The older adults undernutrition in hospital admission happens very frequently and the early nutritional intervention is fundamental. The goal was to relate the nutritional risk with the assessment of the nutritional status and characterize those who need or not nutritional/food intervention, in a sample of older adults admitted in an Internal Medicine department. In 555 inpatients (63.6% women) was collected data of nutritional risk (MNA-SF), age, physical exam, BMI and analytical parameters and need/type of nutritional/food intervention. The average age was 81.3 years and BMI of 26.6 kg/m2. According to MNA-SF, 25% were undernourished, 47% at undernutrition risk and 28% without risk. Was found muscle/fat depletion moderate/severe in 70.2% of the screened as undernourished, 26.7% at risk of undernutrition and 15% of the without risk. The BMI was <23kg/m2 in 62% of the undernourished, 23% of the at-risk and in 14% of the without nutritional risk. Only 64 inpatients had albumin >35 g/L. 54% of the sample had nutritional/food intervention. The biggest undernutrition risk is associated with highest fat/muscle depletion, and PCR and smallest score of MNA-SF, BMI, hemoglobin, albumin and total protein (TP). Inpatients with highest number of interventions were younger, with higher fat/muscle depletion, lower values of BMI, hemoglobin, albumin and higher TP and PCR. We verified that inpatients screened as without nutritional risk presented a physical exam, BMI and analytical paraments that classify them as undernourished, requiring proper nutritional intervention, in another hand, some patients despite being screened as undernourished didn’t need nutritional intervention.