

University

Medical Center

Initial Nutrition Risk Level Assignment

Dx/CC: \_\_\_\_\_

Diagnostic/Surgical Procedures Since Adm.: \_\_\_\_\_

Relevant PMH: \_\_\_\_\_

Current Diet Rx: \_\_\_\_\_ Therapeutic Diet at Home:  No  Yes: \_\_\_\_\_

Therapeutic Diet Education Desired:  No  Yes, Diet: \_\_\_\_\_

Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ UBW: \_\_\_\_\_ Dry Wt: \_\_\_\_\_ IBW: \_\_\_\_\_ % IBW: \_\_\_\_\_

Unintentional Wt. Change: ↑ or ↓ \_\_\_\_\_ lbs over \_\_\_\_\_ months Fluid Shift \_\_\_\_\_

PEDS ONLY: W/Age: \_\_\_\_\_ %ile H/Age: \_\_\_\_\_ %ile BMI: \_\_\_\_\_ W/Ht or BMI: \_\_\_\_\_ %ile

Usual Intake at Home:  Good (>75%)  Fair (50-75%)  Poor (<50%) # Days \_\_\_\_\_

Intake During Hospitalization:  Good (>75%)  Fair (50-75%)  Poor (<50%) # Days \_\_\_\_\_

Problems w/dentition or swallowing impacting intake:  No  Yes  
If yes, texture change needed \_\_\_\_\_  RN Notified

Food Allergies/Intolerances:  No  Lactose Intolerance  Yes (other) \_\_\_\_\_

GI Function (PTA to Today):	Nausea	Vomiting	Diarrhea	Constipation	Abdominal Pain
Duration of symptoms (# days)					
Currently still an issue	Y/N	Y/N	Y/N	Y/N	Y/N

Labs: Albumin (Check one:  pre-op  post-op) Date: \_\_\_\_\_ Other: \_\_\_\_\_

Initial Nutrition Risk Level Assignment:  High (RD to assess)  Moderate (DT to follow)  Low (DT to follow)

Plan:  RD to assess  Start snacks/supplements \_\_\_\_\_

To monitor P.O. intake  Other: \_\_\_\_\_

Signature: \_\_\_\_\_