

Daily documentation of nutrition for infant cardiac admissions	
<b>Measure Description:</b> Proportion of days infants, ≤ 30 days of age with cardiac disease, had both feeding status and caloric intake documented.	
<b>Numerator</b>	Number of days <sup>1</sup> during which the infants had their feeding status <sup>2</sup> and caloric intake <sup>3</sup> documented.
<b>Denominator</b>	Number of days infants, ≤ 30 days of age, with cardiac disease <sup>4</sup> are admitted to a patient care unit during the measurement period.
<b>Denominator Exclusions</b>	Infants with cardiac disease admitted for less than 24 hours.
<b>Denominator Exceptions</b>	None
<b>Definitions / Notes</b>	<ol style="list-style-type: none"> <li><b>Days:</b> 24-Hour Periods</li> <li><b>Feeding status</b> include parenteral and enteral.</li> <li><b>Caloric intake</b> is documented as calories per kilograms per day.</li> <li><b>Cardiac disease</b> is defined as an acquired or congenital heart defect</li> </ol> <p><b>Note:</b> <i>Feeding status/caloric intake should be documented every 24 hours. (Eg. If a patient is admitted for 28 hours, only one instance of feeding status needs to be documented. After 48 hours, there would need to be two notes regarding feeding status, etc.)</i></p>
<b>Measurement Period</b>	Quarterly
<b>Sources of Data</b>	Medical record
<b>Attribution</b>	Unit and institution level
<b>Care Setting</b>	Inpatient
Rationale	
Nutrition is a critical component of care for infants with congenital heart disease. Although documentation of daily fluid intake is a standardized activity performed by nurses, assessment or measurement of nutritional intake is not consistently performed.	
Clinical Recommendation(s)	
ACC/AHA Guidelines:	
Supporting literature:	
<ol style="list-style-type: none"> <li>Varan B, Kursad T, Yilmaz Y. Malnutrition and growth failure in cyanotic and acyanotic congenital heart disease with and without pulmonary hypertension. <i>Arch Dis Child.</i> 1999;81:49-52.</li> <li>Cameron JW, Rosenthal A, Olson AD. Malnutrition in hospitalized children with congenital heart disease. <i>Arch Pediatr Adolesc Med.</i> 1995;149(10):1098-1102.</li> </ol>	

Challenges to Implementation	
Requires primary data collection	
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