

# Nursing Nutrition Assessment

|                          |      |                           |        |
|--------------------------|------|---------------------------|--------|
| <b>Name:</b>             |      |                           |        |
| <b>Age:</b>              |      | <b>Date of Admission:</b> |        |
| <b>Gender:</b>           | Male | Female                    | Other: |
| <b>Medical Record #:</b> |      |                           |        |

|   |    |
|---|----|
| <b>Clinical Information</b>                   |    |
| Diagnosis:                                    |    |
| Current Medical Condition:                    |    |
| Allergies:                                    |    |
| <b>Anthropometric Measurements</b>            |    |
| Height:                                       | cm |
| Weight:                                       | kg |
| BMI (Body Mass Index):                        |    |
| % Ideal Body Weight:                          |    |
| <b>Dietary History</b>                        |    |
| Food Preferences:                             |    |
| Dietary Restrictions:                         |    |
| Special Diets (e.g. vegetarian, gluten-free): |    |
|   |    |
| Nutritional Supplements:                      |    |
| <b>Nutritional Intake</b>                     |    |
| Usual Daily Food Intake:                      |    |
|   |    |
| Recent Changes in Appetite:                   |    |
|   |    |
| Oral Intake Tolerance:                        |    |
|   |    |

Difficulty Swallowing:

Yes       No

**Nutritional Risk Factors**

Unplanned Weight Loss:

Yes       No

Chronic Illness:

Yes       No

Recent Surgery:

Yes       No

Gastrointestinal Disorders:

Food Allergies:

Medication Affecting Nutritional Status:

**Physical Assessment**

Muscle Wasting:

Yes       No

Edema:

Yes       No

Skin Integrity:

**Laboratory Data**

Albumin Level: g/dL

Prealbumin Level: g/dL

Hemoglobin Level: g/dL

Total Lymphocyte Count: cells/mm<sup>3</sup>

**Nutritional Goals**

Short-term Goals:

Long-term Goals:

**Interventions**

Diet Modification:

Nutritional Counseling:

Enteral Nutrition:

Yes       No

Parenteral Nutrition:

Yes       No

Monitoring and Follow-up:

**Educational Needs**

Nutritional Education for Patient and Family:

Meal Planning and Preparation:

Importance of Adequate Hydration:

**Documentation**

Documented Food and Fluid Intake:

Yes       No

Changes in Nutritional Status:

Yes       No

Collaborative Interdisciplinary Communication:

**Follow-up Plan**

Scheduled Follow-up with Dietitian:

Reassessment of Nutritional Status:

**Nursing Notes**

Nurse's Name:

Date: