

## DIETITIAN CONSULTING SERVICE, LLC

## PARENTERAL NUTRITION ASSESSMENT

Admission Date:

Does resident accept diet/texture (if applicable)? Yes/No Explain:						Da	ite:						
DATA COLLECTION	SUBJECT	TIVE:											
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Pertinent Diagnosis & PMH:	Does resid	ient accept diet/textu	re (11 applicable)? Yes	/NO E	кріаіп:		_						
Pertinent Diagnosis & PMH:													
Parenteral Nutrition Order:   Dextrose:	DOB: Age: Gende				ler:	Food Allergies/Intolerances:							
Parenteral Nutrition Order:   Dextrose:	Pertinent 1	Diagnosis & PMH:											
Dextrose:	1 01 01110110 1	e ingliosis et i ivili											
Dextrose:													
Amino Acid: = (g/ml/liters/day) = Kcals from AA: /24 hours  Lipids: = (g/ml/liters/day) = Kcals from Lipids: /24 hours  Diet/NPO:													
Lipids:													
Diet/NPO:													
Height: Weight: UBW: BMI:  Weight History/ Sig. Wt. Change (5% in 1 month, 7.5% in 3 months, 10% in 6 months):  Mental Status: Communication:  Skin Integrity: Bowel Abnormalities:  Chewing/Swallowing Status: Other:  MEDICATIONS  HEDICATIONS  LABORATORY DATA  DATE LAB RESULT DATE LAB RESULT  Albumin Sodium  Pre-Albumin Potassium  Hemoglobin Phosphorus						1							
Weight History/ Sig. Wt. Change (5% in 1 month, 7.5% in 3 months, 10% in 6 months):  Mental Status:  Communication:  Skin Integrity:  Bowel Abnormalities:  Other:  MEDICATIONS  LABORATORY DATA  DATE LAB RESULT DATE LAB RESULT  Albumin Sodium  Pre-Albumin Potassium  Hemoglobin Phosphorus	Diet/NPO	:			Oral Intake:	Oral Intake:							
Mental Status:  Skin Integrity:  Chewing/Swallowing Status:  Other:  MEDICATIONS  MEDICATIONS  LABORATORY DATA  DATE LAB RESULT DATE LAB RESULT  Albumin Sodium  Pre-Albumin Potassium  Hemoglobin Phosphorus	Height:	Weight:			UBW:	UBW: BMI:							
Skin Integrity:  Chewing/Swallowing Status:  Other:  MEDICATIONS   MEDICATIONS  LABORATORY DATA  DATE LAB RESULT DATE LAB RESULT  Albumin Sodium  Pre-Albumin Potassium  Hemoglobin Phosphorus	Weight Hi	istory/ Sig. Wt. Chan	ge (5% in 1 month, 7.5	% in 3	months, 10% in	n 6 months):							
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Pre-Albumin Potassium Hemoglobin Phosphorus	DATE		RESULT		DATE		RESULT						
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Hematocrit BUN													
MCV Creatinine Calcium Transferrin													
Cholesterol Osmolality													
Triglyceride													
Glucose/HbA1C		Glucose/HbA1C											

Resident Name: \_\_\_\_\_Admit#: \_\_\_\_Physician: \_\_\_\_\_Room: \_\_\_\_\_

Estimated Nutritional Needs:	Calories:		
Zominica i adi idolini i acus.			
Parenteral Nutrition Supplies:			
Suppues.			
Comments:			
NUTRITION DIAGNOSIS:	No Nutrition Diagn	nosis at this time.	
	No Nutrition Diagn	nosis at this time.	Signs & Symptoms:
		nosis at this time.	Signs & Symptoms:
NUTRITION DIAGNOSIS:  Problem:		nosis at this time.	Signs & Symptoms:  Signs & Symptoms:
Problem:	Etiology:	nosis at this time.	
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Problem:  INTERVENTIONS:  (Nutrition Prescription, Food or Nu.	Etiology:  Etiology:  trient Delivery, Nutr.	ition Education or Cou	Signs & Symptoms:  unseling, Coordination of Care, etc)
Problem:  INTERVENTIONS:  (Nutrition Prescription, Food or Nut	Etiology:  Etiology:  trient Delivery, Nutra	ition Education or Cou	Signs & Symptoms:  unseling, Coordination of Care, etc)
Problem:  INTERVENTIONS:  (Nutrition Prescription, Food or Nutrition Prescription)  Goal(s):  MONITORING & EVALUATION: _	Etiology:  Etiology:  trient Delivery, Nutra	ition Education or Cou	Signs & Symptoms:  unseling, Coordination of Care, etc)
Problem:  INTERVENTIONS:  (Nutrition Prescription, Food or Nu.)  Goal(s):	Etiology:  Etiology:  trient Delivery, Nutra	ition Education or Cou	Signs & Symptoms:  unseling, Coordination of Care, etc)