

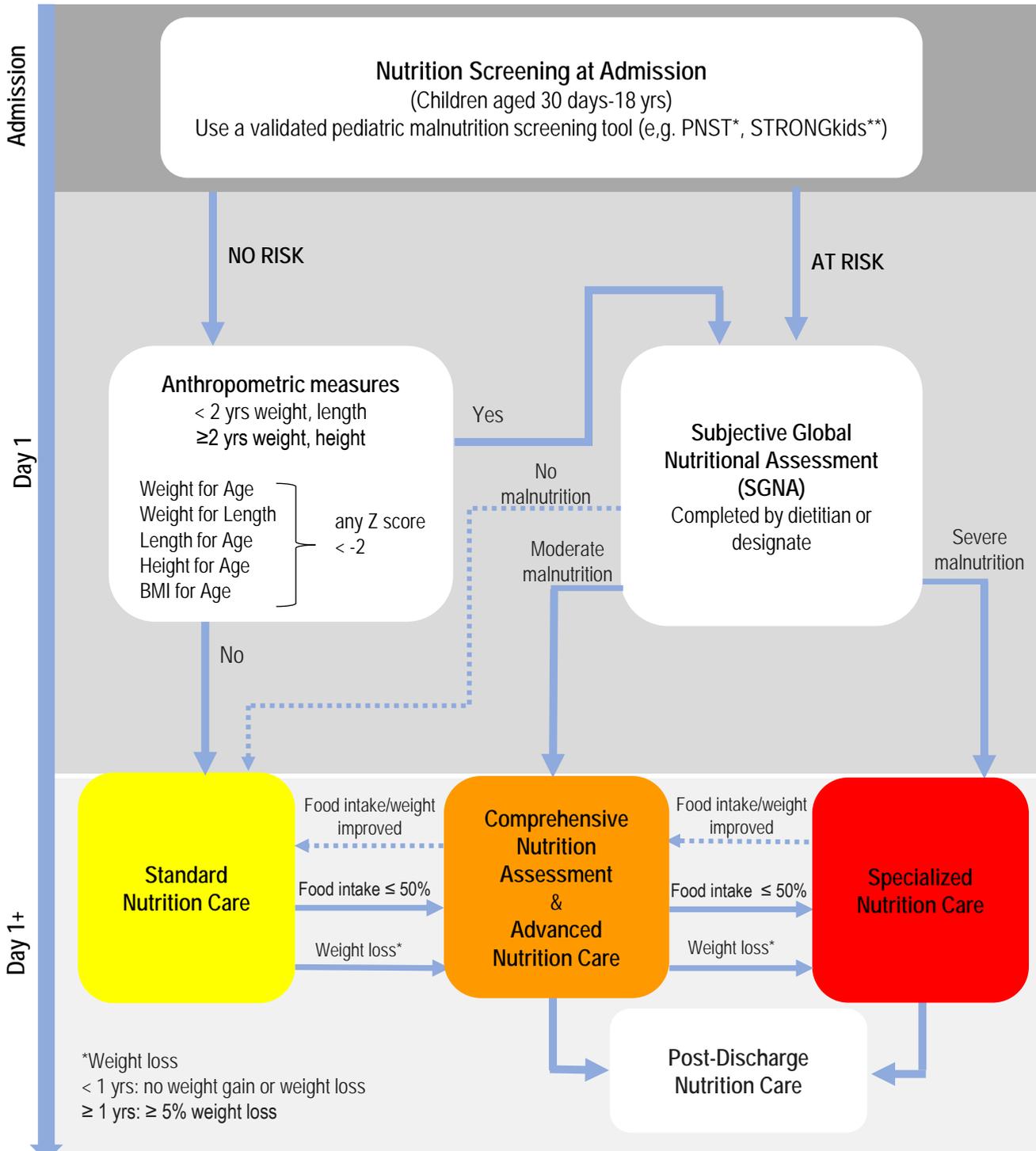
PEDIATRIC INTEGRATED PATHWAY FOR ACUTE CARE (P-INPAC): Designed to support pediatric acute nutrition care

What is P- INPAC?

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

It is recommended that each hospital establishes an interdisciplinary team to promote **the integrated approach** that is **required** to treat malnutrition and to sustain the nutrition culture change required to implement P-INPAC.

P-INPAC is a **minimum standard**; institutions providing care beyond this minimum should continue to practice at their higher quality standard.



How does P-INPAC work?

P-INPAC involves **nutrition screening** – followed by a **subjective global nutritional assessment** to **categorize hospitalized pediatric patients*** according to the **level of nutrition care** that they require: **Standard, Advanced, or Specialized**.

**children admitted in neonatal/pediatric/cardiac intensive care units are excluded.*

Nutrition Screening at Admission

If a patient scores **"AT RISK"** based on a validated pediatric malnutrition screening tool **OR** if a patient scores **"NO RISK"** but has low routine anthropometric measurements, Subjective Global Nutrition Assessment will be the next step which will direct the pathway and level of nutrition care.

Subjective Global Nutritional Assessment (SGNA)

SGNA is a gold standard for diagnosing malnutrition in hospitals. Dietitians or designate assess weight change, food intake, functional status, and body composition. SGNA takes approximately 15 minutes.

Standard Nutrition Care

- Breastfeeding mothers should be supported to maintain lactation. Challenges to breastfeeding including separation from their infants, should be addressed
- Infants and young children should always be supervised during feeding
- Sit patient in high-chair, chair or position upright in bed dependant upon age and ability
- Ensure that foods appropriate for age, diet and texture are available at and outside of mealtimes
- Provide assistance with opening packages and eating as required; support family to bring preferred foods from home
- Food intake monitoring:
 - 3 meals per week should be noted for % consumed and recorded in the medical record. This allows for early identification of intake challenges
 - Children consuming 50% or less of foods offered should have a consult with a dietitian or designate
 - Fasting/clear fluid time should be monitored, and any child > 3 days should have a consult with a dietitian or designate
- Rescreen every 7 days of admission using a validated screening tool
- Growth measurement:
 - Length or height, weight & head circumference (for age <2 y) measured & plotted on growth chart on admission
 - Weight measured minimum of 3 times/week in those <2 y and minimum of 2 times/week in those ≥2 y
 - Height measured monthly (≥ 2 y), length and head circumference twice per month in hospital (<2 y).

Advanced Nutrition Care

This level of care includes continuation of **Standard Nutrition Care Practices AND**

- Assess and address other barriers to food intake
- Optimize intake by adjusting nutrient density
- Monitor food intake at least 1 meal/day
- Complete a comprehensive Nutrition assessment by a dietitian or designate with detailed assessment of nutrition status using physical examination, body composition, food intake, clinical history and biochemical markers
- Promote intake with oral nutritional supplements, preferred foods, energy and protein dense foods, and snacks between meals, for example
- Include information about nutritional status and nutritional advice at discharge in discharge summary/letter.

Specialized Nutrition Care

This level of care includes continuation of **Standard & Advanced Nutrition Care strategies AND**

- Further identification of barriers to food intake
- Individualized treatment and monitoring
- Enteral and/or parenteral nutrition.

Post Discharge Nutrition Care

If the patient is malnourished upon admission or during hospitalization, nutrition is an active issue in the discharge summary. Details should include:

- Education provided to patient and family
- Referral to community resources
- Copy of discharge summary given to patient and family physician or care provider in the community.