

(Name of Hospital)

NUTRITION AND DIETETICS SERVICE**Medical Nutrition Therapy (Nutrition Care Plan)**

Name of Patient (Last, First, MI): _____ Hospital Number: _____ Age: _____ Gender: _____

Name of Attending physician: _____ Date of Admission: _____

Diagnosis: _____ Religion: _____

NUTRITION ASSESSMENT

Present Diet of Patient: _____

_____ No change

Food/ _____ Mostly Liquids

Nutrient/ _____ Sub-Optimal

Energy Intake: _____ Starvation

_____ Poor intake prior to admission

Physical assessment: _____

Functional _____ Bedridden _____ Ambulatory

assessment: _____ Needs assistance

Chewing/Swallowing Difficulties: _____

Constipation: _____ Diarrhea: _____

Food Allergies: _____

Food intolerance: _____

Nutrient & Drug Interaction: _____

Height: _____ (cm) Weight: _____ (kg)

Usual weight: _____ (kg) BMI: _____

Weight change: _____ % over _____ weeks/months

% IBW: _____

Biochemical Data

Albumin: _____ Hemotocrit: _____

BUN: _____ Hemoglobin: _____

Calcium: _____ LDL: _____

Cholesterol: _____ Phosphate: _____

Creatinine: _____ Potassium: _____

Glucose: _____ Sodium: _____

HbA1C: _____ Triglycerides: _____

HDL: _____ URR: _____

Others:

BP: _____ Acid Base Gas (ABG): _____

SCORING OF NUTRITIONAL RISK RELATED FACTORS☐ Screening criteria for potential nutritional risk (1 point)☐ <85% or >130% Ideal Body Weight (1 point)☐ Unintentional Weight Loss _____ % over _____ weeks/months (2 points)☐ Mechanical / Digestive Problem (1 point)☐ Low Albumin (1)☐ Significant Lab Result (1)☐ Other/s (1)**TOTAL POINTS:** _____**A nutrition risk factor with the following total score indicates:**☐ 1 Low Risk☐ 2-3 Moderate☐ >3 High Risk**NUTRITIONAL STATUS:**☐ Normal☐ Moderate Malnutrition☐ Severe Malnutrition**NUTRITION DIAGNOSIS (Problem, Etiology, Signs, and Symptoms)**_____ related to _____
_____ as evidenced by _____.**NUTRITION INTERVENTION**☐ Shift diet to _____☐ Nutrition Education☐ Request for Laboratory Data☐ Other/s: _____

Total Energy Requirement: _____

Total Carbohydrates: _____

Total Protein: _____

Total Fat: _____

Others (e.g. micronutrients): _____

NUTRITION MONITORING AND EVALUATION☐ Adequacy of intake: ☐ Calories ☐ Protein ☐ Fluid☐ GI Tolerance☐ Compliance to Diet☐ Weight changesPrepared by:Conforme (Attending Physician):(signature)

(PRINTED NAME of RND)

(signature)

(PRINTED NAME of MD)