

Nutrition Risk Assessment

Name _____ Adm date _____ Rm _____ Assess type _____

DOB _____ Age _____ Sex: M F Advance directive _____ Physician _____

Diagnosis _____

Ht (in) _____ Wt (lb) _____ Wt (kg) _____ Usual body wt range _____ BMI _____

BEE _____ Activity factor _____ Injury factor _____ Total cal _____ Total protein _____ g (_____ g/kg)

Total fluids _____ cc (_____ cc/kg) Fluid restriction _____

Diet order _____ Food allergies/sensitivities _____

Supplement/snacks _____ Cultural/religious preferences _____

Risk Factor	No/Low Risk (0 pts)	Moderate Risk (1 pt)	High Risk (3 pts)	MDS Ref	Pts	Comments
Weight status; loss or gain	BMI 19-27 No weight change	<5% wt change in 30 days; <7.5% within 90 days; or <10% within 6 mo	BMI <19 or >27 ≥5% wt change in 30 days; ≥7.5% in 90 days; or ≥10% within 6 mo	J, K, E		
Oral/nutrition intake; food	Intake meets 76-100% of estimated needs	Intake meets 26-75% of estimated needs	Intake meets ≤25% of estimated needs	AC, J, K		
Oral/nutrition intake; fluids	Consumes 1,500-2,000 cc/day	Consumes 1,000-1,499 cc/day	Consumes < 1,000 cc/day	AC, J, K		
Medications; nutrition-related	0-1 drugs/day	2-4 drugs/day	5 or more drugs/day	O		
Relevant conditions and diagnoses	HTN, DM, heart disease, or other controlled diseases/conditions	Anemia, infection, CVA (recent), fracture, UTI, alcohol abuse, drug abuse, COPD, edema, surgery (recent), osteoporosis, hx of GI bleed, food intolerances and allergies, poor circulation, constipation, diarrhea, GERD, anorexia, Parkinson's	Cancer (advanced), septicemia, liver failure, dialysis, ESRD, Alzheimer's, dementia, depression, dehydration, dysphagia, radiation/chemo, active GI bleed, chronic nausea, vomiting, ostomy, gastrectomy, fecal impaction, uncontrolled diseases or conditions	E, H, I, J, M, P		
Physical and mental functioning	Ambulatory, alert, able to feed self, no chewing or swallowing problems	Out of bed w/assistance, motor agitation (tremors, wandering), limited feeding assistance, supervision while eating, chewing or swallowing problems, teeth in poor repair, ill-fitting dentures or refusal to wear dentures, edentulous, taste and sensory changes, unable to communicate needs	Bedridden, inactive, total dependence, extensive or total assistance or dependence while eating, aspirates, tube feeding, TPN, mouth pain	A, B, E, G, L, P		
Lab values	Albumin and other nutrition-related lab values WNL	Albumin 3.0-3.4 g/dL, 1-2 other nutrition-related labs abnormal	Albumin less than 3.0 g/dL, 3-5 other nutrition-related labs abnormal	P		
Skin conditions	Skin intact	Stage I/II pressure ulcers or skin tears not healing, hx of pressure ulcers, stasis ulcer, fecal incontinence	Stage III/IV pressure ulcers or multiple impaired areas	M		
Overall Risk Category: 0-2 points: NO/LOW RISK 3-7 points: MODERATE RISK ≥8 points: HIGH RISK						

Total Points: _____ Overall Risk Category: _____

Signature: _____ Date: _____

Instructional Guide for **Nutrition Risk Assessment**

Nutrition risk is determined by the presence of characteristics that are associated with an increased likelihood of poor nutritional status. This includes various non-acute or chronic diseases and conditions, unintended weight change, inadequate or inappropriate food/fluid intake, dependency, disability, chronic medication use, and abnormal lab values. The Nutrition Risk Assessment form is designed for use in nursing facilities and can be used as the assessment form. This form may be adopted and modified based on the needs of the facility.

Frequency: The Nutrition Risk Assessment form should be completed on the same cycle as the Minimum Data Set (MDS) as follows:

- (I) Initial, upon admission as part of nutrition assessment
- (Q) Quarterly, with each care plan review if nutrition changes are identified in the MDS
- (SC) With each significant change in condition, if nutrition-related
- (R) Readmission
- (A) Annual review

Data collection: The Nutrition Risk Assessment data will be collected by a registered dietitian (RD); dietetic technician, registered (DTR); or as appropriate, the certified dietary manager (CDM).

Form completion: The Nutrition Risk Assessment form will be completed, signed, and dated by a qualified dietetic professional (ie, RD, DTR).

Procedures

1. Complete the top of the form as indicated. The 'assessment type' is determined by the frequency (see Frequency above).
2. After reviewing the resident's medical record, interviewing the resident and/or family, monitoring the resident's actual dining performance (eg, intake, positioning), and discussing with pertinent staff members, evaluate each resident for individual risk factors. Circle the description/terms that apply to the resident. Use the comment column to specify details of the assessment.
3. Record the appropriate number in the point column for each risk factor. The total for each risk factor cannot exceed three points.
4. If the resident falls into more than one category within a risk factor, assign the points for the most severe level. For example, if DM is controlled, but the resident receives dialysis, assign 3 points.
5. Total the number of points, determine the resident's Overall Risk Category, and record on the bottom of the form.
 - 0-2 points = No/Low Risk
 - 3-7 points = Moderate Risk
 - ≥8 points = High Risk
6. If the resident is identified to be at MODERATE or HIGH RISK for ANY risk factor, follow the appropriate Strategies/Interventions that follow and document in nutrition progress notes and care plan. Strategies/Interventions are guides to consider using in view of residents' identified needs.
7. The nutrition professional must communicate with the interdisciplinary team to coordinate care for residents at risk.
8. File the Nutrition Risk Assessment form in the Nutrition Section of the clinical record or in the appropriate section identified by the facility and communicate recommendations to appropriate team members.
9. Do not count vitamin and mineral supplements as medications. Use progress notes to document needs.
10. Document lab values obtained within the past quarter.