

A descriptive retrospective review of Fraser Health acute care dietitians diagnosing and documenting malnutrition using Subjective Global Assessment (SGA)

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Introduction: With the prevalence of malnutrition as high as 45% upon admission to Canadian hospitals, identifying patients at nutritional risk is crucial; however, malnutrition continues to be under recognized and/or under documented. Subjective Global Assessment (SGA) can be used to diagnose malnutrition, leading to early nutrition interventions for malnourished patients.

Objectives: Describe the use of SGA among Fraser Health (FH) acute care dietitians following SGA training, including frequency of SGA and prevalence of malnutrition and alternate diagnoses used in patients that scored as mild/moderately malnourished (SGA B), or severely malnourished (SGA C).

Methods: A retrospective chart review was conducted on a convenience sample of 432 initial nutrition assessment reports from 11 FH acute care sites over November 1st to 30th, 2019. Data was analyzed using descriptive statistics.

Results: SGA was conducted in 62.5% (n=270) initial nutrition assessments, with 52.9% (n=140) scoring SGA B and 17.8% (n=48) scoring SGA C. 'Malnutrition' was diagnosed in 42.4% (n=58) of those who scored SGA B (n=140) and 79.2% (n=38) of those who scored SGA C (n=48). The most common diagnoses among all initial nutrition assessments were malnutrition (24.5%, n=106), inadequate oral intake (24.0%, n=104) and inadequate protein-energy intake (22.2%, n=96).

Conclusion: Acute care dietitians are not regularly utilizing SGA; however, dietitians are more consistently diagnosing 'malnutrition' when a patient has an SGA score of B or C compared to previous studies. Further research is needed to determine barriers to SGA and the effectiveness of SGA training.

Significance: SGA is a validated, non-invasive tool dietitians can use to efficiently diagnose malnutrition and identify those who would benefit from nutrition care, leading to reduced length of stay, likelihood of major complications and readmission rates for malnourished patients.