

ABSTRACT (v AJ)

Malnutrition is serious problem, increases patient morbidity and mortality. It is important to find patients at risk of malnutrition in time to start nutritional support. Nutritional screening should be clear, simple and easy to find as many individuals as possible at risk of malnutrition. Current nutritional screenings - NRS 2002, MUST, MNA that we use in clinical practice fail. The topic of my bachelor thesis is the evaluation of nutritional screening on the internal separation of unselected internal income. The aim of my bachelor thesis was to evaluate nutritional screening of NRS 2002 recommended for nutritional screening of adult patients in ESPEN guidelines and new GLIM criteria for diagnosis of malnutrition. In the theoretical part the thesis deals with the issue of malnutrition. It focuses on the causes and mechanisms of formation, consequences and diagnosis of malnutrition. Existing nutritional screening, its structure, use in practice and results of studies comparing its effectiveness are described in more detail. The pivotal point of the theoretical part is the introduction of the new GLIM criteria for the diagnosis of malnutrition from 2018. The practical part deals with the main objective of which is to compare the results of the evaluation of nutritional status of hospitalized patients. There is analysed methodology of questionnaire compilation and data analysis, results of questionnaire survey and comparison of two screening systems. The results of the questionnaire are evaluated in graphs and evaluated verbally. Subsequently, the differences in the results of the evaluation of both screening tests and possible causes of these differences are described.

keywords: malnutrition, diagnosis of malnutrition, risk of malnutrition, nutritional screening, screening tools, screening NRS 2002, GLIM criteria