

Nutrition Ink<sup>®</sup>  
**PROTOCOL FOR COMPLETING ASSESSMENT FORM FOR  
NEW ADMISSIONS, CHANGE OF CONDITION, AND ANNUAL ASSESSMENT**

Nutritional Screening Section to be completed by the Food Service Supervisor/Diet Technician:

- 1) Check the appropriate box for initial, annual or change of condition
  
- 1) Height
  - a) Obtain height from the nursing assessment sheet or weight sheet in the chart.
  - b) Specify height in inches, round to nearest inch.
  
- 2) Weight
  - a) Obtain most current weight from the nursing assessment sheet or weight sheet in the chart.
  - b) Specify weight in pounds, round to nearest pound.
  - c) Divide the weight by 2.2 to get kilograms
  
- 3) NAW
  - a) NAW is Normal Adult Weight (or usual weight). This weight is based upon weight for the last 12 months prior to admission.
  - b) If the individual cannot adequately answer this question, ask spouse, family member (call if necessary) who would be able to give accurate information.
  - c) Read history. Review old medical records if a readmit or use old kardex card.
  - d) Goal weight range is to be done by dietitian
  
- 4) Recent significant weight loss or weight gain
  - a) Amount of loss/gain would be \$ 5% change over one (1) month.
  - b) Or a loss/gain of \$ 7.5% over 3 months.
  - c) Or a loss/gain of \$ 10% over 6 months (180 days).
  - d) If individual is unable to answer, obtain information from spouse, family member. This information is important to be able to accurately assess nutritional status of the individual.
  - e) Specify amount of weight lost/gained and time frame.
  - f) Amputee
  - g) If significant weight loss/gain proceed to RAP sheet.
  - h) Proceed to care plan if there is significant weight changes
  - i) Check 1 on MDS section K 3 a or b
  
- 5) Diagnosis (dx) & Special tx
  - a) Obtain the diagnosis from the transfer paper and/or face sheet. Careful in using individual history as this may not be current.
  - b) Check the appropriate box

- 6) Diet Rx; Texture; Nourishment Rx
- Specify exact diet as written in MD orders
  - Specify and enter the texture of the diet order - care plan reason for the texture if not regular
  - Enter and specify type, amount, circle frequency and check the box when nourishment is sent
  - Proceed to care plan the automatic triggers:
    - Therapeutic diet
    - Mechanically altered diet
  - See RAP module on Nutrition if on therapeutic or mechanically altered diet.
  - Thickened liquid Rx's need to specify the texture e.g. syrup (nectar), honey, pudding consistency.
  - Med Pass - **T** the box and enter the number of cc's sent
- 7) Dx that may impede the ability to consume food
- T** any and all dx that are pertinent to the individual. See RAP sheet.
  - Then, proceed to care plan if indicated by RAP guidelines.
- 8) Oral Status
- T** any and all problems with chewing, swallowing, mouth pain, poor dentition, refusals to wear dentures
  - Assess the need for swallow screen or dental consult. Check the box that applies, if necessary.
  - Proceed to care plan if problems exist.
- 9) Factors that may impede self feeding
- T** those factors that apply.
  - Proceed to care plan, Nutrition risk - potential for weight loss 2E tires easily causing < 75% intake
  - May need to recommend feeding program to increase intake.
  - Again **T** RAP guidelines
- 10) Factors that may impede intake or cause weight loss
- T** all that apply.
  - It is important to specify all *food group(s)* that are restricted for proper assessment and recommendation. For example, an individual who restricts the milk group would need assessment on the need for more calcium rich foods and/or supplementation.
  - Complains about the taste of many foods:* does the individual like the food we are sending? Are there specific food preferences that we need to accommodate?
  - Regular complaints of hunger:* is the individual satisfied at the end of meals? Make sure to take into account calorie restrictions or fluid restrictions that may not satisfy individuals hunger.
  - Too much food complaint:* is the individual overwhelmed with the portions sizes? The individual may not eat anything if there is too much food on the plate. An adjustment of

smaller portions may be in order. This needs to be individualized.

f) *List any food allergies not just dislikes.* An allergy to a specific food will result in a specific biological reaction.

g) *List mental problems and/or behavior problems.*

h) *Proceed to care plan problems.*

11) Hydration risk factors

a) **T** all that apply

b) Proceed to care plan with those problem areas being at risk for dehydration.

Remember 2 or more potential triggers = an automatic unless you state that intake is adequate. Check cc's calculated vs I & O

c) Transfer number of risk factors checked to the back page

12) Individual and/or family input into nutritional care including advance directives

a) List those who had input into the completion of the assessment.

