There has been an increased recognition among paediatricians on the importance of assessment of nutritional status in children who required hospital care. Hospitalized children who are malnourished have higher rates of infectious complications and delayed recovery, require longer hospital stay, have increased rate of readmission and increased mortality. It has been estimated that between 6-50% of hospitalized children are undernourished. Causes of malnutrition include inadequate intake, increased losses, malabsorption, or abnormal nutrient requirements. It is thus imperative to monitor the nutritional status of hospitalized children regularly. Nutritional assessment entails a detailed examination of metabolic, nutritional or functional variables by an expert clinician or a dietician, which may include a detailed medical history and physical examination, anthropometric and biochemical measurements. Medical history should include dietary history and dietary assessment, paying special attention to conditions that may interfere with food intake and absorption. Physical assessment includes assessment of growth, determination of loss of fatty tissue and muscle strength, signs of malnutrition or micronutrient deficiency. These include a thorough examination of skin, hair, nails, oral cavity, teeth and bones. Anthropometric measurements should also include assessment of weight, as well as recent weight changes if applicable, and assessment of linear growth. Various biochemical parameters, such as albumin, transferrin, retinol-binding protein have been used to assist in the assessment of nutritional status.