

MD Consult RN Consult

S: Food Allergy/Intolerance/Restriction Chewing/Swallowing difficulty
 Recent Loss of appetite Nausea/Vomiting/Diarrhea/Constipation
 Recent Weight Loss/Gain Use of MVI/Herbal Supplement
 Oral Health:

O: Diagnosis and PMH:

Diet Order:

Intake: Good (> 75%) Fair (50%) Poor (<25%)

Ht: Wt: Usual Wt: % Usual Wt: IBW: %IBW:

Pertinent Labs:

Pertinent Meds:

Skin Integrity:

TPN/PPN/TF Regimen:	Kcal	gm Protein	ml Free Fluid	Osm
TPN/PPN/TF provides:				

A: Estimated Nutritional Needs: BEE: Kcal Pro Fluid

Learning Needs: Barriers to Learning:

Potential Food/Drug Interaction:

Assessment:

Goal:

P:

Dietitian: Pager #: Date:

Addressograph

Hospital

A Member Of HealthCare

NUTRITION ASSESSMENT