

NUTRITIONAL ASSESSMENT

LAST NAME	<input style="width: 90%;" type="text"/>	ROOM	<input style="width: 90%;" type="text"/>
FIRST NAME	<input style="width: 90%;" type="text"/>	DATE ADMITTED	<input style="width: 90%;" type="text"/>
MIDDLE NAME	<input style="width: 90%;" type="text"/>	AGE	<input style="width: 90%;" type="text"/>
ATTENDING MD	<input style="width: 90%;" type="text"/>	SEX	<input style="width: 90%;" type="text"/>
HEIGHT_MTR	<input style="width: 40%;" type="text"/>	WEIGHT_KG	<input style="width: 40%;" type="text"/>
		BMI	<input style="width: 40%;" type="text"/>
		OB	<input type="checkbox"/>
		U/W	<input type="checkbox"/>
		IBW	<input style="width: 40%;" type="text"/>
DIAGNOSIS	<input style="width: 95%;" type="text"/>		

CRITERIA	NORMAL / MILD	MODERATE	SEVERE
Weight Loss	none <input type="radio"/>	< 10% of usual wt. <input type="radio"/>	>10% of usual weight <input type="radio"/>
Food Intake : (last 1-2 months)	no change <input type="radio"/>	suboptimal <input type="radio"/>	starvation <input type="radio"/>
Gastro symptoms > 2 weeks	none <input type="radio"/>	nausea, vomiting <input type="radio"/>	anorexia diarrhea, severe <input type="radio"/>
Functional capacity	no change <input type="radio"/>	<ul style="list-style-type: none"> • dysfunction < 3 wks • suboptimal work • bedridden < 2 wks <input type="radio"/>	bedridden > 2 wks <input type="radio"/>
Disease and relation to nutritional requirements	no or low stress <input type="radio"/>	moderate stress <input type="radio"/>	severe stress <input type="radio"/>
Physical examination	0 <input type="radio"/> subcutaneous fat and/or muscle loss	+1 to +2 <input type="radio"/> subcutaneous fat and/or muscle loss	+3 <input type="radio"/> subcutaneous fat and/or muscle loss
Edema / ascites	none <input type="radio"/>	none <input type="radio"/>	+1 or +2 <input type="radio"/>
SGA Grade <input type="radio"/>	A 0 <input type="checkbox"/>	B 1 <input type="checkbox"/>	C 3 <input type="checkbox"/>
BMI	18.5 - 25 0 <input type="checkbox"/>	25.1 - 30 1 <input type="checkbox"/>	<18.5 or >30 2 <input type="checkbox"/>
Albumin g/dL	>3.4 0 <input type="checkbox"/>	2.5 - 3.4 1 <input type="checkbox"/>	<2.5 2 <input type="checkbox"/>
TLC	≥ 1500 0 <input type="checkbox"/>	900 < 1500 1 <input type="checkbox"/>	<900 2 <input type="checkbox"/>

TOTAL SCORE <input style="width: 40%;" type="text"/>	NUTRITION RISK LEVEL	0 <input type="checkbox"/>	1-2 <input type="checkbox"/>	LOW RISK (Level 1)	≥3 <input type="checkbox"/>	HIGH RISK (Level 3)
				MODERATE RISK (Level 2)		

NUTRITIONAL STATUS: NORMAL MODERATE MALNUTRITION SEVERE MALNUTRITION

RISK LEVEL 1 or 2, WOULD YOU LIKE TO REFER YOUR PATIENT TO THE NUTRITION SUPPORT TEAM FOR FOLLOW UP?

YES
 NO

Name and Signature of ATTENDING MD

Date Signed

RISK LEVEL 3: REQUIRED TO BE FOLLOWED UP BY THE NUTRITION SUPPORT TEAM

Assessment performed by (Name/Signature):