



NUTRITIONAL ASSESSMENT - INITIAL / ANNUAL

State Form 50199 (R2/10-07)
LARUE D. CARTER MEMORIAL HOSPITAL

Ht/Date: Wt/Date: BMI: Age: BP:

AWR: Diet order:

Medications:

Lab data/Date:

| | | |
|---------------------|-------------------------|----------------|
| RBC-x10E6/ μ L: | gluc-mg/dl: | chol-mg/dl: |
| Hgb-g/dl: | BUN-mg/dl: | TG-mg/dl: |
| Hct-%: | Cr ⁺ -mg/dl: | HDL-mg/dl: |
| MCV-fL: | Na-mEq/L: | VLDL-mg/dl: |
| MCH-pg: | K- mEq/L: | LDL-mg/dl: |
| | alb-g/dl: | LDL/HDL ratio: |

Food likes:

Food dislikes:

Food allergies/ Religious restrictions:

Diet history prior to admission:

Recent wt. loss/gain:

Problem(s):

Long term goal:

Short term goals/recommendations:

- Lose/Gain wt.
- Maintain present nutritional status – check wt. and lab values.
- Supplement with:
- Reduce/Maintain blood sugar WNL.
- Reduce/Maintain BP WNL.
- Reduce chol/TG to WNL.
- Increase physical activity
- Labs needed:

Nutritional Risk Level based on information currently available:

High Moderate Low

Comments:

1. Pt accepts foods from the following food groups:

- Meat/Meat substitute
- Milk/Milk substitute
- Fruit
- Vegetable
- Bread Cereal

2. Appetite: Good; Fair; Poor
 Routinely skips meal(s)

3. Patient experiencing possible drug-food interactions/side effects:

- Constipation/Diarrhea
- Dry mouth
- Difficulty chewing/swallowing
- Increased thirst/urination
- Decreased/Increased appetite
- Nausea/Vomiting

4. Family history of (relationship):

- CHD
- DM
- HTN

5. Patient instructed on the rationale of _____ diet

6. Educational material(s) provided: _____

7. Patient's comprehension of diet: _____