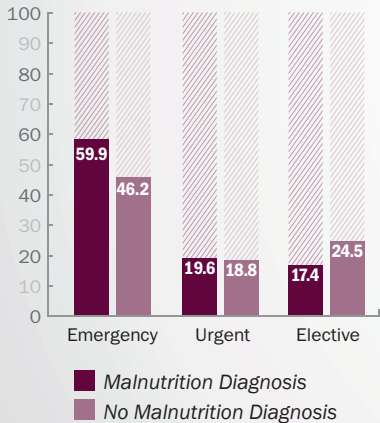


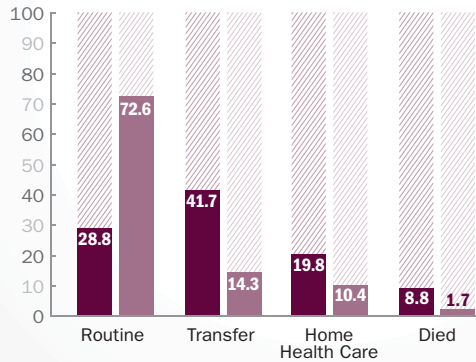
Malnutrition Diagnoses in Hospitalized Patients: United States, 2010

Key Findings from the Healthcare Cost and Utilization Project, 2010

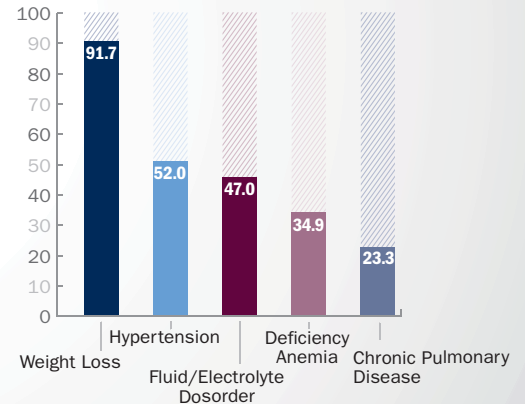
Admission type, by malnutrition diagnosis status. United States, 2010



Discharge disposition, by malnutrition diagnosis status. United States, 2010



Most frequent comorbid conditions among hospitalized patients with a diagnosis of malnutrition, United States, 2010



3.2

A percentage of U.S. hospital discharges with a coded diagnosis of malnutrition in 2010. Translates to approximately 1,248,680 discharges with this diagnosis.

64.8 YEARS

Average age of discharged patients with a coded malnutrition diagnosis. This is significantly older than their counterparts without this diagnosis (47.8 years).

Patients with a coded malnutrition diagnosis were more likely to fall below the

50TH INCOME PERCENTILE

ONLY 14%

of patients with a coded malnutrition diagnosis received either parenteral or enteral nutrition during their hospital stay.

**12.6 days/
\$26,944**

Average stay and cost for these patients, significantly longer compared to those without this diagnosis (4.4 days and \$9,485).

28.8%

Percent of patients with a coded malnutrition diagnosis had a routine discharge, compared to 72.6% of routine discharges among patients without a malnutrition diagnosis.

14.8

Number of diagnostic codes for discharges with a malnutrition diagnosis listed in their medical records, almost twice as many as those without a malnutrition diagnosis (7.9 codes).

NEARLY 80 PERCENT

of patients with a coded malnutrition diagnosis were admitted emergently or urgently, compared to 65.0% of those without this diagnosis.

Malnutrition is common in hospitalized patients in the United States, and it is associated with unfavorable outcomes including higher infection rates, poor wound healing, longer length of stay, and higher frequency of readmission. Previous research using tailored assessment instruments has suggested that malnutrition is present in between 21% and 54% of hospitalized patients. This report summarizes person-level prevalence data from a nationally representative sample of U.S. hospital discharges.

Data are from the Healthcare Cost and Utilization Project (HCUP), which contains patient-level data on hospital inpatient stays. When weighted appropriately, estimates from HCUP represent all U.S. hospitalizations. The data set contains up to twenty-five ICD-9 diagnosis codes for each discharged patient. Using these codes, all patients with a diagnosis of malnutrition in their hospital records were identified.

Hospitalized patients with a diagnosis of malnutrition were admitted more often under emergent or urgent circumstances and less as

elective patients (Figure 1). Routine discharges were less common in patients with a malnutrition diagnosis and these individuals were more likely to be transferred to another facility or discharged dead (Figure 2). More than 90% of patients with a malnutrition diagnosis also had weight loss listed on their medical records and more than half had a listing of fluid/electrolyte disorders (Figure 3). ICD-9 codes identified a much smaller proportion of malnourished hospital patients than previous studies that used specialized assessment instruments.