

**NUTRITION CARE PLAN**

LAST NAME		PIN	
FIRST NAME		ROOM	
MIDDLE NAME		AGE	
DATE ADMITTED		SEX	
ATTENDING MD		WEIGHT (KG)	
<b>TOTAL CALORIE REQUIREMENT</b>	Wt(kg) _____ x _____ = <input type="text"/> calorie factor kcal/day		
<b>TOTAL PROTEIN REQUIREMENT</b>	Wt(kg) _____ x _____ = <input type="text"/> calorie factor gm/day		
<b>ELECTROLYTES</b>	<input type="checkbox"/> Standard Dose <input type="checkbox"/> Specific →	<input type="text"/>	
<b>VITAMINS</b>	<input type="checkbox"/> Standard Dose <input type="checkbox"/> Specific →	<input type="text"/>	
<b>TRACE ELEMENTS</b>	<input type="checkbox"/> Standard Dose <input type="checkbox"/> Specific →	<input type="text"/>	
<b>NUTRACEUTICALS</b>	<input type="checkbox"/> Glutamine <input type="checkbox"/> Omega-3-Fatty Acid <input type="checkbox"/> Antioxidants	<input type="checkbox"/> Standard Dose <input type="checkbox"/> Specific →	<input type="text"/>
<b>FORMULATION</b>	<input type="checkbox"/> Standard Diet <input type="checkbox"/> Special Diet → <input type="checkbox"/> Oral supplement → <input type="checkbox"/> Enteral nutrition → <input type="checkbox"/> Parenteral nutrition →	Specifics <input type="text"/>	
<b>ACCESS / ROUTE</b>	<input type="checkbox"/> Oral <input type="checkbox"/> NGT <input type="checkbox"/> PEG <input type="checkbox"/> Peripheral parenteral	<input type="checkbox"/> Surgical Gastrostomy <input type="checkbox"/> Jejunostomy (surgical) <input type="checkbox"/> PEG - J <input type="checkbox"/> Central parenteral	
<b>DELIVERY METHOD</b>	Standard Diet Specifics	<input type="text"/>	
	Enteral <input type="checkbox"/> Bolus → <input type="checkbox"/> Gravity → <input type="checkbox"/> Enteral pump → Parenteral nutrition →	Volume and rate <input type="text"/>	
<b>MONITORING</b>	<input type="checkbox"/> Calorie count	Frequency	
	<input type="checkbox"/> Weight		
	<input type="checkbox"/> Serum Albumin		
	<input type="checkbox"/> Others		
Performed By (Name/Sign)			Date