

Oncology Toolkit Table of Contents

1. Overview of Oncology Toolkit
2. Medical Nutrition Therapy Protocol Forms for Implementing Oncology Evidence-Based Nutrition Practice Guideline
 - a. Medical Nutrition Therapy Summary Page for Breast Cancer
 - b. Medical Nutrition Therapy Summary Page for Colorectal Cancer
 - c. Medical Nutrition Therapy Summary Page for Esophageal Cancer
 - d. Medical Nutrition Therapy Summary Page for Gastric Cancer
 - e. Medical Nutrition Therapy Summary Page for Head and Neck Cancer
 - f. Medical Nutrition Therapy Summary Page for Hematologic Malignancies
 - g. Medical Nutrition Therapy Summary Page for Lung Cancer
 - h. Medical Nutrition Therapy Summary Page for Pancreatic Cancer
 - i. Medical Nutrition Therapy Flowchart of Encounters for Oncology
 - j. Medical Nutrition Therapy Encounter Process for Oncology
3. Documentation Forms
 - a. Instructions for Medical Nutrition Therapy Sample Referral Form
 - b. Sample Referral Form: Referral for Medical Nutrition Therapy
 - c. Medical Nutrition Therapy Oncology Initial Progress Note
 - d. Medical Nutrition Therapy Oncology Follow-Up Progress Note
 - e. Examples of Oncology Nutrition Diagnosis PES Statements
 - f. Sample Initial Documentation Note: Head and Neck Cancer Case
 - g. Sample Follow-Up Documentation Note: Head and Neck Cancer Case
4. Outcomes Management Forms
 - a. Outcomes Management: Nutrition Monitoring and Evaluation
 - b. Outcomes Management Forms in Excel
 1. Outcomes Monitoring Form
 2. Sample Outcomes Monitoring
 3. Aggregate Data Graphs
5. Appendices
 - a. Appendix 1: Table of Contents Patient Education Materials
Patient Education Materials
 - b. Appendix 2: Table of Contents Professional Clinical References
Professional Clinical References
 - c. Appendix 3: Patient Library Recommendations
 - d. Appendix 4: Oncology Outpatient Screening Criteria Suggestions
 - e. Appendix 5: Home Tube Feeding Checklist: Pump
 - f. Appendix 6: Home Tube Feeding Checklist: Gravity Drip
 - g. Appendix 7: Feeding Tube Schedule
 - h. Appendix 8: Head and Neck Cancer Survivors Diet Resources
 - i. Appendix 9: Nutrient Table
 - j. Appendix 10: The Cancer Survivorship Care Plan
Survivorship Care Plan Summary Forms:
 - a) Breast Cancer
 - b) Colorectal Cancer
 - c) Esophageal Cancer
 - d) Gastric Cancer
 - e) Head and Neck Cancer
 - f) Hematologic Malignancies
 - g) Prostate Cancer

**Medical Nutrition Therapy Summary Page for Oncology Nutrition:
Pancreatic Cancer**

Setting: Ambulatory Care or adapted for other health care settings (Adult 18 years old or older)

Goal: Supportive MNT to prevent treatment interruptions

Encounter	Length of contact	Time between encounters
1	30-45 minutes	Initial
2 or more	15-30 minutes	Ongoing as needed

Outcome Assessment Factors	Expected Outcomes of MNT	Ideal/Goal Value of MNT
Summary of Oncology Nutrition Evidence-based Recommendations		
Biochemical Data and Anthropometric Measurements		
<p>Height, weight, BMI usual weight, percent weight loss</p> <p>See <i>ON Toolkit Appendix 2: Professional Clinical References: <u>Cancer and Nutrition Screening</u> section: "ADA Pocket Guide to Nutrition Assessment"; "Nutrition Screening, Triage...." Karnofsky Score section</i></p> <p>Determining energy needs: Resting metabolic rate (RMR) via Indirect Calorimetry or using HBE equation with actual body weight, adjusted for physical activity level</p>	<p>Patient is able to state the importance of maintaining adequate hydration during chemotherapy.</p>	<p>For all patients: Minimize weight loss during cancer treatment.</p>
<p>Labs (As determined by co-morbid conditions, such as HgA1C for DM, thyroid panel for hypothyroidism, etc.; check glucose levels if patient is on steroids).</p> <p>See <i>ON Toolkit Appendix 2: Professional Clinical References: <u>Assessment</u> section: "ADA Pocket Guide to Nutrition Assessment"</i></p>		