13) Cultural/ethnic foods desired

a) Specify type of food, time of day preferred, frequency to be served.

b) Specify if special foods need to be served.

c) If none, enter N/A

d) Proceed to care plan if necessary.

14) Average P.O. intake %

a) specify the number of days used for calculation e.g., 7

b) add all the intake %'s from breakfast for 7 days

c) divide the total %'s by 7, this is the average % to be entered.

d) Repeat the same process for lunch, dinner and nourishment

15) Adaptive equipment

a) Specify type of assistive device. If none, enter N/A

b) **T** appropriate word to describe how the individual eats

c) Proceed to care plan if appropriate - syringe feeding is an automatic trigger for Nutrition

16) If readmission, note changes

a) Specify any and all changes from previous admit e.g. previous weight 1 month ago \_\_\_ lbs or previously a feeder - now feeding self.

17) FSS/RD comments

a) Input any discussion with family; if visited during meal, any specific data on how the resident is eating, food preference, data relating to potential nutrient deficiencies.

18) Be sure to sign and date the bottom of the assessment sheet in the appropriate space.

Nutrition Risk Assessment to be completed by the Dietitian

- 19) Target Weight Range (Page 1 of form)
  - a) Goal Weight Range is " 5 pounds of current weight
  
- 20) Clinical conditions demonstrating....
  - a) Circle all that apply
  - b) proceed to care plan if warranted
  
- 21) Medications with anorexia as major side effect
  - a) circle all that apply
  - b) proceed to care plan if warranted
  
- 22) Hydration risk factors
  - a) number of risk factors from page 1
  - b) implement plan outlined below (on form) if >3
  - c) proceed to care plan if warranted
  
- 23) Other
  - a) list any other pertinent information
  - b) proceed to care plan if warranted
  
- 24) Laboratory Data
  - a) Enter the date in the test date column if panel done.
  - b) Enter the test results in appropriate blank.
  - c) Calculate Serum Osmo using formula provided. Calculate GFR if Renal. Calculate TLC. Calculate BMI.
  
- 25) Note any Decub(s); Edema and current blood pressure. Calculate weight in Kilograms.
  
- 26) Estimated Nutritional Needs
  - a) Indicate the calculated calories and what factor was used e.g. 30 kcal/kg. Do the same for protein and fluid needs.
  
- 27) Tube Feeding Provides
  - a) Indicate the current Rx.
  - b) Fill in the blanks for calories, protein and free fluid that is provided by the Tube Feeding. Refer to attached for calculating.
  - c) Fill in the blank for fluid flush
  - d) Add free fluid and fluid flush to come up with total fluid provided.
  - e) RDI's adequate **T** appropriate box
  - f) Proceed to care plan.
  
- 28) Plan (assessment area)
  - a) Plan of Action - this is where the recommendations are noted - also put them on the

“Nutrition Recommendation” form and distribute at the end of the day to DON & FSS  
d) Proceed to care plan if warranted

29) Be sure to date and sign at the bottom of the page.

To calculate Tube Feeding:

1. Calculate calories: Rate x calorie's per cc x number of hours equals volume. Take prescribed volume divided by kilogram of individual's body weight equals calories/kilogram  
example: MD orders Isotonic formula @ 75 cc per hour for 22 hours.  
Most isotonic formulas are 1.06 calories/cc. 155# (70 kg) is the weight of our sample individual.
  - a.  $75 \times 1.06 \times 22 = 1749$  kcals
  - b.  $1749$  divided by  $70$  kg =  $25$  calories per kilogram
2. Calculate protein: Total calories (step #1 above) divide by 1000 then multiply by % of protein per 1000 calories as per manufacturer. Volume prescribed divided by kilogram of individual's body weight.
  - a.  $1749$  kcals divided by  $1000 = 1.75 \times 32$  gms =  $56$  gm protein provided (round to nearest whole number).
  - b.  $56$  gm protein divided by  $70$  kg =  $.8$  gm protein per kilogram
3. Calculate Free Fluids: Refer to product information regarding available fluid or free fluid. Most formulas are 85% free fluid.
  - a.  $1749 \times .85 = 1487$  cc free fluid
4. Calculate Fluid Flush: Refer to flush order
  - a.  $250$  cc q shift (3 shifts) =  $250 \times 3 = 750$  cc flush.
5. Add the Free Fluid and fluid flush together to equal Total Fluids then divide by kilogram of individual's body weight
  - a.  $750$ cc (flush) +  $1487$  cc free =  $2237$  cc total fluid
  - b.  $2237$  divided by  $70$  kg =  $32$  cc per kg (round to nearest whole number)

To assess the adequacy of the tube feeding, compare the estimated nutritional needs of the individual to what the tube feeding provides.

If the individual requires excess protein than what is provided, remember to increase the fluid flush to prevent renal failure.

