

NUTRITIONAL SCREENING ☐ No Problem Assessed

Oral diet prescribed: _____

☐ Enteral feeding: _____☐ Oral supplements: _____**ONE (1) POINT**

- ☐ Diabetes
- ☐ GI Mobility or Absorption Disorder
- ☐ Renal Failure – Abnormal lab K>5.5 BUN>100
- ☐ Severe Anemia – Abnormal labs HGB<9.0, Depressed HCT, MCV, MCHC
- ☐ Shortness of Breath, decreased ability to eat or drink
- ☐ Dry mouth, mouth soreness, alteration in smell or taste
- ☐ Special Diet (specify): _____
- ☐ Diarrhea lasting more than 5 days
- ☐ Nausea or vomiting more than 3 days per week
- ☐ Oral Intake less than 50% of usual for 10 consecutive days
- ☐ Involuntary weight loss in past 6 months
- ☐ Pressure Ulcers/Wounds (Stage I & II)
- ☐ Chewing Difficulties
- ☐ Impaired Swallowing

TOTAL POINTS:**TWO (2) POINTS**

- ☐ Active AIDs
- ☐ Pressure Ulcer/Wounds (Stage III & IV)
- ☐ Cancer or oral pharynx and/or GI tract
- ☐ Major Burns
- ☐ Lab: Albumin 3.0 or less
- ☐ COPD dependant on O₂
- ☐ Pitting Edema (3+ - 4+)

THREE (3) POINTS

- ☐ Lab: Albumin <2.6
- ☐ Enteral Nutrition
- Other (specify): _____
- _____
- _____
- _____



- **Less than 5 points** - No dietician referral at this time
- **5-6 points** - Nurse/Dietician Telephone Consult. Dietician will make recommendations
- **7 points** - Request Dietician consult (phone contact or visit with patient)