

Recent Major Surgery, Trauma, Burns

Definition/ cut-off value

Major surgery (including C-sections), trauma or burns severe enough to compromise nutritional status.

Any occurrence:

- C within the past two (# 2) months may be self reported
 - C more than two (>2) months previous must have the continued need for nutritional support diagnosed by a physician or a health care provider working under the orders of a physician.
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Participant category and priority level

Category	Priority
Pregnant Women	I
Breastfeeding Women	I
Non-Breastfeeding Women	III
Infants	I
Children	III

Justification

The body's response to recent major surgery, trauma or burns may affect nutrient requirements needed for recovery and lead to malnutrition. There is a catabolic response to surgery; severe trauma or burns cause a hypermetabolic state. Injury causes alterations in glucose, protein and fat metabolism.

Metabolic and physiological responses vary according to the individual's age, previous state of health, preexisting disease, previous stress, and specific pathogens. Once individuals are discharged from a medical facility, a continued high nutrient intake may be needed to promote the completion of healing and return to optimal weight and nutrition status.

Clarifications/ Guidelines

Before assigning this risk code, be sure to document the surgery or condition that is compromising nutritional status on the health history form.

Tubal ligation would qualify only if the standard incision procedure was performed. The less invasive laproscopic procedure is not considered major surgery.

References

Institute of Medicine: WIC Nutrition Risk Criteria: A Scientific Assessment; 1996; pp. 188-189.
