

# NUTRITIONAL ASSESSMENT (1002 B)

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

S: Diet Concerns Prior to Admission: \_\_\_\_\_  
 Eating Habits: \_\_\_\_\_  
 Preferences:  Cultural/Ethnic: \_\_\_\_\_  Religious: \_\_\_\_\_  Other: \_\_\_\_\_  
 Food Allergies: \_\_\_\_\_ Intolerances: \_\_\_\_\_ Dislikes: \_\_\_\_\_  
 Usual Appetite: \_\_\_\_\_ Weight History: \_\_\_\_\_  
 Difficulty:  Chewing  Swallowing  Nausea  Vomiting  Diarrhea

O: Diagnosis: \_\_\_\_\_  
 Diet Order: \_\_\_\_\_ Av. PO Intake: \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs. Reference Body Weight (RBW)(: \_\_\_\_\_ lbs). + 10%  
 BMI: \_\_\_\_\_ Adjusted Reference Body Weight if >120% of RBW (: \_\_\_\_\_ lbs)

LAB						
Date	Glu	UUN/Creat.	Na+	K+	H/H	Alb

Potential - Food - Drug Interaction: \_\_\_\_\_

A: **Estimated Energy Needs:** \_\_\_\_\_ **Estimated Protein Needs:** \_\_\_\_\_  
**Estimated Fluid Needs:** \_\_\_\_\_  
 BMI:  Underweight  Within Normal Limits  Overweight  Obese

**Nutritional Risk Factors**

- Medical Condition
- Malnutrition/wt loss >5%
- TPN/PPN/Tube Feeding
- Wound/Ulcer/Burn/Osteo
- NPO/Clear Liquids > 5 days
- Chewing/Swallowing Problem
- Abnormal Lab Values
- New Onset Diabetes
- Other: \_\_\_\_\_

- Continue/Progress Diet as ordered
- Send referral to Clinical Dietitian so an appointment can be scheduled on an outpatient basis
- Recommend diet order change to: \_\_\_\_\_
- Other Comments/Recommendations to Health Care Provider: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Clinical Dietitian Signature

Date Completed