

NUTRITION SCREENING

Patient Data			
Last Name		Height (meters)	
First Name		Weight (kg)	
Room Number		BMI *	
Attending MD			
Clinical Impression			

Questions	Yes	No
• Is BMI < 20.5? *		
• Has the patient lost weight within the last three (3) months? **		
• Did the patient have a reduced dietary intake in the last week? **		
• Is the patient severely ill (e.g. in intensive therapy)? **		
<input type="checkbox"/> Current Status: No nutritional risk <input type="checkbox"/> Current Status: NUTRITIONALLY AT RISK; Nutritional Assessment Needed		
References: * World Health Organization. <i>Physical status: the use and interpretation of anthropometry</i> . Geneva, Switzerland: World Health Organization; 1995 WHO Technical Report Series ** Kondrup J, Allison SP, Elia M, Plauth M. <i>ESPEN Guidelines for Nutrition Screening 2002</i> . Clin Nutr 2003; 22(4): 415-21		

