



**Nutritional Status Documentation Worksheet**

NAME \_\_\_\_\_ MR# \_\_\_\_\_ ENCOUNTER# \_\_\_\_\_ DATE \_\_\_\_\_  
 (To be completed by UTMC Nutritional Services Department after nutritional screening performed.)

The definition of malnutrition is based on consensus AND/ASPEN guidelines **OR** through clinical evaluation by a member of UTMC's Metabolic Support Services. Malnutrition may be graded by the presence of any **2** or more of the following **6** clinical characteristics in the highest category (i.e. - 4 none & 2 moderate = "moderate malnutrition")

**1) Evidence of Reduced Oral Intake** (TEER = total estimated energy requirements):

	<u>NONE</u>	<u>MODERATE:</u>	<u>SEVERE:</u>
Acute illness	<input type="checkbox"/>	<input type="checkbox"/> > 7 dys w/ $\leq 75\%$ TEER intake	<input type="checkbox"/> $\geq 5$ dys w/ $\leq 50\%$ TEER intake
Chronic illness	<input type="checkbox"/>	<input type="checkbox"/> > 1 mo w/ $\leq 75\%$ TEER intake	<input type="checkbox"/> $\geq 1$ mo w/ $\leq 75\%$ TEER intake
Env/Soc contribs	<input type="checkbox"/>	<input type="checkbox"/> > 3 mo w/ $\leq 75\%$ TEER intake	<input type="checkbox"/> $\geq 1$ mo w/ $\leq 50\%$ TEER intake

**2) Unintended Weight Loss** (BBW = patient's baseline body weight):

Patient's weight @ admission = \_\_\_\_\_ Kgs and current BMI = \_\_\_\_\_

Pt's previous BBWs (Kgs):  
 1 wk \_\_\_\_\_ 1 month \_\_\_\_\_ 3 months \_\_\_\_\_ 6 months \_\_\_\_\_ 1 year \_\_\_\_\_

	<u>NONE</u>	<u>MODERATE:</u>	<u>SEVERE:</u>
	<input type="checkbox"/>	<input type="checkbox"/> 1- 2% BBW over 1 week	<input type="checkbox"/> > 2% BBW over 1 week
	<input type="checkbox"/>	<input type="checkbox"/> $\leq 5\%$ BBW over 1 month	<input type="checkbox"/> > 5% BBW over 1 month
	<input type="checkbox"/>	<input type="checkbox"/> $\leq 7.5\%$ BBW over 3 months	<input type="checkbox"/> > 7.5% BBW over 3 months
	<input type="checkbox"/>	<input type="checkbox"/> $\leq 10\%$ BBW over 6 months	<input type="checkbox"/> > 10% BBW over 6 months
	<input type="checkbox"/>	<input type="checkbox"/> $\leq 20\%$ BBW over 1 year	<input type="checkbox"/> > 20% BBW over 1 year

**3) Loss of Subcutaneous Fat:** = none MODERATE: mild SEVERE: moderate severe  
 (triceps, ribs, orbital)

**4) Loss of Muscle Mass:** = none mild moderate severe  
 (temples, pects/delts, quads/gastrocs)

**5) Localized or Generalized Fluid Accumulation:**

Extremity Edema (hand/arm, ankle/leg)	=	none	mild (1+)	moderate (2+)	severe (3+ to 4+)
Vulvar/Scrotal Edema	=	none	mild	moderate	severe
Generalized Edema	=	none	mild	moderate	severe

**6) Measures of Phys Func & Performance via Hand Grip Strength (lbs./in<sup>2</sup>):**

excellent	good	<u>MODERATE:</u> average	fair	<u>SEVERE:</u> poor
		( $\geq 1$ std dev above norm)		( $\geq 2$ std devs above norm)

Signature: \_\_\_\_\_ Date & Time: \_\_\_\_\_

\*This form adapted from: White, Jane V. et al., "Consensus Statement of the Academy of Nutrition and Dietetics/American Society for Parenteral and Enteral Nutrition: Characteristics Recommended for the Identification and Documentation of Adult Malnutrition (Undernutrition)," *Journal of the Academy of Nutrition and Dietetics*, May 2012, Volume 112, Number 5, pgs 729-738.