ANEXO 1: Valoración subjetiva global del estado nutricional. Modificado de Detsky AS y cols: *JPEN* 1987; 11:8-13.

A. Historia clínica

1. Peso corporal

Pérdida en los últimos 6 meses
Total: _____ Porcentaje: _____%
Variaciones en las últimas dos semanas:
- ❑ Aumento
- ❑ Sin cambio
- ❑ El Disminución

2. Cambios en el aporte dietético

NO
SÍ Duración ____ semanas. Tipo:
- ❑ Dieta oral sólida insuficiente
- ❑ Dieta oral líquida hipocalórica
- ❑ Dieta oral líquida exclusivamente
- ❑ Ayuno completo

3. Síntomas gastrointestinales de duración superior a 2 semanas

- ❑ Ninguno
- ❑ Náuseas
- ❑ Vómitos
- ❑ Diarrea
- ❑ Disfagia
- ❑ Dolor abdominal
- ❑ Anorexia

4. Capacidad funcional

- ❑ Completa
- ❑ Disfunción Duración____ semanas. Tipo:
  - ❑ Trabajo limitado
  - ❑ Ambulante
  - ❑ Encamado

5. Enfermedad y su relación con los requerimientos nutricionales

Demandas metabólicas (estrés):
Diagnóstico primario
- ❑ No estrés
- ❑ Estrés bajo
- ❑ Estrés moderado
- ❑ Estrés alto

B. Examen físico
(Para cada opción especificar: 0 = normal; 1+ = leve; 2+ = moderado; 3+ = severo)

Pérdida de grasa subcutánea (tríceps, tórax): _____
Edemas maleolares: _____
Ascitis: _____
Pérdida de masa corporal (cuádriceps, deltoides): _____
Edemas sacros: _____

C. Estimación de la VSG (seleccionar una opción)
A = Bien nutrido B = Riesgo o sospecha de desnutrición C = Desnutrición severa

ANEXO 2: Nutritional risk screening (NRS-2002). J Kondrup et al. ESPEN Guidelines for Nutrition Screening 2002. *Clin Nutr* 2003; 22:415-421.

Initial screening

	Yes	No
1 Is BMI < 20,5?		
2 Has the patient lost weight within the last 3 months?		
3 Has the patient had a reduced dietary intake in the last week?		
4 The patient severely ill? (e.g. in intensive therapy)		

Yes: If the answer is 'Yes' to any question, the screening in the next table is performed. No: If the answer is 'No'to all questions, the patient is re-screened at weekly intervals. If the patient e.g. is scheduled for a major operation, a preventive nutritional care plan is considered to avoid the associated risk status.

Final screening

Impaired nutritional status		Severity of disease (= increase in requirements)	
Absent Score 0	Normal nutritional status	Absent Score 0	Normal nutritional requirements
Mild Score 1	Wt loss >5% in 3 inths or Food intakebelow 50 -75%of normal requirement in preceding week	Mild Score 1	Hip fracture, Chronic patients, in particular with acute complications: cirrhosis, COPD*. Chronic hemodialysis, diabetes, oncology
Moderate Score 2	Wt loss > 5% in 2 mths or BMI 18.5 -20.5 + impaired general condition or Food intake 25 -60%of normal requirement in preceding week	Moderate Score 2	Major abdominal surgery, Stroke, Severe pneumonia, hematologic malignancy
Severe Score 3	Wt loss > 5% in 1 mth (> 15% in 3 mths) or 13MI<18.5 +impaired general condition or Food intake 25% of normal requirement in preceding week in preceding week.	Severe Score 3	Head injury, Bone marrow transplantation, Intensive care patients (APACHE 10)
Score	+	Score	= Total score
Age	if > 70 years: add 1 to total score above		= age-adjusted total score

Score > o = 3 : the patient is nutritionally at-risk and a nutritional care plan is initiated Score <3 : weekly rescreening of the patient. If the patient e.g. is scheduled for a major operation, a preventive nutritional care plan is considered to avoid the associated risk status.

NRS-2002 is based on an interpretation on available randomizad clinical trials.* indicates that a trial directly supports the categorization of patients with that diagnosis. Diagnoses shown in italics are based on the prototypes given below.
Nutritional risk is defined by he present nutritional status and risk of impairment of present status, due to increased requirements caused by stress metabolism of the clinical condition.
A nutritional care plan is indicated in all patients who are: (1) severely undernourished (score = 3), or (2) severely ill (score = 3), or (3) moderately undernourished + mildly ill (score 2+1), or (4) mildly undernourished + moderately ill (score 1+2).
Prototypes for severity of disease:
Score = 1: a patient with chronic disease, admitted to hospital due to complications. The patient is weak but out of bed regularity. Protein requirement is increased, but can be covered by oral diet or suplements in most cases.
Score = 2: a patient confined to bed due to illness, e.g. following major abdominal surgery. Protein requirement is substantially increased, but can be covered, although artificial feeding is required in many cases.
Score = 3: a patient in intensive care with assisted ventilation etc. Protein requirement is increased and cannot be covered even by artificial feeding. Protein breakdown and nitrogen loss can be significantly attenuated.