

Nursing Nutrition Assessment

Name:			
Age:		Date of Admission:	
Gender:	Male	Female	Other:
Medical Record #:			

Clinical Information	
Diagnosis:	
Current Medical Condition:	
Allergies:	
Anthropometric Measurements	
Height:	cm
Weight:	kg
BMI (Body Mass Index):	
% Ideal Body Weight:	
Dietary History	
Food Preferences:	
Dietary Restrictions:	
Special Diets (e.g. vegetarian, gluten-free):	
Nutritional Supplements:	
Nutritional Intake	
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/mm³

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: