

## NUTRITION RISK SCREENING

<b>Patient Data</b>			
Last Name		Height (meters)	
First Name		Weight (kg)	
Room Number		BMI	
Attending MD			
Clinical Impression			

PLEASE ANSWER ALL THE FOLLOWING QUESTIONS		
Questions	Yes	No
• Is BMI < 18.5 or > 30?		
• Has the patient lost weight within the last three (3) months?		
• Did the patient have a reduced dietary intake in the last week?		
• Is the patient severely ill (e.g. in intensive therapy)?		
<p><b>Only one "YES" answer is enough to categorize as "Nutritionally at Risk"</b></p> <p><input type="checkbox"/> No nutritional risk</p> <p><input type="checkbox"/> <b>NUTRITIONALLY AT RISK;</b> <b>Notify Clinical Nutrition Services</b></p>		
<p>(Reference: Kondrup J, Allison SP, Elia M, Plauth M. ESPEN Guidelines for Nutrition Screening 2002. Clin Nutr 2003; 22(4): 415-21)</p>		

