

## EMR Documentation Guidelines

Often in EMRs (Electronic Medical Records), formal nutrition assessment forms are not available or may not be in an efficient format. In order for an assessment in a progress note format to be thorough and complete, guidelines and suggestions for specified types of assessments are provided.

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| <p><b>New Admission</b><br/> <b>Readmission</b><br/> <b>Significant Change</b></p> <p><b>Annual</b></p> | <p>Height/CBW/BMI, WNL or not<br/> Weight hx/change/BMI<br/> Diet (include any adaptive equipment/feeding issues, allergies, nutrition supplements, fortified foods, etc)<br/> Alternate feeding orders TF/TPN/IV fluids (if applicable)<br/> Pertinent diagnosis<br/> Pertinent labs/meds<br/> Therapy issues/dentition/location of meals<br/> Skin status<br/> Presence of edema per nursing assessment or observation<br/> Client/visitor/staff interview data<br/> Estimated needs calculations<br/> Intake assessment<br/> PES statement<br/> Interventions if needed<br/> Goals and Follow up plan<br/> *keep in mind "physical focused assessment": muscle wasting, skin turgor, edema, sunken eyes, appearance of weight gain or loss.</p> |
| <p><b>Quarterly</b><br/> <i>* This template can be used for 14/30/60 day PPS</i></p>                    | <p>CBW/BMI, WNL or not<br/> Weight change if any<br/> Current diet and supporting dx (Quarterly)<br/> Pertinent labs<br/> Med changes if any<br/> Skin changes<br/> Intake assessment<br/> Intervention/Follow up plan if needed</p>   |
| <p><b>SWL/SWG Assessment</b></p>  | <p>CBW and the loss/gain %<br/> BMI, WNL or not<br/> Current diet/MNT<br/> Current meds<br/> Pertinent dx<br/> Client/visitor/staff interview data<br/> Est needs calculations<br/> Intake assessment<br/> PES statement<br/> Intervention change with rationale<br/> Follow up plan</p> <p style="padding-left: 20px;">Additional suggestions for assessing sig weight changes: check BM status, constipation, diarrhea; edema/CHF/SOB; recent IV fluids or TF changes; error in obtaining weight?; attachments to w/c, cast or equipment changes; changes in activity level; diuretic changes; s/s dehydration; med side-effects.</p>  |

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| <p><b>Weekly weight update</b></p>                              | <p>CBW<br/>           Stable/change acceptable or not<br/>           Intake assessment<br/>           Team meeting information if any<br/>           Intervention change with rationale<br/>           Follow up plan</p>   |
| <p><b>Wound Assessment</b></p>                                  | <p>Wound status<br/>           As referred by staff or per wound report. Avoid "in house acquired".<br/>           Status of wound if F/U note (improved, healing, deteriorated).<br/>           May indicate if there has been a treatment change or if wound clinic or if wound MD/CNP follows.<br/>           CBW, gain/loss, BMI<br/>           Est needs assessment<br/>           Pertinent labs<br/>           Intake assessment<br/>           Intervention /changes if needed<br/>           Follow up plan</p>  |
| <p><b>Monthly Enteral/Parenteral Assessment</b></p>             | <p>CBW/ BMI, WNL or not<br/>           Weight change if any<br/>           Supporting dx for TF/TPN<br/>           Tolerance issues<br/>           Pertinent labs<br/>           Est needs vs provided kcal/pro/fluids<br/>           Intervention if needed<br/>           Follow up plan</p>  |
| <p><b>Suggestions for Weight &amp; Wound Team Meetings:</b></p> | <p>Delegated dependent upon assigned responsibilities, contract hours, skill level of needs:<br/>           Prepare list of weights needed for next week and give to responsible person.<br/>           Add any new or readmits, new additions or removal of wkly wts.<br/>           As time permits prior to meeting, investigate any 3% or more changes in a weekly wt: med changes, labs, edema, intakes, etc.<br/>           Meeting tips: be confident! You are the leader! Stay on task during the meeting<br/>           Record pertinent IDT feedback that can be used for your documentation later, including SLP data for MDS triggers. Determine by policy/need if weekly by policy/need if weekly weights should continue.</p> |

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### Medical Nutrition Therapy Abbreviations

**CBW** = Current Body Weight

**BMI** = Body Mass Index

**WNL** = within normal limits

**Hx** = History

**Meds** = Medications

**PES** = Problems/Etiology/Signs & Symptoms

**Dx** = Diagnosis

**MNT** = Medical Nutrition Therapy

**Est** = Estimated

**CHF** = Congestive Heart Failure

**SOB** = Short of Breath

**IV** = Intravenous

**w/c** = wheelchair

**s/s** = signs/symptoms

**F/U** = Follow-up

**MD** = Medical Doctor

**CNP** = Certified Nurse Practitioner

**IDT** = Interdisciplinary Team

**SLP** = Speech Licensed Pathologist

**MDS** = Minimum Data Set

**TF** = Tube Feeding

**TPN** = Total Parenteral Nutrition