

## Nutritional Assessment Tool (NAT)

**PATIENT'S NAME:**

**PATIENT'S ID:**

**DATE:**

**ID:**

**PMHx:**

1. \*\*\*
2. \*\*\*

**Active issues:**

1. \*\*\*
2. \*\*\*

**ROS:**

- Emesis:
- Bowel movements:
- Voiding:

**PO feeding:**

Feeds (specify texture):

Fluids (specify consistency):

Chocking/coughing with PO intake:

- No
- With solids
- With liquids
- With solids & liquids

Frequency of chocking/coughing events:

Duration to complete feeding:

Positioning during feeding:

- Optimal feeding position reviewed

Use of bottle/utensils:

Swallowing assessment:

Type of assessment:

- Clinical assessment
- Swallowing study

Date:

Findings:

Recommendations:

Aspiration risk:  Yes  No  Unknown

Occupational therapist:

Speech-language pathologist:

**Tube:**

Indication:

- Dysfunctional swallowing/risk of aspiration with PO intake
- Need for special diet
- Cranio-facial abnormalities
- Failure to thrive/poor growth
- Medications necessary for health
- Administration of fluids to maintain TFI
- Severe GERD/GI dysmotility

<b>Tube</b>			
Type		Last change date	
Size		Complications with change (date)	
Balloon volume		Next change date	
Balloon volume change (frequency)		Stoma care (frequency)	
Emergency GT kit available	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of tubes available with family	

Stoma/tube complications:

<b>Complication</b>	
<input type="checkbox"/>	None
<input type="checkbox"/>	Granuloma
<input type="checkbox"/>	Contact dermatitis
<input type="checkbox"/>	Bacterial infection
<input type="checkbox"/>	Fungal infection
<input type="checkbox"/>	Ulceration
<input type="checkbox"/>	Loose tube
<input type="checkbox"/>	Insecure attachment
<input type="checkbox"/>	Leak around tube
<input type="checkbox"/>	Bleeding around tube
<input type="checkbox"/>	Abnormal drain color
<input type="checkbox"/>	Others:

Treatment of complication:

**Tube feeding:**

Route:

Recipe/feed:

Schedule:

- Bolus: \_\_\_ mL over \_\_\_ min q \_\_\_ hr (timing \_\_\_\_\_)
- Continuous: \_\_\_ mL/hr x \_\_\_ hr (timing \_\_\_\_\_)

Volume:

- Total feed volume/day: \_\_\_ mL
- Total flush volume/day: \_\_\_ mL
- TFI: \_\_\_ mL/Kg/day

Calorie:

- Kcal/ounce:
- Kcal/day:
- Kcal/Kg/day:

Protein:

- g/day:
- g/Kg/day:

Flushes:

- Fluid:
- Schedule:
  - \_\_\_ mL pre-feeds, \_\_\_ mL post-feeds, \_\_\_ mL q \_\_\_ hr
  - \_\_\_ mL with meds
  - \_\_\_

Venting:

- Type:
- Frequency:

Positioning during feeding:

- Optimal feeding position reviewed

**Estimated daily requirements:**

Calorie: \_\_\_ Kcal/Kg/day

Volume: \_\_\_ mL/Kg/day

Protein: \_\_\_ g/Kg/day

**Other nutrients provided by patient's diet:**

Ca: \_\_\_ mg/day (RDA: \_\_\_ mg/day)

Vitamin D: \_\_\_ IU/day (RDA: \_\_\_ IU/day)

Others:

**Measurements:**

Last weight (date): \_\_\_ Kg, date:

- **Plot weight on growth curve**

Frequency:

Scale:

**Nutritional BW:**

Date of last nutritional BW:

Abnormal findings:

**Dietitian:**

**GI meds:**

1. \*\*\*
2. \*\*\*

**Plan:**

1. \*\*\*
2. \*\*\*

Annual Nutritional Blood Work
CBC
Ferritin, TIBC, Fe, CRP
Glucose
Urea, Cr, electrolytes (K, Na, Cl)
Extended lytes (Ca, Mg, Phos)
Liver enzymes
iCa, ALP, PTH
Trace elements, zinc
Albumin, pre-albumin
Homocysteine
25-OH Vit D, Vit A, Vit E, Vit B12