

NUTRITIONAL STATUS

Resident _____

Date _____

Triggers:		Check if applicable
J1550C	Dehydrated	
K0200A, B	Height, Weight	
K0300	Weight loss	
K0500A	Parenteral/IV	
K0500C, D	Mechanically altered diet, Therapeutic diet	
M0200-M0900	Pressure ulcer	
Evaluate:		
B	Communication or Sensory deficit	
C	Cognitive deficit	
D	Mood problem, Poor appetite or overeating	
E	Behavior problem	
F0400D, F0800G	Likes snacks between meals	
G, GG	Assistance required with eating, Decline in ADLs, ROM	
H0100C	Ostomy losses	
I	Anemia, Cancer, Gastrointestinal diagnosis	
I2900-I3400	Metabolic disorder	
J1100	Shortness of breath	
J1550	Fever, vomiting, or dehydration	
K0100	Swallowing problem	
K0500B	Feeding tube	
L0200F	Mouth pain or chewing problem	
M	Pressure ulcer, skin treatment	
O0400H	Restorative nursing program for Eating and/or Swallowing	
Complete medication review		
Food allergies		
Leaves significant portion of food uneaten		
Abnormal lab values		
Any diagnosis that effects appetite or ability to feed self		
Environmental factors		
Proceed with care-planning		
Do not proceed with care-planning		
Underlying Causes / Complicating factors / Risks / Referrals		
Comments:		