Nutrition Assessment

ADDRESSOGRAPH/LABEL

☐ Initial ☐ Re-assessment ☐ Annual

Date Admitted:	ACP level:	Primary language: _____
Communication: □ Unimpaired		Secondary language: _____

Cognition: ☐ Alert ☐ Oriented (Person/Place/Time) ☐Confused ☐ Memory Loss ☐_____

Vision: Glasses: ☐ No ☐ Yes ☐ Not worn

Hearing: Aides: ☐ Left ☐ Right ☐ Not worn ☐ None

Mobility: ☐ Walking ☐ Walker ☐ Wheelchair ☐ _____

Falls Risk Screen score: _____ Date: _____

Skin integrity ☐ Wound present_____

Braden Scale Score: _____ Nutrition: _____ Date: _____

Current Diet Order: ☐ Regular ☐ Controlled Carbohydrate ☐ Heart Healthy ☐ _____

Texture: _____

Fluids: _____

Portions: ☐ Small ☐ Regular ☐ Large ☐ _____

Supplements: _____ *For food likes /dislikes, please see nutrition care plan

Food Allergies/Intolerances: ☐ None known to food ☐ _____

Mealtime behaviour: ☐ Independent ☐ Full Assist ☐ _____

TTMD-R: _____Date: _____

SLP Assessment – Date: _____

Intake: ☐ Eats well as per health care staff ☐ _____

Issues affecting intake: ☐ med effects ☐ pain ☐ shortness of breath ☐ nausea/vomit □_____

Dentition: Own teeth: ☐ Upper ☐ Lower No teeth: ☐ Upper ☐ Lower
Dentures: ☐ Upper ☐ Lower Partial: ☐ Upper ☐ Lower

Religious or cultural impacts on meal plan:

Bowel issues: □ Diarrhea ☐ Constipation ☐
_____

OT involvement: ☐ Yes ☐ No Recommendations:

Relevant Medical Diagnosis:
☐ Dementia ☐ Anxiety ☐ Depression ☐ Diabetes 2 ☐ Hypertension ☐ Dyslipidemia

Diagnostic Labs: ☐ Reviewed Significant:

Medications: ☐ Reviewed Relevant:

Vitamin or mineral supplements:

Southern Health Santé Sud

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Current height: _____ cm ☐ Actual ☐ Estimated ☐ Self-reported

Current weight: _____ kg ☐ Actual ☐ Estimated ☐ Self-reported ☐ Edema ☐ Severe Muscle Wasting

Usual weight: _____ kg ____ months ago Weight Change: _____% ☐ Significant ☐ Not significant

Weight before admission: _____ kg

Interpretation:_____

_____

Energy Requirement: _____kcal/d ☐ _____kcal/kg/d ☐ _____

Protein Requirement: _____g/d ☐ _____g/kg/d

Fluid Requirement: _____ml/d ☐ _____ml/kcal/d

Nutrition Diagnosis:

☐ No nutritional diagnosis at this time

Goal:

☐ Maintain current nutritional status and enjoyment of facility meals

Plan:

☐ Continue current diet order
☐ Encourage physical activity as appropriate
☐ Re-assess as consulted and annually

Outcomes to be monitored:

☐ weight ☐ intake ☐ enjoyment of meals ☐ blood glucose

Nutrition Prescription:

☐ No changes to current diet order

☐ Diet order changed to: _____

Supplements: _____

☐ The plan was discussed with the resident and/or family (POA or designate); and has agreed to the plan outlined.

Notes:_____

_____

_____

Date: _____Signature: _____Printed Name: _____