

## Patient Meal Intake Record

Appetite less than usual due to:		Mealtime challenges:	
1 Not hungry	5 Ate other foods	1 Needed help sitting up	5 Unable to eat due to test today
2 Nausea/vomiting	6 Disliked meal	2 Needed help opening food packages	6 Eating area not appetizing
3 Tired	7 No specific reason	3 Needed help to eat/drink	7 Mealtime interrupted
4 Pain	8 Other (specify)	4 Problems chewing/swallowing	8 Other (specify)

Action Completed (if applicable)	
1 Preferences – note on tray ticket or Nutrition Care Log (for multiple changes call 7122 for Diet Clerk to see)	5 Consult Speech Language Pathologist
2 Advised nurse re: appetite barriers/mealtime challenges	6 Offered alternative food/beverages
3 Consulted Dietitian if intake 50% or less for at least 2 meals/day for 3 consecutive days	7 Refer to Meal and Leisure Companion Program
4 Patient Care Plan/Report Tool updated	8 Other (specify)

B = Breakfast L = Lunch S = Supper

Intake % - record either 0, 25, 50, 75 or 100 (or NPO, if applicable)

Date DD/MMM/YYYY	Meal	Intake %	If intake is 50% or less, ask patient these 2 questions.		Initials	Action Completed (if applicable)	Initials
			Is your appetite less than usual? If yes, specify. If no, write no.	Do you have mealtime challenges? If yes, specify. If no, write no.			
	B						
	L						
	S						
	B						
	L						
	S						
	B						
	L						
	S						
	B						
	L						
	S						
	B						
	L						
	S						
	B						
	L						
	S						

My Meal Intake Tool – adapted with permission from Canadian Malnutrition Task Force (McCullough & Keller, 2016).

Chart Copy

## Guidelines for Use

Special Instructions	By Whom
1. Implement the Patient Meal Intake Record on admission and weekly until discharge.	Unit Staff
2. Addressograph	Unit Assistant/Clerk
3. At Breakfast each day, write in new date.	Health Care Aide or Nurse
4. Daily at each meal, visually assess the patient meal tray for amount of food/fluid consumed. As needed, refer to the Patient Food Intake poster in patient room. Record % under "Intake" column.	Health Care Aide or Nurse
5. If intake is 50% or less: a) Ask patient if appetite is less than usual. If yes, refer to legend at top of record and determine cause. Write corresponding number (or specify, if "Other") in appetite column. If appetite is not less than usual, write "No". b) Ask patient if mealtime challenges are present. If yes, refer to legend at top of record and determine cause. Write corresponding number (or specify, if "Other") in mealtime challenges column. If no mealtime challenges present, write "No".	Health Care Aide or Nurse
6. Staff recording above information to write their initials in designated column.	Health Care Aide or Nurse
7. If appetite is less than usual and/or mealtime challenges were present, if applicable, take appropriate corrective action. Refer to legend at top of record and write corresponding number (or specify, if "Other") in Action Completed column. If not applicable, write N/A.	Health Care Aide or Nurse
8. Staff completing the Corrective Action to write their initials in designated column.	Health Care Aide or Nurse
9. At end of shift, transcribe % meal(s) consumed on Nursing Flowsheet and review information on Patient Meal Intake Record for trends.	Nurse
10. Make entry in the Integrated Progress Notes when more detailed documentation is required.	Nurse
11. Place completed Patient Meal Intake Record form(s) in patient medical chart.	Unit Assistant/Clerk