

Nutrition Care Plan

ETIOLOGIES

- I am at risk for potential alteration of nutrition and/or weight status related to Diagnosis of:

- I have experienced significant weight changes
- My BMI indicative of:
Underweight/Overweight/Obesity
- I need a Therapeutic Diet, that may alter likeliness of adequate consumption.
- I need a Mechanical Alteration of Food/Fluids, that may alter likeliness of adequate consumption r/t Dysphagia, Swallow/Chew Diff, Poor Oral/Dental condition
- I have a skin impairment, history of, or potential for skin impairment
- I take medications with potential of Nutrition related Side Effects:

- I have Food Allergies/Intolerances that may alter likeliness of adequate consumption

- I need Enteral/Parenteral Nutrition support
- I am receiving Hospice/Comfort Care/Palliative Care

GOAL

- My intakes will be adequate to maintain nutrition status as evidenced by: Maintenance of UBW/Current weight without significant changes
- My nutrition related labs within acceptable ranges r/t Age, Dx(s), and Medical History
- I will tolerate my prescribed diet texture without difficulty or s/s of Dysphagia/Aspiration/Chewing/Swallowing/Oral Pain difficulties
- My skin impairment will heal and/or show signs of improvement
- I do not want to have s/s Fluid imbalance
- Maintenance of my weight and skin integrity are impaired, as my nutritional needs are not met or maintained.
- Maintain my comfort and help me be without complaints of hunger or thirst
- I will tolerate Enteral/Parenteral artificial support without s/s intolerance
- I want to gain/lose weight, with my goal weight to be _____, without significant changes.

INTERVENTIONS

- Serve my diet as ordered, recording amount of consumption
- Serve my Supplements/Snacks as ordered
- Honor my preferences and Offer alternate items if my consumption is poor
- Assist me, as needed, for eating/drinking
- Provide me Adaptive equipment as ordered
- Monitor me for s/s of Dysphagia, Swallow/Chew Diff
- Provide my Medications as ordered
- Monitor my nutritionally related labs PRN/as referred
- Obtain and evaluate my weights, upon admission, as ordered/per policy, and/or at minimum monthly. Notifying my physician, dietitian and family of any significant changes.
- Provide me Speech therapy as ordered
- Provide me Diet education PRN
- Encourage me to consume Fluids
- Help me to maintain my Fluid restriction as ordered
- Monitor my skin integrity via supportive documentation
- Coordinate my care with:
- Administer my flushes as ordered.
- Administer my artificial nutrition support as ordered
- Check proper placement of my tube prior to every feeding/flush/medication administration
- Check my residuals as ordered and/or per policy
- Keep my head of bed >30 degrees during and after feeding/flush/medication administration
- Monitor for my benefit versus risk of potential complications of continued enteral/parenteral nutrition
- I am NPO
- Review me per weight/skin meeting

NAME: _____ PHYSICIAN: _____ MR: _____ RM: _____