

Nutrition Risk Assessment

A: DETAILS OF SERVICE USER							
Name:		Age:			DOB:		
BMI:		WEIGHT:			HEIGHT:		
B: NUTRITIONAL PROFILE							
FUNCTION	ASSESSMENT						TOTAL SCORE
	Observation	SCORE	Observation	SCORE	Observation	SCORE	
WEIGHT	Usual weight & steady.	0	Recent weight loss; more than 4 kg in one month.	2	Thin or weight loss exceeding 8 kg in 2 months.	4	
APPETITE	Usual appetite. Able to eat all food & drinks offered at meals and in between.	0	Reduced appetite. Leaves up to half food offered at mealtimes.	1	Little or no appetite. Refuses meals & drinks OR unable to eat (e.g. unconscious).	2	
ABILITY TO EAT	Able to eat & drink normally / independently.	0	Has difficulty in chewing & swallowing OR requires help cutting & transferring food to mouth.	1	Unable to eat or drink.	2	
MEDICAL CONDITION	Uncomplicated medical conditions. MI, CVA, Asthma. No interruption to food intake.	0	Minor surgery. GI disease. Long bone fracture. Anaemia. Skin sore but redness.	1	Cancer. Severe infection. NBM for longer than 24 hours. Actual pressure sore	2	
GUT FUNCTION	Normal gut function.	0	Feels nauseous. Diarrhoea and / or vomiting.	1	Profuse diarrhoea and / or vomiting, or gut not functioning.	2	TOTAL
C: IDENTIFICATION OF PROBLEM							
Date	Problem			Identified on Admission		Score	
LOW RISK (0-2)	No action necessary		Check weight weekly		Re-assess if condition changes		
MEDIUM RISK (2-5)	Check weight weekly		Encourage with eating & drinking		Repeat score after 1 week & refer to dietitian if no improvement		
HIGH RISK (>6)	Refer to dietitian						

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Name:	Age:	DOB:
BMI:	WEIGHT:	HEIGHT:

D: TREATMENT GOALS, OUTCOMES & FOLLOW-UP

PERSONS CONDUCTING PRELIMINARY NUTRITIONAL ASSESSMENTS:

Name: _____ Position: _____ Signature: _____ Date: _____

Name: _____ Position: _____ Signature: _____ Date: _____

PERSONS CONDUCTING FOLLOW-UP NUTRITIONAL ASSESSMENTS:

Name: _____ Position: _____ Signature: _____ Date: _____

Name: _____ Position: _____ Signature: _____ Date: _____