Abstract

Introduction an Oectives Nutritional Risk Screening (NRS 2002) is employed to identify nutritional risk in the hospital setting and determine which patients would benefit from nutritional support. The aim of the present study was to identify nutritional risk in patients admitted to the surgery ward and determine possible associations with hospital stay and postoperative complications.

Methods Three hundred fifteen surgery patients were evaluated in the first 24 hours since admission. Evaluations involved the calculation of the body mass index, the determination of weight loss 5% in the previous six months and the assessment of nutritional risk using the NRS 2002. Hospital stay (in days) and postoperative complications were also recorded. Results A total of 31.1% of the patients were classified as being “at risk”, among whom 98.3% had food intake 50% lower than habitual intake, 65.9% had weight loss 5% in the previous six months, 64.7% had a diagnosis of neoplasm, 59.9% were aged 60 years and 59.9% were candidates for non-elective surgery. Postoperative complications were recorded in 4.4% of the overall sample and were more frequent in patients at nutritional risk (p < 0.000). Hospital stay was also longer among the patients at nutritional risk (p < 0.01).

Conclusion A high percentage of surgery patients were at nutritional risk in the present study and associations were found with age 60 years, a diagnosis of neoplasm, non-elective surgery of the gastrointestinal tract, a reduction in habitual food intake and weight loss. Patients at nutritional risk had a greater frequency of postoperative complications and a longer hospital stay.

Keywords

Key words, Nutritional risk, Assessment, NRS 2002, Surgery.