3 mos	10	6 mo	>10	6 mo	10	6 mo	>10	6 mo
					20	1y	>20	1y	20	1y	>20	1 y
<p>Physical findings (references 36,37)</p> <p>Malnutrition typically results in changes to the physical exam. The clinician may perform a physical exam and document any one of the physical exam findings below as an indicator of malnutrition.</p>												
(3) Body fat	Mild		Moderate		Mild		Severe		Mild		Severe	
Loss of subcutaneous fat (eg, orbital, triceps, fat overlying the ribs).												

(continued on next page)

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Clinical characteristic	Malnutrition in the Context of Acute Illness or Injury		Malnutrition in the Context of Chronic Illness		Malnutrition in the Context of Social or Environmental Circumstances	
	Non-severe (moderate) malnutrition	Severe malnutrition	Non-severe (moderate) malnutrition	Severe malnutrition	Non-severe (moderate) malnutrition	Severe malnutrition
(4) Muscle mass Muscle loss (eg, wasting of the temples [temporalis muscle]; clavicles [pectoralis and deltoids]; shoulders [deltoids]; interosseous muscles; scapula [latissimus dorsi, trapezius, deltoids]; thigh [quadriceps] and calf [gastrocnemius]).	Mild	Moderate	Mild	Severe	Mild	Severe
(5) Fluid accumulation The clinician may evaluate generalized or localized fluid accumulation evident on exam (extremities; vulvar/scrotal edema or ascites). Weight loss is often masked by generalized fluid retention (edema) and weight gain may be observed.	Mild	Moderate to severe	Mild	Severe	Mild	Severe
(6) Reduced grip strength (reference 42)  Consult normative standards supplied by the manufacturer of the measurement device.	N/A <sup>c</sup>	Measurably reduced	N/A	Measurably reduced	N/A	Measurably Reduced

<sup>a</sup>A minimum of two of the six characteristics above is recommended for diagnosis of either severe or non-severe malnutrition. Height and weight should be measured rather than estimated to determine body mass index. Usual weight should be obtained in order to determine the percentage and to interpret the significance of weight loss. Basic indicators of nutritional status such as body weight, weight change, and appetite may substantively improve with refeeding in the absence of inflammation. Refeeding and/or nutrition support may stabilize but not significantly improve nutrition parameters in the presence of inflammation. The National Center for Health Statistics defines “chronic” as a disease/condition lasting 3 months or longer (reference 12). Serum proteins such as albumin and prealbumin are not included as defining characteristics of malnutrition because recent evidence analysis shows that serum levels of these proteins do not change in response to changes in nutrient intake (references 22,23,52,53).

<sup>b</sup>This table was developed by Annalynn Skipper PhD, RD, FADA. The content was developed by an Academy workgroup composed of Jane White PhD, RD, FADA, LDN, Chair; Maree Ferguson MBA, PhD, RD; Sherri Jones MS, MBA, RD, LDN; Ainsley Malone, MS, RD, LD, CNSD; Louise Merriman, MS, RD, CDN; Terese Scollard MBA, RD; Annalynn Skipper PhD, RD, FADA; and Academy staff member Pam Michael, MBA, RD. Content was approved by an A.S.P.E.N. committee consisting of Gordon L. Jensen, MD, PhD, Co-Chair; Ainsley Malone, MS, RD, CNSD, Co-Chair; Rose Ann Dimaria, PhD, RN, CNSN; Christine M. Framson, RD, PhD, CSND; Nileshe Mehta, MD, DCH; Steve Plogsted PharmD, RPh, BCNSP; Annalynn Skipper, PhD, RD, FADA; Jennifer Wooley, MS, RD, CNSD; Jay Mirtallo, RPh, BCNSP Board Liaison; and A.S.P.E.N. staff member Peggi Guenter, PhD, CNSN. Subsequently, it was approved by the A.S.P.E.N. Board of Directors. The information in the table is current as of February 1, 2012. Changes are anticipated as new research becomes available. Adapted from: Skipper A. Malnutrition coding. In Skipper A (ed). *Nutrition Care Manual*. Chicago, IL: Academy of Nutrition and Dietetics; 2012 Edition.

<sup>c</sup>N/A = not applicable.