INPAC: INTEGRATED NUTRITION PATHWAY FOR ACUTE CARE

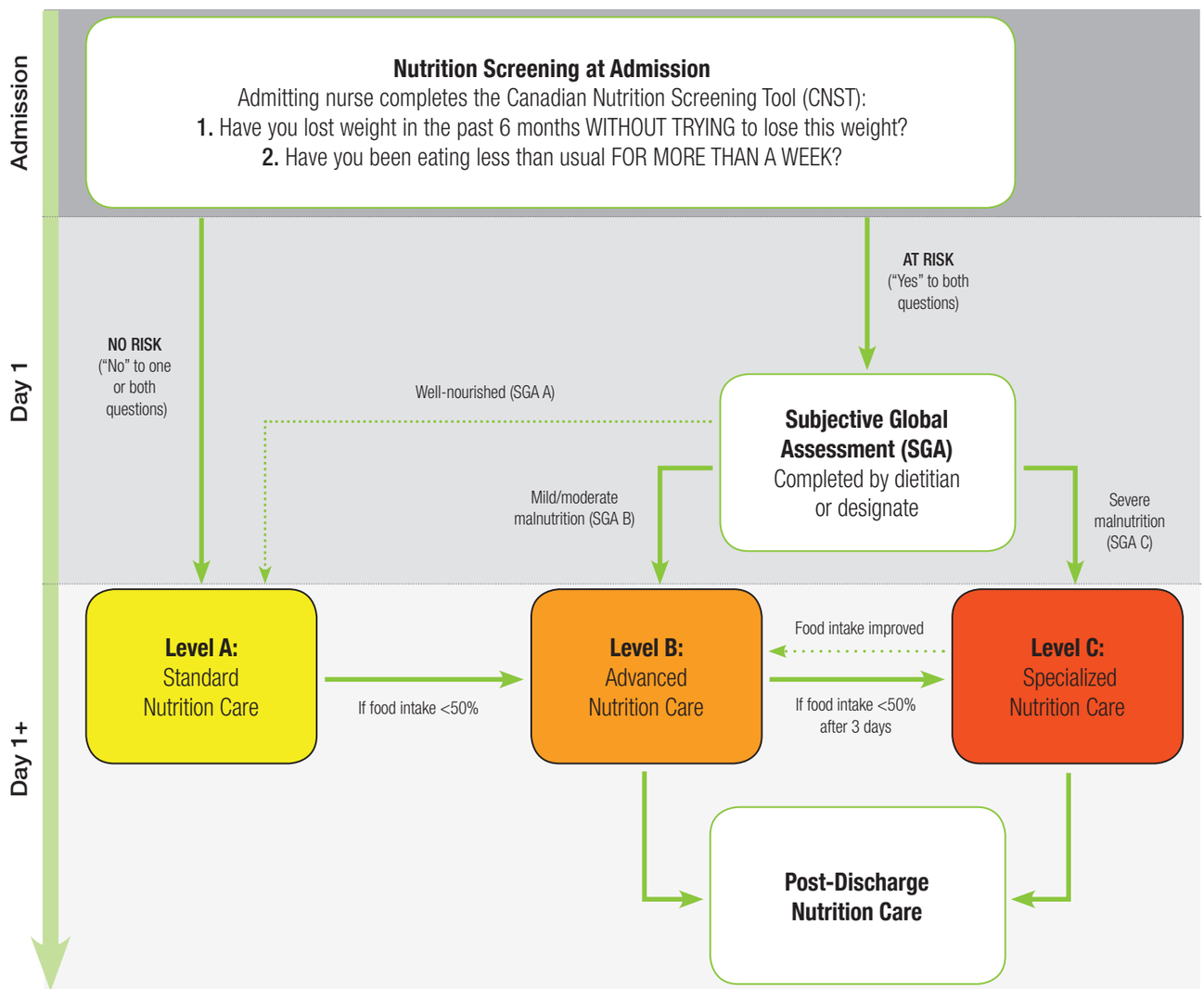
What is INPAC?

An easy-to-use algorithm to **detect, monitor** and **treat malnutrition** in **acute care patients**, this evidence-based pathway is the result of a consensus from leading Canadian researchers and clinicians.

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 establish an interdisciplinary team to promote the nutrition culture change required to implement INPAC.

INPAC: Designed to support **nutrition health** and **care**



See reverse for further detail…

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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; Level A: **Standard**, Level B: **Advanced**, Level C: **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 nutrition risk conditions (e.g., trauma, burns, pressure ulcers, 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 the gold standard for diagnosing malnutrition in hospitals. Trained professionals assess food intake (and related symptoms), functional status and body composition; the assessment takes approximately 10 minutes.

Level A: 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 at all times
- Monitor and report:
  - Food intake twice per week
  - Duration of NPO/clear fluid intake
  - Hydration status
  - Weekly weights
- Ensure bedside table is cleared for tray set-up, open packages, provide assistance to eat
- Monitor for signs of dysphagia
- Encourage family to bring preferred foods from home

NPO=nil per os (nothing by mouth).

Level B: Advanced Nutrition Care

Continue **Standard Nutrition Care** practices **AND**

- Assess and address other barriers to food intake
- Monitor food intake at least 1 meal/day
- Promote intake with 1 or more of:
  - Nutrient dense diet (high in energy, protein, micronutrients)
  - Liberalized diet
  - Preferred foods
  - High energy/protein shakes/drinks
  - Snacks available between meals

Level C: 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, anthropometry, dietary, clinical and biochemical markers
- Further identification of barriers to food intake (e.g., swallowing ability, medication side effects, depression, etc.)
- Identification of eating behaviours that will support food intake
- Individualized treatment and monitoring

Post-Discharge Nutrition Care

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

- Education provided to patient and family
- Transfer of care recommendations for patient's health care providers including dietitian referral if nutrition rehabilitation is ongoing

Quality nutrition care and patient safety with INPAC

This research was funded by TVN (Technology Evaluation in the Elderly Network).
Production of this resource is made possible with an unrestricted educational grant from our Visionary Partner, Abbott Nutrition.

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ENS/949A08 – September, 2015