

Daily documentation of nutrition for infant cardiac admissions	
Measure Description: Proportion of days infants, ≤ 30 days of age with cardiac disease, had both feeding status and caloric intake documented.	
Numerator	Number of days ¹ during which the infants had their feeding status ² and caloric intake ³ documented.
Denominator	Number of days infants, ≤ 30 days of age, with cardiac disease ⁴ are admitted to a patient care unit during the measurement period.
Denominator Exclusions	Infants with cardiac disease admitted for less than 24 hours.
Denominator Exceptions	None
Definitions / Notes	<ol style="list-style-type: none"> 1. Days: 24-Hour Periods 2. Feeding status include parenteral and enteral. 3. Caloric intake is documented as calories per kilograms per day. 4. Cardiac disease is defined as an acquired or congenital heart defect <p>Note: <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>
Measurement Period	Quarterly
Sources of Data	Medical record
Attribution	Unit and institution level
Care Setting	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)	
<p>ACC/AHA Guidelines:</p> <p>Supporting literature:</p> <ol style="list-style-type: none"> 1. 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. 2. 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. 	

Challenges to Implementation	
Requires primary data collection	
Authors	
Jean Connor DNSc, RN, CPNP <i>Children's Hospital Boston</i>	Kathleen Mussatto, PhDc, RN <i>Children's Hospital Wisconsin</i>
Karen Uzark, PhD, CPNP <i>Cincinnati Children's Hospital</i>	Katie Dodds, RN, MSN, CRNP <i>Children's Hospital Philadelphia</i>
Winnie Yung, RN, MN <i>Lucile Packard Children's Hospital at Stanford</i>	Teresa Atz, RN, BSN <i>Medical University of South Carolina</i>
Jodi A. Coombs <i>Lucile Packard Children's Hospital</i>	Joanne Nieves MSN, CPN, PNP-BC, ARNP <i>Miami Children's Hospital</i>
Jean Storey <i>Children's Medical Center Dallas</i>	Kas Sheehan ARNP, CPNP-AC <i>All Children's Hospital</i>
Andrea Torzone <i>Children's Medical Center Dallas</i>	Liz Tong, RN, MS, PNP, FAAN <i>Children's Hospital Boston</i>
Gillian Dougherty RN, MPH <i>Children's National Medical Center</i>	