Medical Nutrition Therapy Assessment ICF-MR

Name   **Residence**   **Physician**   **Gender** M / F   **DOB**   **Age**

Assessment Type: Initial / Readmission / Yearly

NUTRITION ASSESSMENT (Problems/Etiology/Signs & Symptoms)   Attends workshop: Yes No

Ht (inches)	**BMI** _____	**Weight Changes**
Wt (#)/(Date)	☐ <18.5 Underweight	**Wt** (#)/(Date) _____ ( ) ↑ ↓ 5% in 1 mo
UBW (#)	☐ 19-24.9 Normal Weight	**Wt** (#)/(Date) _____ ( ) ↑ ↓ 7.5% in 3 mo
DBW (#)	☐ 25-29.9 Overweight	**Wt** (#)/(Date) _____ ( ) ↑ ↓ 10% in 6 mo
	☐ ≥30 Obesity I	**Planned Weight Change?** Y / N **Comments:**
Adj. BW (#)(Amputation)	☐ 35-39.9 Obesity II	
	☐ ≥40 Extreme Obesity III	

Diet Order Reg / Mech Soft / Puree / Other	**Oral Nutrition Supplement / Snacks**
Food allergies / Intolerances	**Fluid Restriction**
Adaptive Eating Device	**Intake of Food/Fluid Adequate to meet estimated needs?** Y / N

Alternate Feeding Orders PPN/ TPN/ IV / Tube feeding (including flush orders)

_____mL Formula = _____ Kcals ____ g protein, ____% RDI (_____mL FF + _____ mL flush) = _____ Total mL Fluids

Appropriate Y / N   **Tolerated** Y / N   **Changes Needed** Y / N   **Comments**

Communication Alert / Confused / Unable to communicate

Medication Interactions Antibiotics Cardiac Meds Diuretics Laxatives Psychotropics New Meds / Other:	**Treatments** Chemo / Radiation / Wound VAC / Other:

Labs (Date _____) H/H _____ HbA1c _____ BS _____ Na _____ K+ _____ Ca++ _____ Alb _____ Pre-alb _____ BUN _____ Cr _____	**Supplementation by:**

Alteration in Nutrition and/or Hydration Status as Evidenced by (Check/Circle all that apply)

☐ Abnormal Labs (Refer to data above)	☐ Edema	☐ Neurological / Muscular Disease
☐ Altered Taste	☐ Failure to Thrive	☐ Obesity
☐ Alternate Feeding: TF / IV / TPN	☐ ↑ ↓ Food / Fluid Intake	☐ Pain Affecting Eating___
☐ Anemia	☐ Fracture:	☐ Pressure Ulcers / Wounds:
☐ Cancer	☐ GI Disorder/Issues:	
☐ CVD / CVA / TIA / CHF / HTN		☐ Pulmonary Disease
☐ Chewing / Swallowing Problem	☐ Hepatic (Liver) Disease	☐ Self Feeding Difficulty
☐ Communication Difficulty:	☐ Hunger (Complains of)	☐ Surgery (Recent):
☐ Cultural Food Issues	☐ Infection / Fever / Sepsis /URI/ UTI	☐ Terminal Status
☐ Dehydration / Risk	☐ Kidney Disease	☐ Unintended Weight Loss (Significant)
☐ Dementia/Cognitive Decline /Depression	☐ Malnutrition / Undernutrition	☐ **Other:**
☐ Diabetes	☐ Mobility Issues:	

Nutritional Needs Estimation (Based on CBW)

Total Kcal Needs:	**Protein Needs (g):**	**Fluid Needs (mL):**
Kg Wt X 25 / 30 / 35 +500 cal to gain/ -500 cal to lose	Kg Wt X 0.8 / 1.0 / 1.25 /1.5	Kg Wt X 25mL/ 30mL/ 35 mL / 1 mL/kcal

Summary	**Education Needs:**

Nutrition Diagnosis Statement (PES)	**Nutrition Prescription Or Intervention**

Signature: **Date:**