

# INPAC: INTEGRATED NUTRITION PATHWAY FOR ACUTE CARE

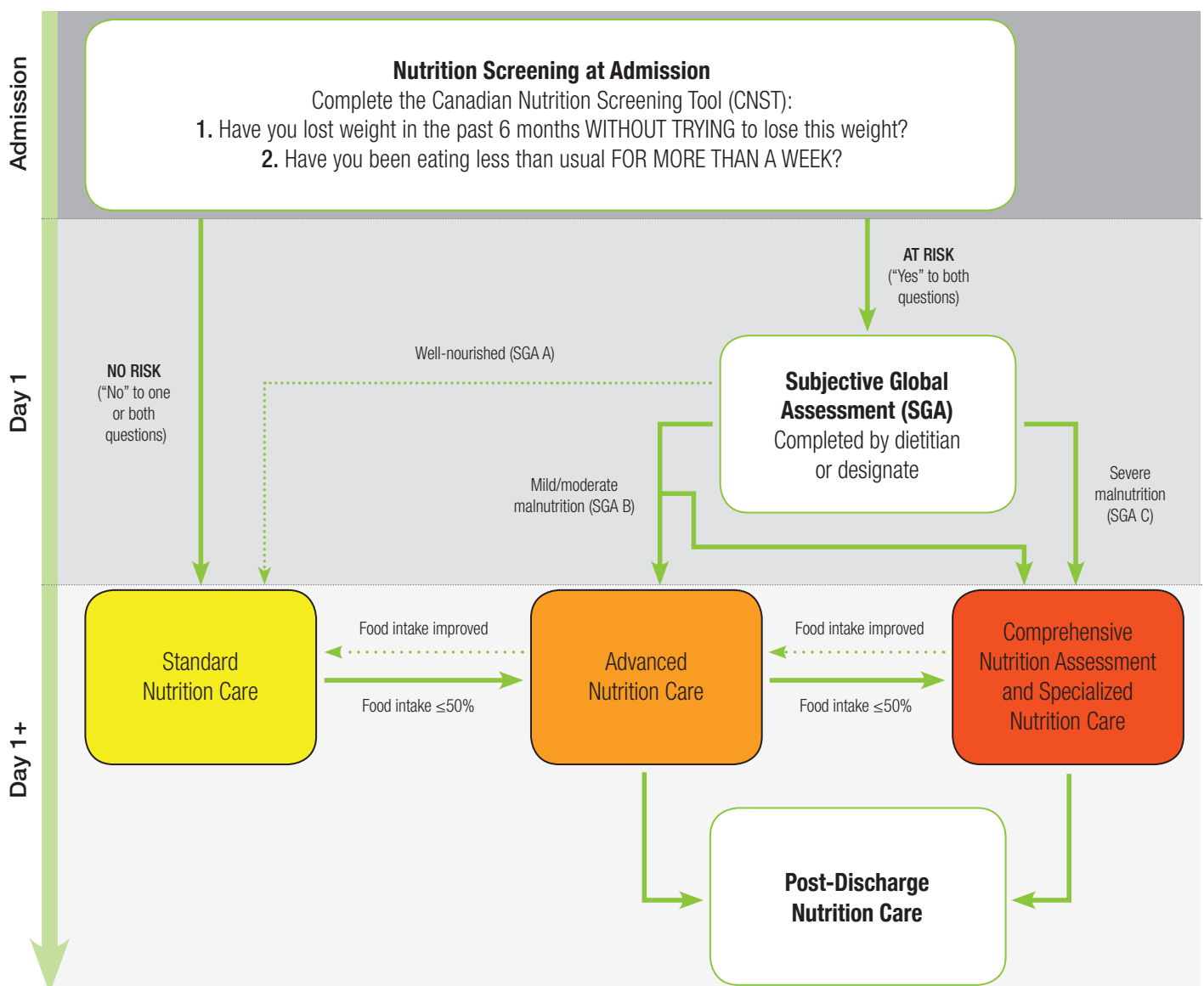
## What is INPAC?

