

Nutrition Status Classification Worksheet

SECTION A. NUTRITION HISTORY

1. Please check ALL that apply. (The #'s correspond to Nutrition History rating categories)			
Chewing problems	(2)	Diarrhea	(3)
Constipation	(2)	Swallowing problems	(3)
Nausea	(2)	Vomiting	(3)
Feeding assistance required	(2)	None of above	(1)
Limited Activities of Daily Life	(2)	Info. on pt. not available (Leave Box 1 Blank)	
Restricted ambulation	(2)		
<u>Looking at the boxes you checked, place the highest corresponding value in BOX 1</u>			1.
2. Please check ONE of the following describing the patient's appetite:			
Good	(1)	None	(4)
Fair	(2)	Info. not available (Leave Box 2 Blank)	
Poor	(3)		
Place the # corresponding to the rating you checked in BOX 2.			2.
Compare the values in 1 and 2. Place the larger of the two in BOX A. This is the ACTUAL nutrition history rating.			A.
You may wish to adjust the rating based on other pt. information. If so, place the ADJUSTED rating in BOX A'.			A'.

SECTION C. % IDEAL BODY WEIGHT

Patient's Height	1.	Patient's current weight	2.
Frame size (default = medium)	3.	Ideal body weight (Calculate from ht./wt. tables)	4.
If the patient's height or weight is MISSING, STOP and Leave BOX C BLANK.			
Calculate % of ideal body weight: $(2/4)*100=$			5.
Using the value in box 5, find the patient's ACTUAL % of body weight rating in the table below. Place this rating in BOX C.			C.
If you wish you may adjust the rating based on other pt. information. Place the ADJUSTED rating in BOX C'.			C'.
% Ideal Body Weight Scores			
Value From Box 5 Above	90-119	81-89 or 120-129	75-80 or 130-149
Rating	1	2	4

SECTION B. UNINTENTIONAL WEIGHT LOSS

NOTE: STOP here and leave BOX B BLANK if any of the following is true:	
<ul style="list-style-type: none"> - past weight data or time frame is missing or > 6 months old - patient has gained weight or weight is stable - wt. loss is due to diuresis, amputation or sensible dieting 	
If not stated, assume wt. loss is unintentional.	
Use data on the patient's most recent weight loss (unintentional only) to perform the following calculations:	
Enter the previous weight and date.	Wt _____ 1. Date _____ 2.
Enter the current weight and date.	Wt _____ 3. Date _____ 4.
Calculate the following:	
Weight Change: 1-3=	_____ 5.(Lbs or Kgs)
Time Period: 2-4=	_____ 6.(Mos)
If 5 >0, calculate:	
% Weight Loss: $(5/1)*100=$	_____ % 7.
Using 6 (time) and 7 (percent) find the correct rating from the table below. Place this ACTUAL rating in BOX B.	
B.	
You may wish to adjust the rating based on other pt. information. If so, place the ADJUSTED rating in BOX B'.	
B'.	

Unintentional Weight Loss Ratings

Percent	Time Period			
	<2 Weeks	2 Weeks-<2Months	2 Months-<4 Months	4 Months-<6 Months
<2	1	1	1	1
2-4.9	4	3	2	2
5-7.4	4	4	3	2
7.5-9.9	4	4	4	2
10-14.9	4	4	4	3
>=15	4	4	4	4

SECTION D. DIET

Circle the patient's current diet(s) in the table below. Place the corresponding rating in BOX D (use the highest if more than one). NOTE: If the patient's diet is "DEFAULT" or there is NO ORDER, STOP here and leave BOX D BLANK. If you wish to adjust the rating based on other pt. info, place the ADJUSTED score in BOX D'.

