

Alteration in Nutrition: Less Than Body Requirements

Actual Potential

| Related To: <i>[Check those that apply]</i> | |
|--|--|
| <input type="checkbox"/> Dysphagia <input type="checkbox"/> Absorptive disorders <input type="checkbox"/> Anorexia <input type="checkbox"/> Cancer <input type="checkbox"/> Chemotherapy/Biotherapy <input type="checkbox"/> Depression <input type="checkbox"/> Infection <input type="checkbox"/> Lack of knowledge of adequate nutrition | <input type="checkbox"/> Nausea and vomiting <input type="checkbox"/> Radiation Therapy <input type="checkbox"/> Stress <input type="checkbox"/> Other: _____ _____ _____ |

| As Evidenced By: <i>[Check those that apply]</i> | |
|--|--|
| Major: <i>(Must be present)</i> | <input type="checkbox"/> Reported inadequate food intake less than recommended daily allowance with or without weight loss and/or actual or potential metabolic needs in excess of intake <input type="checkbox"/> Weight 10% to 20% or more below ideal for height and frame <input type="checkbox"/> Decreased serum albumin and total protein |
| Minor: <i>(Must be present)</i> | <input type="checkbox"/> Tachycardia on minimal exercise and bradycardia at rest <input type="checkbox"/> Muscle weakness and tenderness |

| Initials | Signature |
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Created October 23, 2012



| Date & Initials | Plan and Outcome <i>[Check those that apply]</i> | Target Date: | Nursing Interventions <i>[Check those that apply]</i> | Date Achieved: |
|----------------------------|---|---------------------|---|-----------------------|
| | <p>The patient will:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Experience adequate nutrition through oral/parenteral intake. <input type="checkbox"/> Experience an increase in the amount or type of nutrients ingested. <input type="checkbox"/> Gain weight. <input type="checkbox"/> Other: _____ | | <ul style="list-style-type: none"> <input type="checkbox"/> Assess and document patient's dietary history, patterns of ingestion, and intolerance to foods. <input type="checkbox"/> Assess patient's likes and dislikes. <input type="checkbox"/> Teach techniques to maintain adequate nutritional intake and stimulate appetite: <ul style="list-style-type: none"> • Administer/instruct patient on good oral hygiene before and after meals • Maintain pleasant environment for patient <input type="checkbox"/> Assess proper denture fit. <input type="checkbox"/> Educate patient to medicate self prior to meals per physician's orders. <input type="checkbox"/> Consult with dietitian re: <ul style="list-style-type: none"> • Calorie count • Change in food consistency • Spacing meals • Provision of high caloric supplements • Provision of high protein supplements • Food intolerances/preferences • Dietetic teaching • Food selection • Therapeutic diet restrictions: _____ <input type="checkbox"/> Consult with Speech/Swallow Therapy re: <ul style="list-style-type: none"> • Strengthening exercises • Swallowing disorders <input type="checkbox"/> Educate patient on environmental support to improve intake: <ul style="list-style-type: none"> • Assure patient is alert and responsive before eating • Sit upright 60-90 degrees for 15-20 minutes before, during, and after eating • Decrease distractions • Demonstrate patience by providing specific directions until finished • Assure good mouth care <input type="checkbox"/> Weigh patient every visit <input type="checkbox"/> Other: _____ | |

| Initials | Signature |
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