An evidence-based algorithm developed by Canadian clinicians and researchers to detect, monitor, and treat malnutrition in acute care patients.

INPAC is based on the **key principle** that **an integrated approach** – or involvement from the whole health care team – is **required** to treat malnutrition. INPAC is a **minimum standard**; institutions that provide care beyond this minimum should continue to practice at their higher quality standard.

**It is recommended that each hospital establishes an interdisciplinary team to promote and sustain the nutrition culture change required to implement INPAC.**

## INPAC: Designed to support nutrition health and care



See reverse for further detail...

# HOW DOES INPAC WORK?

INPAC involves nutrition **screening** – followed by a **subjective global assessment** in individuals deemed **AT RISK** – to **categorize patients** according to the **level of nutrition care** that they require: **Standard, Advanced, or Specialized.**

## Nutrition Screening at Admission

If patient answers “Yes” to both Canadian Nutrition Screening Tool (CNST) questions listed on reverse side **OR** if any of the following apply to the patient:

- Requires enteral/parenteral nutrition
- Unable to complete CNST (e.g., language barrier, altered mental status)
- Transferred from critical care
- Has high nutrient requirement conditions (e.g., trauma, burns, pressure injuries, SIRS, etc.)

...then follow “**AT RISK**” pathway (on reverse).

If none of the above apply, then follow “**NO RISK**” pathway.

SIRS=systemic inflammatory response syndrome.

## Subjective Global Assessment (SGA)

SGA is a gold standard for diagnosing malnutrition in hospitals. Dietitians or other trained professionals assess weight change, food intake, functional status, and body composition. SGA takes approximately 10 minutes.

## Standard Nutrition Care

- Sit patient in chair or position upright in bed
- Ensure vision and dentition needs are addressed
- Address nausea, pain, constipation, diarrhea
- Confirm food is available between meals
- Ensure bedside table is cleared for tray set-up, open packages, provide assistance and encouragement to eat
- Encourage family to bring preferred foods from home
- Monitor and report key clinical observations/measurements:
  - Food intake
  - Duration of NPO/clear fluid intake
  - Hydration status
  - Body weight (preferably at admission and weekly)
  - Signs of dysphagia

NPO=nil per os (nothing by mouth).

## Advanced Nutrition Care

- Continue **Standard Nutrition Care** practices **AND**
- Assess and address barriers to food intake
  - Promote intake with 1 or more of:
    - Nutrient dense diet (high in energy, protein, micronutrients)
    - Liberalized diet
    - Preferred foods
    - High energy/protein shakes/drinks (at/or between meals or as ‘medpass’, a small amount provided at each medication administration)

## Comprehensive Nutrition Assessment and Specialized Nutrition Care

- Continue **Standard & Advanced Nutrition Care** strategies where appropriate. Patient will undergo a comprehensive nutrition assessment completed by the dietitian, which involves:
- More detailed assessment of nutrition status using physical examination, body composition, food intake, clinical history, and biochemical markers
  - Further identification of barriers to food intake (e.g., medication side effects, depression, etc.)
  - Identification of eating behaviours that will support food intake
  - Individualized treatment and monitoring
  - Enteral and/or parenteral nutrition

## Post-Discharge Nutrition Care

If patient is malnourished (SGA B or C) upon admission or during hospitalization, nutrition is an active issue in the discharge summary note (completed by dietitian, physician or nurse)

- Education provided to patient and family
- Referral to community resources (e.g., meal programs, grocery shopping)
- Send discharge summary with patient and a copy to family physician/care provider in the community; refer to appropriate resources in the community

## Quality nutrition care and patient safety with INPAC

For more information and details on how to implement INPAC, please visit <http://nutritioncareinCanada.ca/inpac/inpac-toolkit>

This research was funded by the Canadian Frailty Network (CFN).