

NAME _____

Imbalanced Nutrition/Less than Body Requirements

Date	Problem	Goal/Outcome	Interventions	Date	Evaluation	NOTES
	Related to Diagnosis of (state) AEB: <i>(check/circle all that apply)</i> <input type="checkbox"/> BMI < 15 <input type="checkbox"/> Inability to ambulate independently <input type="checkbox"/> SOB on exertion <input type="checkbox"/> other (state)	<i>(circle all that apply)</i> 1. Gain 1-2 lbs./month 2. Verbalize understanding of high calorie/protein diet 3. Maintain food diary at least 3 days/week	NURSING 1. Initial and ongoing nursing assessment /Review of Systems 2. Assess and monitor weight/BMI _____(frequency) 3. Assess skin turgor/color _____(frequency) 4. Assess VS (T/P/R/BP) _____(frequency) 5. Teach behavior modification strategies to increase caloric intake (specify/list) 6. Encourage keeping a food diary at least 3 days a week 7. Encourage a minimum of 16 oz. of water intake daily; a minimum daily fluid intake of 32 oz. 8. Consult Dietician as needed 9. Other (state)		<i>(Address all items circled in "goal/outcome" column. If goal not met, revise plan)</i>	

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			<p>DELEGATE</p> <ol style="list-style-type: none"> 1. Assist with meds as ordered/directed 2. Check Vital Signs (T/P/R/BP) _____ (freq) 3. Weigh _____ (freq) 4. Assist with ADLs as directed/needed 5. Encourage daily exercise according to ability 6. Monitor and encourage high calorie food/liquid intake 7. Monitor and assist with food diary 8. Document I & O <ol style="list-style-type: none"> a. Encourage a minimum fluid intake of 32 ounces/day b. Notify MAS Nurse if no BM in 3 days 7. Other (list) 			
RN SIGNATURE:			DATE:			