

# Medical Nutrition Therapy Re-Assessment/Updates ICF-MR

Name: \_\_\_\_\_ Physician: \_\_\_\_\_ Room: \_\_\_\_\_

<b>Ht</b>	<b>UBW</b>	<b>BMI</b> <input type="checkbox"/> <18.5 Underweight <input type="checkbox"/> 19-24.9 Normal Weight <input type="checkbox"/> 25-29.9 Overweight <input type="checkbox"/> ≥30 Obesity I <input type="checkbox"/> 35-39.9 Obesity II <input type="checkbox"/> ≥40 Extreme Obesity III	<b>DOB</b>	<b>Age</b>	<b>M / F</b>
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**Estimated Nutritional Needs (Based on CBW)**

<b>Total Kcalorie Needs</b> Kg Wt X 25 / 30 / 35 + 500 kcal to gain / - 500 kcal to lose	<b>Protein Needs (gms)</b> Kg Wt X 1.0 / 1.25 / 1.5	<b>Fluid Needs (mL)</b> Kg Wt X 25 / 30 / 35 / 1 mL/cal consumed	<b>Dining Needs</b> Location changes: Rehab dining: Y / N    Adaptive equipment: Independent / Tray set up / Supervise / Cue / Assist / Totally Dependent for Eating:
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<b>Date</b> _____ <i>Re-admit / Quarterly / Progress Note / Yearly</i>	<b>Date</b> _____ <i>Re-admit / Quarterly / Progress Note / Yearly</i>	<b>Date</b> _____ <i>Re-admit / Quarterly / Progress Note / Yearly</i>
<b>New Medical Diagnosis</b>	<b>New Medical Diagnosis</b>	<b>New Medical Diagnosis</b>
<b>Diet Prescription:</b> Reg / Mech Soft / Pureed Other:	<b>Diet Prescription:</b> Reg / Mech Soft / Pureed Other:	<b>Diet Prescription:</b> Reg / Mech Soft / Pureed Other:
<b>Supplements</b>	<b>Supplements</b>	<b>Supplements</b>
<b>Food/Fluid Intake Adequate to Meet Needs</b> Y / N	<b>Food/Fluid Intake Adequate to Meet Needs</b> Y / N	<b>Food/Fluid Intake Adequate to Meet Needs</b> Y / N
<b>Weights:</b> CBW: _____ # _____ # (            ) ↓ ↑ <b>5% past Mo</b> _____ # (            ) ↓ ↑ <b>7.5% past Qtr</b> _____ # (            ) ↓ ↑ <b>10% past 6 Mo</b>	<b>Weights:</b> CBW: _____ # _____ # (            ) ↓ ↑ <b>5% past Mo</b> _____ # (            ) ↓ ↑ <b>7.5% past Qtr</b> _____ # (            ) ↓ ↑ <b>10% past 6 Mo</b>	<b>Weights:</b> CBW: _____ # _____ # (            ) ↓ ↑ <b>5% past Mo</b> _____ # (            ) ↓ ↑ <b>7.5% past Qtr</b> _____ # (            ) ↓ ↑ <b>10% past 6 Mo</b>
<b>Lab Changes</b> Date: _____ H/H _____    HbA1c _____    BS _____ Na _____    K+ _____    Ca++ _____ Alb _____    Pre-alb _____    BUN _____ Cr _____	<b>Lab Changes</b> Date: _____ H/H _____    HbA1c _____    BS _____ Na _____    K+ _____    Ca++ _____ Alb _____    Pre-alb _____    BUN _____ Cr _____	<b>Lab Changes</b> Date: _____ H/H _____    HbA1c _____    BS _____ Na _____    K+ _____    Ca++ _____ Alb _____    Pre-alb _____    BUN _____ Cr _____
<b>Changes in Care / Condition</b> (Medications, ADLs, physical, diagnosis, etc):	<b>Changes in Care / Condition</b> (Medications, ADLs, physical, diagnosis, etc):	<b>Changes in Care / Condition</b> (Medications, ADLs, physical, diagnosis, etc):
<b>NUTRITION DIAGNOSIS</b> <input type="checkbox"/> Continue previous <input type="checkbox"/> Change to:	<b>NUTRITION DIAGNOSIS</b> <input type="checkbox"/> Continue previous <input type="checkbox"/> Change to:	<b>NUTRITION DIAGNOSIS</b> <input type="checkbox"/> Continue previous <input type="checkbox"/> Change to:
<b>NUTRITION PRESCRIPTION/ INTERVENTION</b> <input type="checkbox"/> Continue previous <input type="checkbox"/> Change to:	<b>NUTRITION PRESCRIPTION/ INTERVENTION</b> <input type="checkbox"/> Continue previous <input type="checkbox"/> Change to:	<b>NUTRITION PRESCRIPTION/ INTERVENTION</b> <input type="checkbox"/> Continue previous <input type="checkbox"/> Change to:
<b>NUTRITION MONITORING</b> Weight / Labs / Skin / Diet	<b>NUTRITION MONITORING</b> Weight / Labs / Skin / Diet	<b>NUTRITION MONITORING</b> Weight / Labs / Skin / Diet
<b>Comments</b>	<b>Comments</b>	<b>Comments</b>
Signature:	Signature:	Signature:
Signature:	Signature:	Signature: