

Implementation of Nurse-Led Nutritional Screening in a Community Oncology Setting

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Patients receiving oncology care are at risk for malnutrition, which is associated with decreased cancer treatment tolerance, lower quality of life, and increased mortality. Implementation of frequent nutritional screening is critical to mitigating malnutrition risk and improving patient outcomes. Guidelines recommend frequent nutritional screening using validated screening tools in the ambulatory oncology setting, yet screening is not part of standard supportive care. This quality improvement project implemented a nurse-led nutritional screening process and risk screening tool in a community oncology practice.

AT A GLANCE

- Nutritional education improves nurse knowledge about nutritional screening and interventions.
- A nurse-led nutritional screening process in the community oncology setting can help identify patients at risk for malnutrition.
- The Malnutrition Screening Tool is a quick and effective nutritional risk screening tool that nurses can administer.

KEYWORDS

oncology nursing; nutritional screening; Malnutrition Screening Tool

DIGITAL OBJECT IDENTIFIER

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Nutritional screening at the time of cancer diagnosis and throughout treatment is a recommendation of the American Society of Clinical Oncology (Liposits et al., 2021), the National Cancer Institute (2023), and nutritional expert groups, including the European Society for Clinical Nutrition and Metabolism (Muscaritoli et al., 2021) and the Academy of Nutrition and Dietetics (Thompson et al., 2017). Patients receiving oncology care are at risk for malnutrition, muscle loss, and cachexia (Prado et al., 2022), and an association has been established between poor nutritional status and decreased cancer treatment tolerance, increased hospital length of stay, and lower quality of life (Arensberg et al., 2020). Reber et al. (2021) estimate that 40%–80% of patients receiving oncology care experience disease-related malnutrition, and about 10%–20% die secondary to malnutritional issues rather than cancer itself (National Cancer Institute, 2023).

Despite recommendations, patients receiving oncology care in the ambulatory setting are not routinely screened for nutritional risk, and screening processes need to be uniformly standardized within oncology care (Trujillo et al., 2021). Close to 90% of all cancer treatments are delivered in ambulatory or community oncology centers rather than on inpatient care units, and nutritional support provided by a registered dietitian nutritionist (RDN) is not always available (Trujillo et al., 2019). Nutritional screening is recommended to be early, frequent, and consistent (Overall, 2023). Patients receiving oncology care require continued nutritional evaluation across changing treatment plans and varying nutrition status (Jost et al., 2023). Nutritional screening identifies patients at risk for developing malnutrition, which enables nutritional interventions and assessments to occur before malnutrition is present (Sanz et al., 2019).

When access to an RDN is limited, others on the healthcare team can complete nutritional screening (Schneider & Bressler, 2020). Nurses are well positioned to assume this responsibility because they have regular contact with the patient and are familiar with their treatment plan (Schneider & Bressler, 2020). Identifying nutritional risk as early as possible reduces the risk of malnutrition and worsening treatment outcomes (Jost et al., 2023).