D.	D'.
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Rating	Diet Name	Rating	Diet Name	Rating	Diet Name
(2)	ADA/Wt. reduction	(3)	Fluid restriction (<1000cc)	(4)	PPN
(4)	Clear liquids > 3 Days	(2)	Lactose free	(3)	Protein restricted
Blank	Clear liquids ≤ 3 days	(2)	Low fat/Low cholesterol	(1)	Regular
(2)	Consistency other than mechanical	(1)	Mechanical	(2)	Sodium restricted
(2)	Drug-nutrient interaction	(3)	Mineral restricted other than sodium	(4)	TPN
(2)	Dysphagia	Blank	NPO ≤ 3 days	(3)	Tube feeding, Stable
		(4)	NPO > 3 days	(4)	Tube feeding, unstable
					Other (specify) _____

SECTION E. DIAGNOSIS

Circle ALL of the patient's diagnoses in the table below. Find the diagnosis with the HIGHEST corresponding rating and place that rating in BOX E. A "rule out" diagnosis should be given the same RATING as the diagnosis itself. This is not a complete list, so please refer to the instructional manual for further detail. If no exact or close match exists, use your professional judgement. Place any ADJUSTED rating in BOX E'.

E.	E'.
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Rating	Diagnosis	Rating	Diagnosis	Rating	Diagnosis
(3)	AIDS	(3)	Fracture, traumatic		Psychological disorders:
(2)	Alzheimer's disease	(2)	Fracture, other	(2)	Eating disorders
(2)	Angina		GI disease:	(1)	Others
	Cancer:	(3)	W/ malabsorp. or maldigest.		Pulmonary disease:
(3)	Head & neck	(2)	All others	(3)	O2 dependent
(3)	GI tract	(4)	GI obstruction	(4)	Failure requiring vent
(2)	All others	(4)	Hepatic coma	(2)	Peripheral vascular disease
(2)	Cardiac disease	(4)	Hepatic encephalopathy		Radiation therapy:
(3)	Cardiomyopathy	(1)	HIV+	(3)	Head & neck
(3)	Chemotherapy	(1)	Hypertension (HTN)	(3)	GI tract
(3)	Congestive heart failure	(4)	Ileus	(2)	All others
(2)	COPD, stable	(3)	Infection w/ fever	(2)	Renal disease
(3)	COPD, unstable	(3)	Liver disease	(4)	Acute renal failure
(2)	CVA	(4)	Malnutrition	(3)	Chronic renal failure
(2)	Dementia	(3)	Neurological disorders: coma	(3)	Spinal cord injury (SCI), new
(2)	Diabetes: controlled	(2)	Neurological disorders: others	(4)	Sepsis
(3)	Diabetes: uncontrolled	(2)	Nutritional anemia	(2)	Substance abuse
(3)	Diabetes: newly diagnosed	(2)	Pneumonia	(1)	Surgeries; all not mentioned
(3)	Dysphagia			(2)	Tuberculosis

SECTION F. ALBUMIN LEVEL

Put the patient's most RECENT Albumin level (g/dl) in box 1.					1.
Find the Albumin value in the table below and record the corresponding rating in BOX F.					
Alb.	No data OR > 6 Wks. old				
Rating	Leave Blank	1	2	3	4
Place the actual Albumin RATING in BOX F.					F.
If you wish to adjust the rating based on other pt. information, place the ADJUSTED rating in BOX F'.					F'.

SECTION G. TOTAL LYMPHOCYTE COUNT

Place the patient's most RECENT TLC (cells/cmm) in BOX 1.						1.
Find the TLC value in the table below and record the corresponding rating in BOX G.						
TLC	No data OR > 6 Wks. old	>1500	1200-1499	800-1199	<799	
Rating	Leave Blank	1	2	3	4	
Place the actual RATING in BOX G.						G.
If you wish to adjust the rating based on other pt. information, place the ADJUSTED rating in BOX G'.						G'.

OVERALL RATING Transfer ratings of individual indicators to the following boxes.

ACTUAL	A	B	C	D	E	F	G	Determine an overall rating for the patient using your clinical judgment and place here.	OVERALL
ADJUSTED	A'	B'	C'	D'	E'	F'	G'		