

ADMISSION NUTRITION ASSESSMENT

Subjective:

Food allergies _____
 Swallowing? _____
 Chewing? _____ Dentures? _____
 Usual weight _____ lb
 Diet prior to adm _____
 Supplements used _____
 PO intake _____

Comments _____

_____ Braden score of 14 or less **Objective:**

Age _____ M / F Ht _____

Wt _____ Lbs = _____ kg

BMI _____ ABW _____ lb = _____ kg

Adm Dx _____

PMH _____

Assessment:

Est. Kcal Needs _____ (_____ Kcal/kg) Problems:

Est. Protein Needs _____ (_____ g/kg)

Est. Fluid Needs _____ (_____ ml/kg)

Nutrition Risk Assessment:

_____ BMI less than 19

_____ BMI greater than 40

_____ Open or healing wound

_____ Dysphagia

_____ PO intake less than 50%

_____ Significant unintentional weight loss

_____ Serum alb less than 3.5 g/dl

_____ PAB less than 19 mg/dl

Recommendations:

_____ Diet _____

_____ Continue current diet / TF / TPN / PPN as ordered

Formula _____

Continuous feed: _____ ml/hr OR

_____ TPN / PPN: _____

at _____ ml/hr

_____ Change TPN / PPN rate to _____ ml/hour

_____ ml water in 24 hours.

_____ Change lipids _____

Glu _____ BUN _____ Crt _____

K+ _____ Alb _____ PAB _____

H/H _____ Other _____

Malnutrition Diagnosis Criteria

_____ **Malnutrition - Mid Degree**

serum alb 2.8 to 3.4 g/dl

_____ **Malnutrition - Moderate Degree**

Serum alb 2.1 to 2.7 g/dl

_____ **Severe Protein - Calorie Malnutrition**

Serum alb 2.0 g/dl or less Clinical Dietitian

Addressograph/Patient Label

_____ TF via NGT PEG PEJ

_____ Monitor weight, lab and intake / tolerance

_____ Change diet to _____ Bolus feed:

_____ Change TF rate to _____ ml/hour Water flush:

_____ Change TF to bolus: _____

_____ Change TF formula to _____

_____ ml/hr _____ ml _____ % lipids daily OR 3 times / week

_____ Water flushes _____ ml every _____ hours

TF / TPN / PPN provides _____ kcal, _____ g

_____ Add lipids _____ protein, and

_____ Rec. changes will provide _____ kcal, Meds

_____ g protein, and _____ ml fluid / 24 hours

_____ Add supplement _____ Labs

_____ Change supplement to _____ Na+ _____

_____ Alternate nutrition support: TF PPN TPN

_____ PAB every _____

_____ Calorie count

_____ Speech eval for bedside swallow

_____ Other: _____

Date / Time



PATIENT LABEL