

## Nutrition Focused Physical Exam (NFPE) Checklist

Name of Dietitian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Dietitian: \_\_\_\_\_ Manager : \_\_\_\_\_  
Signature Signature

<b><u>Criteria &amp; Evaluation</u></b>	<b><u>Demonstrated NFPE Skills</u></b>	<b><u>Comments</u></b>
<ul style="list-style-type: none"> <li><u>Mark with an X or v if examined</u></li> <li><u>Indicate N/A , if appropriate</u></li> </ul>		
1.Demonstrated ability to explain NFPE to the patient(i.e., Reason for visit and content of visit		
2. Utilized PPE , as needed,-including washing hands		
3. Utilizes Script , as needed		
4. Demonstrate NFPE Skills		
<b>SUBCUTANEOUS FAT Exam</b>		
Orbital region; Orbital fat pads		
Facial region: Buccal Fat pads		
Upper arm Region : Triceps		
Thoracic /Lumbar Region: Ribs /Mid-axillary line		
<b>MUSCLE Exam</b>		
Temples Region : Temporalis		
Clavicle Region : Pectoralis		
Shoulder Region: Deltoid		
Scapula region:Trapezius,Suprasspinatus,Infraspinatus		
Dorsal Hand Region: Interosseous		
Thigh/Patellar Region: Quadriceps		
Calf Region: Gastrocnemius		
<b>MICRONUTRIENT Exam</b>		
Hair		
Eyes		
Mouth(Oral Mucosa)		
Lips		
Gums		
Tongue		
Nails		
Skin		
Demonstrates use of the penlight		
<b>FLUID ACCUMULATION Exam</b>		
Upper Body		
Lower Body/ Extremities		
Sacral( non –ambulatory)		
<b>FUNCTIONAL STATUS Exam</b>		
Demonstrate use of Hand Grip Strength		
<b>OTHER :</b>		
5. Identifies degree of malnutrition , etiology, and Provides supportive data		

Performed by :

Printed Name of RND / Signature / Date