

Agreement Between RD and RN Assessment of Functional Status

Introduction: Recent rates of malnutrition among hospitalized patients are of concern; therefore properly identifying patients who are malnourished is necessary in order to avoid deconditioning and further medical complications throughout an individual's hospital course. Changes in functional status and limited ability to perform activities of daily living (ADLs) are risk factors for malnutrition; therefore, assessment of changes in these measures upon admission is important. The purpose of this study was to examine the relationship between registered dietitian (RD) and registered nurse (RN) assessment of functional status.

Methods: A convenience sample of 208 patients admitted to a large, urban academic center was used; consent was obtained for each patient per IRB regulations. Both the RD and RN assessed patients on their functional status and ADLs. The RD used Subjective Global Assessment (SGA) to determine patients' change in functional status; patients were classified as no change versus decreased ADLs and/or bedridden. RN assessment of functional status was completed using a 14-item flowsheet, including assessment of self-feeding, grooming, walking, standing, and ease of moving to and from the bathroom and bed; patients requiring assistance with one or more items were classified as having a change. Demographic information, including age and BMI, and length of stay was collected from the medical record. Descriptive statistics, counts, and percentages were used in describing the sample. A chi-square test was used to compare dichotomous categorical variables; t-tests were used to compare continuous variables.

Results: The sample had a mean age of 58.0 ± 17.9 years, BMI of 30.0 ± 8.6 kg/m², and hospital length of stay of 3.3 ± 3.0 days. A significant difference in RD and RN assessment of functional status was observed. Both the RD and RN agreed on the functional status of 69% (144/208) of patients; of those with agreement, 72% (103/144) had no change in functional status and 28% (41/144) had decreased ADLs (Table 1). Discordant patients had no differences in BMI or age ($p > 0.05$). Areas that the RN observed a change in functional status that the RD did not observe included: difficulty walking, climbing stairs, balancing, standing, getting in and out of bed, and using the shower and toilet independently; the RD and RD agreed on assessment of self-feeding and grooming.

Conclusion: There is an evident discrepancy between RD and RN assessment of functional status and ADLs. The RD assessment of functional status likely focuses on feeding behaviors; RN assessments may be more comprehensive. In order to correctly identify malnourished patients, an assessment tool with standardized language regarding changes in functional status should be implemented for use by multiple health care members.

Table 1:

| | RD No Change in Functional Status (n=136) | RD Decreased Functional Status (n=72) | p-value |
|--------------------------------------|---|--|---------|
| RN No Change in Functional Status | 103 (76%) | 31 (43%) | <0.001 |
| RN Decreased Functional Status | 33 (24%) | 41 (57%) | |