# NUTRITION ASSESSMENT
## ACUTE CARE
### PART 1

## CLIENT HISTORY

<table>
<thead>
<tr>
<th>Diagnosis/Entrance Complaint:</th>
</tr>
</thead>
</table>

Relevant Medical/Surgical History:

<table>
<thead>
<tr>
<th>Social History/Cognitive Function:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lives Alone</td>
</tr>
<tr>
<td>Other: ____________________________</td>
</tr>
</tbody>
</table>

## ANTHROPOMETRIC MEASUREMENTS

<table>
<thead>
<tr>
<th>Height: ______ cm</th>
<th>Weight: ______ kg</th>
<th>BMI</th>
<th>Comparative Standard Weight Range:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual</td>
<td>Reported</td>
<td>Estimated</td>
<td>Actual</td>
</tr>
</tbody>
</table>

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 fluids 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
   - Greater than 10% loss and ongoing
   - Less than 5% loss or weight stability
   - 5 - 10% loss without stabilization or increase
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
3. Intermittent/mild/few
   - Constant/severe/multiple

### 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

<table>
<thead>
<tr>
<th>Loss of body fat</th>
<th>Loss of muscle mass</th>
<th>Presence of edema/ascites</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Mild/Moderate</td>
<td>Mild/Moderate</td>
<td>Mild/Moderate</td>
</tr>
<tr>
<td>Severe</td>
<td>Severe</td>
<td>Severe</td>
</tr>
</tbody>
</table>

## POTENTIAL FOR

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

## SGA RATING

<table>
<thead>
<tr>
<th>SGA</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Well-nourished</td>
</tr>
<tr>
<td>B</td>
<td>Mildly/moderately malnourished</td>
</tr>
<tr>
<td>C</td>
<td>Severely malnourished</td>
</tr>
</tbody>
</table>

Evidence of wasting and progressive symptoms

Signature ____________________________

Printed Name and Designation ____________________________

Date: D D M M M M Y Y Y Y

Time: 24 HOUR

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### NUTRITION ASSESSMENT ACUTE CARE

#### 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

<table>
<thead>
<tr>
<th>Energy Requirements:</th>
<th>Protein Requirements:</th>
<th>Other:</th>
</tr>
</thead>
</table>

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: ___________  Time: ___________  

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