Periodic nutritional assessment and dietary counseling of patients with CKD:
• Dry weight, laboratory values (albumin, prealbumin), muscle mass, nutritional scores (SGA, MIS), appetite, diet (DPI, DEI, K, P, fluid, Na, vitamins, other micronutrients)

Indications for nutritional interventions:
• Poor appetite and/or poor oral intake
• Unintentional loss of dry weight, sarcopenia
• Albumin <4.0 g/dL
• DPI <1.0 (CKD stage 5)

Start CKD-specific oral nutritional supplementation 1–2 servings per day:
• CKD stage 5D: DPI target of >1.2g/kg/kg per day using oral supplements at home and in-center meals and oral supplements during dialysis treatment

Monthly Assessment
• Monitor nutritional status for changes in appetite, food intake, weight status, serum albumin and prealbumin concentration, MIS and SGA

Improvement
• Maintenance oral therapy if albumin reaches 4.0 g/dL.
• Continue in-center meals & oral supplement to target DPI 1.2 g/kg & DEI 30–35 kcal/kg/d
• Consider liquid oral supplement with pill intake

No Improvement or deterioration
• Adjunct pharmalogical and dialysis therapies
  • Appetite stimulants
  • Antidepressant
  • Anti-inflammatory and/or antioxidative
  • Anabolic and/or muscle enhancing
  • Dialysis treatment alterations

Intensify enteral therapy or additional interventions
• Increase quantity of oral therapy
• Tube feeding (including PEG)
• Parental interventions such as IDPN or IPN (especially if enteral feeding is not possible)

Serum Chemistry
- Serum albumin <3.8 g/dL,
- Serum prealbumin (transthyretin) <30 mg/dL (for maintenance dialysis patients only),
- Serum cholesterol <100 mg/dL.

Body Mass
- Body mass index (edema free) <23,
- Unintentional weight loss over time: 5% over 3 months or 10% over 6 months,
- Total body fat percentage <10%.

Muscle Mass
- Reduced muscle mass 5% over 3 months or 10 over 6 months,
- Reduced mid-arm muscle circumference area (<10% in relation to 50th percentile of reference population),
- Creatinine appearance.

Dietary intake
- Unintentional low DPI <0.80 g/kg/day for at least 2 months for dialysis patients or <0.6 g/kg/day for patients with CKD stages 2–5,
- Unintentional low DEI <25 kcal/kg/day for at least 2 months.

≥3 out of the 4 listed categories along with at least one test in each of the selected category must be satisfied for the diagnosis of kidney disease-related PEW. Each criterion should be documented on at least three occasions, preferably 2–4 weeks apart.

*Not valid in abnormally great urinary or gastrointestinal protein losses, liver disease, or cholesterol-lowering medicines;
*A lower body mass index might be favorable in certain Asian populations;
*Measured by a trained anthropometrist;
*Creatinine appearance is influenced by both muscle mass and meat intake.

**Abbreviations:** CKD, chronic kidney disease; DEI, Dietary energy intake; DPI, dietary protein intake; GFR, glomerular filtration rate; PEW, protein energy wasting.