

**NUTRITIONAL SCREEN**  
Corvallis Manor Nursing and Rehab (051)

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9/14/2009 2:46 PM  
QA7000A

alias, alias (1)

Date: 09/14/2009

Birthdate

Age

Gender

M

SSN

Admit Date

Readmit Date

Physician

Diagnoses

276.52 Hypovolemia

787.20 DYSPHAGIA NOS

Allergies

**Nursing Assessment**

**Score**

- ♦ WHAT IS THE RESIDENT'S ABILITY TO COMMUNICATE?
  - Shows indifference to questions
  - Clearly responds to nutrition Questions
  - Confused
  - Non Verbal

1
- ♦ WHAT IS THE RESIDENT'S GENERAL HEALTH?
  - Chronic Illness
  - Stable
  - Acute Illness
  - Terminal or Failure to Thrive

1
- ♦ WHAT IS THE RESIDENT'S GENERAL WEIGHT CHANGE OVER THE LAST 6 MONTHS?
  - Consistant no changes
  - Significant
  - Severe

1
- ♦ IS THE RESIDENT RECEIVING A MECHANICALLY ALTERED DIET?
  - None
  - Altered texture or viscosity
  - Both texture and fluid viscosity are altered
  - NA

2
- ♦ IS THE RESIDENT RECEIVING PARENTERAL NUTRITION, IV HYDRATION OR ENTERAL TUBE FEEDING
  - No Usage
  - NA
  - Parenteral nutrition, IV hydration or enteral tube feeding

2
- ♦ FOOD INTAKE AT MEALS REFLECT?
  - 25% or less
  - Eats 76-100%
  - Eats 51-75%
  - Eats 25-50%

1
- ♦ FLUID INTAKE AT MEALS REFLECT?
  - 361 cc's or >
  - 241-360cc's
  - 121-240cc's
  - 0-120cc's

2
- ♦ DOES THE RESIDENT HAVE ANY RELEVANT CONDITIONS AND / OR DIAGNOSES?

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☐ No or Low Risk:

HTN, DM, heart disease or other controlled diseases/conditions

☐ Moderate Risk:

Anemia, infection, CVA (recent), Fx, UTI, ETOH abuse, drug abuse, COPD, edema, surgery (recent), osteoporosis, hx of GI bleed, food intolerances and allergies, poor circulation, constipation, diarrhea, GERD, anorexia, Parkinson's

☒ High Risk:

Cancer (advanced), septicemia, liver failure, ESRD, Alzheimers, dementia, depression, dehydration, dysphagia, radiation/chemo, active GI bleed, chronic nausea, vomiting, ostomy, gastrectomy, fecal impaction, uncontrolled diseases or conditions.

3

• DOES THE RESIDENT REQUIRE ASSISTANCE WITH MEALS?

☐ Independent / Independent after set up

☐ Total Dependence for intake from the staff

☒ RA Dining, Adaptive equipment, cueing, etc..

1

• DOES THE RESIDENT HAVE A WOUND OR SKIN ISSUES?

☐ None

☐ Multi stage 2, or Amputation(s).

☐ Stage 1, 2 or Stasis ulcer

☒ Stage 3,4 or Multiple

3

• DOES THE RESIDENT HAVE ANY SWALLOWING PROBLEMS?

☐ No s/s of chewing or swallowing problems

☐ Oral Discomfort

☒ Identified chewing or swallowing problems

☐ Recent Aspiration or Tube Feeding

1

• WHAT IS THE RESIDENT'S CURRENT SERUM ALBUMIN LEVEL?

☐ 3.5 or Higher

☐ Not Applicable

☒ 2.8 - 3.4

☐ 2.0 or lower

☐ 2.7

1

• INTERVENTIONS:

☐ Resident is in NAR MEETINGS (Nurtitional At Risk) and following the IDT recommendations

☐ WEEKLY WEIGHTS until weight is stable x 4 weeks

☐ Referred to Registered Dietician

☐ NA

☐ Insure the Resident needs are met in Dining Setting

☐ Implement indicated nutrition interventions protocols

☐ NA2

• COMPREHENSIVE ASSESSMENT SUMMARY

• QUARTERLY UPDATES

• QUARTERLY UPDATES

• QUARTERLY UPDATES:

• ☐ A low score does not necessarily constitute a low risk. It is simply a guide. The assessor must look at the Resident and apply clinical judgement. If in the assessors judgement the resident is at risk then the appropriate protocols should be implemented.

0

• ☒ FOR A SCORE OF 10 OR GREATER REFER TO REGISTERED DIETICIAN

0

Group Total: 19

GRAND TOTAL: 19

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COMPLETION INFORMATION			
Date/Time		Activity	Name
9/14/2009	2:45:00PM	Completed By	Amy Floreen