

Nutrition Assessment Form

Date: _____

Room #:

Admission reason / Medical dx:

Diet:

Last name:

Reason for consult/referral:

Allergies:

Pt Past Medical Hx:

Age _____ Skin _____

Weight _____

Height _____ Edema _____

BMI _____

UBW _____

IBW _____

%IBW _____

Wt Δ _____

Nursing / Progress Notes:

Needs Calculations

Energy: _____
 Protein: _____
 Fluid: _____

PI Interview

Appetite change PTAT?
 Appetite change since admission?
 Reasons / Sme/pane for appetite:

Meals today?
 Snacks today?
 Drinks today?
 Typical eating patterns PTAT?
 Changes to eating patterns since:

Weight change PTAT?
 Weight change since admission?
 Reasons / Sme/pane for wt change:

UBW / Sme/pane?
 N / V / C / D / LBM?
 GI discomfort?
 Trouble feeding / chewing / swallo:

Food allergies?
 Food preferences?
 Religious / cultural/ethical food pr
 Home vitamins / supplements?

Other notes:

NFFE Findings

Muscle Loss: _____
 Lipid: _____
 Fat: _____
 Fluid Accum: _____

Labs Value Log? In Range? High? **Medications** Check if interaction / education needed.

Sodium _____

Potassium _____

Phosphorus _____

Magnesium _____

Calcium _____

Chloride _____

Glucose _____

A1C _____

BUN _____

Creatinine _____

GFR _____

Hemoglobin _____

Hematocrit _____

Albumin _____

Prealbumin _____

Other: _____

Supplements Ordered? _____

Nutrition Diagnosis

Nutrition Intervention

- Meals & Snacks
- Enteral Nutrition
- Parenteral Nutrition
- Medical Food Supplement Ther
- Discharge / Transfer Nutri Care

Rec #1: _____

Rec #2: _____

Rec #3: _____

Rec #4: _____

Rec #5: _____

Monitoring & Evaluation

- Monitor energy intake
- Monitor food / bev intake
- Monitor EN / PN intake
- Monitor macro intake
- Monitor micro intake
- Monitor diet order / diet expert
- Monitor food and nutrition exp
- Monitor body composition / gm
- Monitor electrolyte / renal prof
- Monitor NFFE findings

RISK LEVEL

At Risk
 (3-5 days)
 Not At Risk
 (7 days)

PIG GOALS

Clinical Nutrition Assessment

Form