A Précis of the publication: *Predictors of dietitian consult on medical and surgical wards.*

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This study set out to determine what predicts a dietitian consult for patients who are fed orally, and what proportion of malnourished patients are under the care of a dietitian. Malnutrition was determined by the gold standard subjective global assessment (SGA).

The prevalence of malnutrition (SGA B + C) in adults admitted to medical or surgical units in 18 Canadian hospitals was 45%. Of the 1022 patients enrolled in the Nutrition Care in Canadian Hospitals study, 23% were referred to a dietitian, and of these referrals 44% were well nourished (SGA A), 37% were mildly/moderately (SGA B) malnourished, and 19% were severely malnourished (SGA C). Dietitians were not involved in the care of 75% of the SGA B patients and 60% of the SGA C patients.

It was anticipated that what predicted a dietitian consult would depend on if the consult occurred at admission or later during the hospital stay. In descending order, the predictors for a dietitian consult, within 3 days of admission, were: renal diet (OR* 5.75), modified texture diet (OR 5.38), a metabolic diagnosis (OR 3.91), oral nutrition supplement use prior to admission (OR 2.33), severe malnutrition (SGA C, OR 1.88) and being under the age of 65 years (OR 0.98). Predictors for a dietitian consult for at 4 + days of hospitalization were dysphagia (OR 11.4), a new medical diagnosis (OR 2.3), severe malnutrition (OR 2.17), constipation (OR 2.16), more than one diagnosis (OR 1.8), antibiotic use (OR 1.6) and male gender (OR 1.6). Malnutrition had relatively low odd's ratios for predicting a dietitian consult. Low food intake (<50%) during the first week of admission also did not predict a dietitian consult. As malnutrition diagnosis with SGA and food intake were predictors of length of stay (reported in another citation; Allard et al, accepted for publication 2014), lack of their utility in predicting a dietitian consult indicates that nutrition care processes need to be changed to improve outcomes for malnourished patients.

Hospitals require interdisciplinary nutrition protocols and guidelines that assist with the identification and nutrition management of malnourished acute care patients. Dietitians are a specialty resource that needs to be judiciously employed in caring for patients that need their attention the most.

To read the full paper, please go to http://dx.doi.org/10.1016/j.clnu.2014.11.011

* Odds ratio