PEDIATRIC COMPLEX CARE PLATFORM | منصة رعاية الأطفال ذوي الحالات الطبية المعقدة

CLINICAL TOOL · PEDIATRIC COMPLEX CARE PLATFORM

Nutritional Assessment Tool (NAT)

A structured template for the nutritional and feeding assessment of children with medical complexity, including oral and tube feeding

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DOCUMENT TYPE	PUBLISHED	NEXT REVIEW DUE
Clinical Assessment Tool	October 2026	October 2028
OWNER	**VERSION**	**APPLIES TO**
Pediatric Complex Care Platform	1	Pediatric patients

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Intended for healthcare professionals as a clinical documentation aid. Apply with clinical judgment and in line with local protocols.

1 Patient Details

Patient's name: _____ **Patient's ID:** _____ **Date:** _____

ID: _____

PAST MEDICAL HISTORY (PMHX)

1. _____
2. _____
3. _____

ACTIVE ISSUES

1. _____
2. _____
3. _____

2 Review of Systems

Emesis: _____ **Bowel movements:** _____ **Voiding:** _____

3 Oral (PO) Feeding

Feeds (specify texture): _____

Fluids (specify consistency): _____

CHOKING / COUGHING WITH PO INTAKE

☐ No ☐ With solids ☐ With liquids ☐ With solids & liquids

Frequency of choking/coughing events: _____

Duration to complete feeding: _____

Positioning during feeding: _____ ☐ Optimal feeding position reviewed

Use of bottle/utensils: _____

4 Swallowing Assessment

TYPE OF ASSESSMENT

☐ Clinical assessment ☐ Swallowing study **Date:** _____

Findings: _____

_____

Recommendations: _____

_____

Aspiration risk: ☐ Yes ☐ No ☐ Unknown

Occupational therapist: _____ **Speech-language pathologist:** _____

5 Feeding Tube

Indication

☐ Oropharyngeal dysphagia / aspiration risk with oral intake

☐ Inadequate oral intake / poor growth or malnutrition

☐ Prolonged or inefficient oral feeding

☐ Craniofacial or upper gastrointestinal abnormalities affecting oral feeding

☐ Need for specialized enteral nutrition not adequately achievable orally

☐ Inability to reliably administer essential medications orally

☐ Inadequate oral fluid intake / need for enteral hydration

☐ Gastric decompression / venting

☐ Other: _____

A. General tube information *Applicable to all enteral tubes, as relevant*

Tube type	☐ NG ☐ NJ ☐ G ☐ GJ ☐ J
Device type / brand	
Tube size (Fr)	
Tube length / stoma length (cm), if applicable	
External tube marking at nostril (cm), for NG/NJ	
Date of insertion / last replacement	
Next planned replacement date	
Previous complications with insertion or replacement	

B. Gastrostomy / jejunostomy-specific information *G / GJ / J tubes*

Date of initial stoma creation	
Balloon volume (mL), if applicable	
Balloon water replacement frequency, if applicable	
Stoma care frequency	
Emergency tube kit available	☐ Yes ☐ No
Number of spare tubes available with family	

Stoma / tube complications

☐ None ☐ Granuloma ☐ Contact dermatitis

☐ Bacterial infection ☐ Fungal infection ☐ Ulceration

☐ Loose tube ☐ Insecure attachment ☐ Leak around tube

☐ Bleeding around tube ☐ Abnormal drain color ☐ Others: _____

Treatment of complication: _____

_____

6 Tube Feeding

Route: _____ **Recipe / feed:** _____

FEEDING SCHEDULE

☐ Bolus feeding

Volume: _____ mL/feed

Administration time: _____ min

Frequency: every _____ hours / _____ feeds per day

Timing: _____

☐ Continuous feeding

Rate: _____ mL/hr

Duration: _____ hours/day

Timing: _____

☐ Intermittent / cyclic feeding

Rate: _____ mL/hr

Feeding duration: _____ hours/cycle

Rest period: _____ hours/cycle

Number of cycles: _____ /day

Timing: _____

Volume

Total feed volume/day _____ mL

Total flush volume/day _____ mL

TFI _____ mL/kg/day

Calories

kcal/mL _____

kcal/day _____

kcal/kg/day _____

Protein

g/day _____

g/kg/day _____

Flushing schedule

Fluid: _____

FEEDING-RELATED FLUSHES

_____ mL before feeds

_____ mL after feeds

_____ mL every _____ hours

MEDICATION-RELATED FLUSHES

_____ mL before medications

_____ mL between medications

_____ mL after medications

Medications administered _____ times/day

Other: _____

Venting

Type: _____

Frequency: _____

Positioning during feeding

_____

☐ Optimal feeding position reviewed

7 Estimated Requirements & Intake

Estimated daily requirements

Calories: _____ kcal/kg/day

Volume: _____ mL/kg/day

Protein: _____ g/kg/day

Other nutrients provided by patient's diet

Calcium: _____ mg/day (RDA _____ mg/day)

Vitamin D: _____ IU/day (RDA _____ IU/day)

Others: _____

8 Growth & Laboratory Monitoring

Measurements

Last weight: _____ kg **Date:** _____

> **Plot weight on growth curve.**

Frequency of weight checks: _____

Scale: _____

Nutritional blood work

Date of last nutritional blood work: _____

Abnormal findings: _____

_____

_____

Nutritional Blood Work (as clinically indicated)	
Hematology	CBC, iron profile (Fe, TIBC, TSAT, transferrin) / ferritin
Electrolytes	Na, K, Cl, Ca, Mg, phosphate
Organ function	Renal function; liver biochemistry
Bone metabolism	ALP, 25-OH vitamin D ± PTH
Trace elements	Zinc, copper, selenium
Vitamins	A, E, B12, folate
Carnitine	Particularly if at risk of deficiency
Serum proteins	Albumin, prealbumin
Urine	Calcium/creatinine ratio, when indicated
Inflammation	CRP, to interpret inflammation-sensitive markers

9 Team, Medications & Plan

Dietitian: _____

GI MEDICATIONS	PLAN
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____