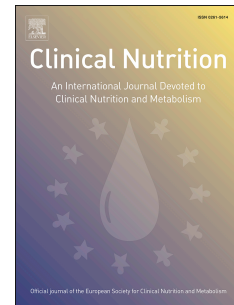


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A proposed new instrument for detailed nutritional status assessment and a management protocol for malnourished patients

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1 Dear Editor

2 The most commonly used and described screening instruments (e.g. NRS 2002) allow
3 for identifying increased risk of malnutrition in a patient, but not for malnutrition diagnosis. If
4 such risk is found, detailed nutritional status assessment should follow. Therefore, the
5 instruments cannot be the only ones used in nutritional status assessment [1].

6 Malnutrition diagnosis is well-understood and has been discussed in a number of
7 publications. However, no simple, cost-effective, and reproducible methods for malnutrition
8 diagnosis and classification exist, though on the other hand, increasingly complex methods
9 are suggested for the purpose (bioimpedance analysis, phase angle analysis, CT, MRI) [2].
10 Thus, the numbers of malnourished patients in hospitals remain constant. With this in mind, I
11 wish to present a new scale I have developed for detailed nutritional status analysis,
12 tentatively named the “Matras Scale”. It uses data from patient history and a minimum of
13 laboratory tests (Fig. 1). It enables not only reliable and reproducible diagnosis of nutritional
14 disorders, but also their classification. Another advantage is the availability of laboratory tests
15 required and their low cost.

16 As patients with various degrees of malnutrition cannot be managed the same way, I
17 would also like to suggest a management protocol for malnourished patients depending on
18 malnutrition severity (Tab 1). Severe malnutrition impairs the function of multiple organs,
19 including the digestive system. Therefore, in severely malnourished patients, the enteral route
20 should not be the only – nor the principal – way of nutrient intake, and supply of nutrients
21 must be adjusted to each patient’s resorption capabilities. In such cases, nutritional treatment
22 should be mainly administered parenterally.

23 The proposed protocol may complement the ERAS protocol, which states that
24 nutritional status should be normalized before a planned procedure, but does not provide
25 instructions [3]. Reports of uniform, routine procedures for preparing patients for elective

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