Protein-Calorie Malnutrition (E46.0)

Diagnosis Overview:

Protein Calorie Malnutrition (E46.0) May be recommended when:

- Weight loss is clinically significant or unintentional
- BMI is abnormally low
- Food intake or absorption are reduced
- Chronic inflammatory conditions are present

Follow Aspen criteria and reference chart:

A minimum of 2 of the 6 characteristics is recommended for diagnosis of either severe or moderate protein-calorie malnutrition. Include all that apply.

Risk Factors and Symptoms:

- Acute and chronic conditions
- Treatment for specific diseases (i.e. Chemotherapy)

Documentation Tips:

Document clinical findings and assessment

- Specific muscle wasting and loss, cachexia
- Where the loss of subcutaneous fat is observed.

Pearls: Code all documented conditions present at the time of the encounter that affect the patient's nutrition. Code to the highest level of specificity.

Diagnosis Types & Classes:

Clinical Nutrition: A.S.P.E.N./ Academy of Nutrition and Dietetics Consensus: Characteristics of Protein-Calorie Malnutrition	Malnutrition in the Context of Acute Illness or Injury		Malnutrition in the Context of Chronic Illness		Malnutrition in Context of Social/ Environmental Circumstances (starvation)	
Protein-Calorie Malnutrition Occurs at ALL Body Mass Index	**Moderate** Protein-Calorie Malnutrition (E44.0)	**Severe** Protein-Calorie Malnutrition (E43)	**Moderate** Protein-Calorie Malnutrition (E44.0)	**Severe** Protein-Calorie Malnutrition (E43)	**Moderate** Protein-Calorie Malnutrition (E44.0)	**Severe** Protein-Calorie Malnutrition (E43)
Clinical Characteristics: include all that apply						
1) **Energy Intake** Dietitian obtains diet history; calculates energy (and protein) demand. Suboptimal intake is calculated as percentage of estimated needs over time.	<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
2) **Weight Loss** Evaluate weight loss in light of other clinical findings, including hydration status. Weight change over time is reported as a percentage of weight lost (or weight change) from baseline. Equation: original weight minus current weight divided by original weight x 100 = % weight change	% Time 1-2 1 wk 5 1 mo 7.5 3 mo	% Time >2 1 wk >5 1 mo >7.5 3 mo	% Time 5 1 mo 7.5 3 mo 10 6 mo 20 1 yr	% Time >5 1 mo >7.5 3 mo >10 6 mo >20 1 yr	% Time 5 1 mo 7.5 3 mo 10 6 mo 20 1 yr	% Time >5 1 mo >7.5 3 mo >10 6 mo >20 1 yr
3) **Muscle Mass - Physical Assessment (all noted)** Muscle loss (e.g., 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 Depletion	Moderate Depletion	Mild Depletion	Severe Depletion	Mild Depletion	Severe Depletion
4) **Body Fat - Physical Assessment (all noted)** Loss of subcutaneous fat (e.g., orbital, triceps, overlying ribs).	Mild Depletion	Moderate Depletion	Mild Depletion	Severe Depletion	Mild Depletion	Severe Depletion
5) **Fluid Accumulation- Physical Assessment** Generalized or localized fluid accumulation evident on exam (extremities, vulvar/scrotal edema, or ascites). Weight loss is often marked by generalized fluid retention (edema), and fluid weight gain may be observed.	Mild	Moderate to Severe	Mild	Severe	Mild	Severe
6) **Functional Assessment**: Grip Strength American Society of Hand Therapists Method 3rd ed. 2016	NA	Measurably Reduced	NA	Measurably Reduced	NA	Measurably Reduced

Albumin & pre-albumin are not used as nutrition markers, as they are part of a negative acute-phase response, and not directly indicative of malnutrition. Low albumin and pre-albumin values may be indicative of morbidity and mortality rather than clinical malnutrition.

- Registered dietitians perform nutritional assessment & determine the type and severity of PCM for a nutrition diagnosis, which is then shared with MD for consideration, documentation and inclusion in the patient problem list.
- A minimum of 2 of the 6 characteristics above is recommended for diagnosis of either severe or moderate protein-calorie malnutrition. Include all that apply.
- Height and weight should be measured rather than estimated to determine body mass index (BMI) and weight changes.
- Usual weight should be obtained to determine the percentage and to interpret the significance of weight loss.
- The National Center for Health Statistics defines chronic as a disease/condition lasting 3 months or longer.
- Adapted from: ASPEN/Academy Consensus Characteristics of Adult Malnutrition. Journal of the Academy of Nutrition and Dietetics Volume 112, Issue 5, May 2012, Pages 730-738. Errata Nov. 2012.

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