

## Community Dietetics ‘Nutrition and Hydration’ Assessment Pack

Date

Name of patient: Given Name Surname

**Mr/Mrs** Surname **has been referred to the Community Dietitians.**

In order for us to complete a full and comprehensive assessment of your resident’s NUTRITION AND HYDRATION, please complete the enclosed pack and 3 day food & drink diary.

Name of person completing assessment.....

How <b>often</b> do you <b>WEIGH</b> resident ?	Weekly / Every 2 weeks / Monthly  Other
How do you <b>WEIGH</b> resident ?	Stand on scales / Sit on scales / Hoist scales
<b>Current WEIGHT</b>	
Previous <b>WEIGHTS</b> <i>(Up to 6 months records, if possible)</i>	
<b>WEIGHT LOSS</b> over the past 6 months	
<b>HEIGHT</b>	<i>Actual:</i> or <i>Estimated:</i>
<b>BODY MASS INDEX</b>	
<b>MUST score</b>	<p><b>For further information: <a href="http://www.bapen.org">www.bapen.org</a> or <a href="http://www.bfwh.nhs.uk/communitydietetics">www.bfwh.nhs.uk/communitydietetics</a></b></p>

Please circle the appropriate response and add any comments, if appropriate:

<p>Appetite</p>	<p>Poor / Fair / Good</p> <p><u><i>If appetite Poor or Fair, for how long and possible reason:</i></u></p>
<p>Self-feeding</p>	<p>Yes / No / Partial assistance</p>
<p>Problems with chewing</p> <p>Dentition (teeth)</p>	<p>Yes / No</p> <p>No problems / problematic</p>
<p>Problems with Swallow</p> <p>Are Speech and language therapists involved ?</p> <p><b>Food</b> texture modified</p> <p><b>Drinks</b> modified</p>	<p>Yes / No</p> <p>Yes / No</p> <p><u><b>IDDSI Levels</b></u></p> <p>Level 7 – Regular – Easy To Chew</p> <p>Level 6 - Soft &amp; Bite sized</p> <p>Level 5 – Minced &amp; Moist</p> <p>Level 4 – Pureed</p> <p>Level 3 - Liquidised</p> <p>Level 0 – Thin</p> <p>Level 1 – Slightly Thick</p> <p>Level 2 – Mildly Thick</p> <p>Level 3 – Moderately Thick</p> <p>Level 4 – Extremely Thick</p> <p>➤ <b>For further information:</b> <a href="http://www.iddsi.org">www.iddsi.org</a></p>
<p>Nausea or Vomiting</p>	<p>Yes / No</p>

Problems with bowels	Yes / No
Pressure sore or Ulcer or Skin tear	Yes / No
Pain	Yes / No
Mobility	Bedbound / sits out / independently mobile
Regular visitors who bring food	Yes / No
Behavioural	<ul style="list-style-type: none"> <li>❖ Wanders during day and at mealtimes</li> <li>❖ Prefers to eat with hands</li> <li>❖ Pooling of food in mouth</li> <li>❖ Eats other residents food</li> <li>❖ Sleepiness at mealtimes</li> <li>❖ Food refusal</li> <li>❖ Mouth clamping</li> <li>❖ Taste Changes</li> </ul>

## Food First & Homemade Nourishing Drinks

For further information:- [www.bfwh.nhs.uk/communitydietetics](http://www.bfwh.nhs.uk/communitydietetics)

Do you offer <b>SMALL &amp; OFTEN</b> meals?	Yes / No
What ' <b>HIGH CALORIE SNACKS</b> 'do you offer?	
How do you <b>FORTIFY</b> Breakfast, Lunch and Evening meal?	
How many <b>FULL FAT PUDDINGS</b> do you offer each day?	
Do you offer a <b>HIGH CALORIE NIBBLE BOWL</b> ?	Yes / No
Do you offer <b>HIGH CALORIE FINGER FOODS</b> ?	Yes / No
What <b>HOMEMADE NOURISHING DRINKS</b> do you offer?	
Do you offer <b>HOMEMADE HIGH CALORIE ORAL SHOTS</b> ?	

<p><b>WHAT CHANGES HAVE YOU MADE TO RESIDENTS FOOD &amp; DRINK INTAKE SINCE REFERRAL</b></p>	<p>1. 2. 3. 4. 5.</p>
<p><b><u>PLEASE STATE ANY:</u></b>  <b>PRESCRIBED SIP FEEDS OR ORAL SHOTS</b></p>	

**Please complete a Food & Drink chart for 3 days (as overleaf)**

*Example of how to complete:-*

Meal	Food offered	Refused	Number of spoons eaten	Eaten half	Eaten all
Breakfast	Porridge with full fat milk + 1 dessertspoon of sugar  1 slice of toast with butter & marmalade  200ml cup of Tea		3 spoons     100mls	✓	

**RECORD OF FOOD & FLUID INTAKE**

Date \_\_\_\_\_

Given Name Surname    Date of Birth    NHS Number

<b>MEAL</b>	<b>Food offered (please include both food and fluids )</b>	<b>Refused</b>	<b>Number of spoons eaten</b>	<b>Eaten half</b>	<b>Eaten all</b>
<b>Breakfast</b>					
<b>Mid-morning</b>					
<b>Lunch</b>					
<b>Mid-afternoon</b>					
<b>Evening meal</b>					
<b>Supper</b>					
<b>Late evening</b>					
<b>Overnight</b>					

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