Concordia HOSPITAL

Winnipeg Regional Health Authority / Office régional de la santé de Winnipeg
Caring for Health / À l'écoute de notre santé

NUTRITION ASSESSMENT
ACUTE CARE
PART 1

CLIENT HISTORY

Admission Date: D D M M M Y Y Y Y   Consult Date: D D M M M Y Y Y Y

Diagnosis/Entrance Complaint:

Relevant Medical/Surgical History:

Social History/Cognitive Function:
☐ Lives Alone ☐ Cognitive Decline ☐ Social Network: ________________ ☐ Decreased Level of Consciousness
☐ Other: ________________

ANTHROPOMETRIC MEASUREMENTS   BMI = BODY MASS INDEX

Height: __________ cm ☐ Actual ☐ Reported ☐ Estimated	Weight: __________ kg ☐ Actual ☐ Reported ☐ Estimated Date: D D M M M Y Y Y Y	BMI	Comparative Standard Weight Range:

Weight History/Reason for Weight Change:

Subjective Global Assessment (SGA)
NUTRIENT INTAKE

1. ☐ No change; adequate
2. Inadequate; duration of inadequate intake __________
   ☐ Suboptimal solid diet ☐ Full fluids or only oral nutrition supplements ☐ Minimal intake, clear fluds or starvation
3. **Dietary Intake in past 2 weeks**
   ☐ Adequate __________ ☐ Improved but not adequate __________ ☐ No improvement or inadequate __________

WEIGHT

1. **Non fluid weight change past 6 months** Weight loss __________ kg
   ☐ Less than 5% loss or weight stability ☐ 5 - 10% loss without stabilization or increase ☐ Greater than 10% loss and ongoing
   If above not known, has there been a subjective loss of weight during the past six months?
   ☐ None or mild ☐ Moderate ☐ Severe
2. **Weight change past 2 weeks** Amount (if known) __________ kg
   ☐ Increased ☐ No change ☐ Decreased

SYMPTOMS (Experiencing symptoms affecting oral intake)

1. ☐ Pain on eating ☐ Anorexia ☐ Vomiting ☐ Nausea ☐ Dysphagia ☐ Diarrhea ☐ Dental problems ☐ Feels full quickly ☐ Constipation
2. ☐ None ☐ Intermittent/mild/few ☐ Constant/severe/multiple
3. **Symptoms in the past 2 weeks**
   ☐ Resolution of symptoms ☐ Improving ☐ No change or worsened

FUNCTIONAL CAPACITY (Fatigue and progressive loss of function)

1. No dysfunction
2. Reduced capacity; duration of change __________
   ☐ Difficulty with ambulation/normal activities ☐ Bed/chair ridden
3. **Functional Capacity in the past 2 weeks**
   ☐ Improved ☐ No change ☐ Decreased

METABOLIC REQUIREMENT

High metabolic requirement ☐ No ☐ Yes

PHYSICAL EXAMINATION

Loss of body fat	☐ No	☐ Mild/Moderate	☐ Severe
Loss of muscle mass	☐ No	☐ Mild/Moderate	☐ Severe
Presence of edema/ascites	☐ No	☐ Mild/Moderate	☐ Severe

POTENTIAL FOR

☐ Cachexia (fat and muscle wasting due to disease and inflammation)
☐ Sarcopenia (reduced muscle mass and strength)

SGA RATING

☐ **A**	Well-nourished Normal	☐ **B**	Mildly/moderately malnourished Some progressive nutritional loss	☐ **C**	Severely malnourished Evidence of wasting and progressive symptoms

________________ Signature   ________________ Printed Name and Designation   Date: D D M M M Y Y Y Y   Time: 24 HOUR

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NUTRITION ASSESSMENT
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PART 2

RELEVANT BIOCHEMICAL DATA, MEDICAL TESTS AND PROCEDURES, MEDICATIONS

FOOD/NUTRITION-RELATED HISTORY/VITAMIN/MINERAL/HERBAL SUPPLEMENT USE

Food Allergies/Intolerances:

Diet Order:	Diet Received:

Food and Nutrient Intake/Meal Observation:

NUTRITION ASSESSMENT

Energy Requirements:	**Protein Requirements:**	**Other:**

Additional Findings: ☐ Skin Integrity ☐ Chewing Difficulty ☐ Shortness of Breath ☐ Braden Scale Nutrition Score _______ ☐ Fever
Other:

NUTRITION DIAGNOSIS

NUTRITION INTERVENTION

Nutrition Prescription/Goals:

COORDINATION OF NUTRITION CARE

MONITORING AND EVALUATION

Follow-up Required: ☐ Yes ☐ No
Outcomes to be Monitored Include:

Signature

Printed Name and Designation

Date: D D M M M Y Y Y Y

Time: 24 HOUR