Food or Nutrient Delivery		
<p>Food Variety and Energy Intake</p> <p>See <i>ON Toolkit: Appendix 2: Professional Clinical Reference Cancer and Nutrition-Specific</i> section: <i>Clinical Guide to Oncology Nutrition</i>, 2nd edition, p. 100-104 Management of <i>Nutrition Impact Symptoms in Cancer and Education Handouts: Recipes</i> section See <i>ON Toolkit: Appendix 3: Patient Library Recommendations: Treatment-Related Cookbook list</i></p>	<p>Patient is able to tolerate foods during chemotherapy</p> <p>Patient or caregiver is able to select nutrient-rich food sources with medical food supplement or enteral nutrition.</p>	<p>Ideal Goals: Adequate calorie intake to maintain weight</p> <p>Adequate protein intake.</p>
<p>Fluid intake</p> <p>See <i>ON Toolkit: Appendix 1: Patient Education Materials: Fluids and Dehydration</i> section</p> <p>See <i>ON Toolkit: Appendix 2: Professional Clinical References: Management of Nutrition Impact Symptoms in Cancer and Education Handouts</i></p>	<p>Patient is able to state reason for maintaining adequate hydration during cancer treatment</p> <p>Patient or caregiver is able to identify signs and symptoms of dehydration</p> <p>Patient is able to state the daily goal of drinking at least 48-64 fluid ounces daily</p> <p>Patient is able to state the reason for drinking more fluids if experiencing diarrhea</p> <p>Patient can name several sources of fluids currently available at home.</p>	<p>Patient drinks adequate amounts of total fluids daily to keep saliva thin and to prevent dehydration</p> <p>Patient is able to avoid emergency intravenous hydration</p> <p>Patient is able to avoid interruption of planned treatment schedule.</p>

<p>Enteral and Parenteral Nutrition See <i>ON Toolkit: Appendix 2: Professional Clinical Reference Cancer and Nutrition Screening section</i>; "ADA Pocket Guide to Nutrition Assessment"; "Nutrition Screening, Triage...." ; <i>Karnofsky score</i> section <i>Enteral Feedings</i> section: "ADA Pocket Guide to EN", "Physical Signs Suggestive of"</p>	<p>Patient or caregiver is able to select nutrient-rich food sources with medical food supplement or enteral nutrition</p> <p>Patient is able to select medical liquid supplements or snacks to support food intake</p> <p>Arrangements are made for timely delivery of enteral nutrition supplies</p> <p>Arrangements are made for the patient or caregivers to receive education on the care and use of the feeding tube</p> <p>Patient or caregiver is able to follow a tube feeding schedule</p> <p>Patient is able to tolerate tube feedings and method of feeding (syringe, gravity-drip feeding bag and pump)</p> <p>Patient or caregiver is able to state the amount and purpose of water flushes.</p>	<p>Patient is able to tolerate medical food supplements</p> <p>Ideal Goals: Adequate calorie intake to maintain weight Adequate protein intake.</p> <p>Patient or caregiver is able to experience a smooth initiation of enteral feeding start-up, including delivery of supplies and patient education on the use and care of the feeding tube</p> <p>Patient is able to maintain weight weekly during treatment</p> <p>Patient is able to maintain adequate hydration weekly during treatment.</p> <p>Patient is able to follow the "Tube Feeding Schedule</p> <p>Patient or caregiver reports being able to achieve goal rate for enteral feedings</p> <p>Patient is not placed at risk for food-borne illness</p> <p>Patient or caregiver reports no problems with diarrhea, constipation, regurgitation, bloating, nausea or vomiting</p> <p>Patient or caregiver is able to maintain patency of the feeding tube.</p>
--	--	---

SAMPLE

<p>Texture modification See <i>ON Toolkit: Appendix 1:</i> Patient Education Materials: <u>Eating Tips</u> section; <u>Recipes</u> section</p> <p>See <i>ON Toolkit: Appendix 2:</i> Professional Clinical References: <u>Cancer and Nutrition-Specific</u> section: <u>Management of Nutrition Impact Symptoms in Cancer and Education Handouts</u>, "Possible Bowel Obstruction"; <u>Recipes</u> section.</p>	<p>Patient or caregiver is able to identify foods well tolerated</p> <p>Patient or caregiver is able to change the texture of food, if experiencing sore throat, duodenal stents, bowel constrictions or mouth sores.</p>	<p>Patient or caregiver is able to modify food textures to promote comfortable food intake.</p>
<p>Food preparation</p> <p>See <i>ON Toolkit: Appendix 1:</i> Patient Education Materials: <u>Blenderized Diet</u> section; <u>Recipe</u> section; <u>Food Safety</u> section</p> <p>See <i>ON Toolkit: Appendix 2:</i> Professional Clinical References: <u>Cancer and Nutrition-Specific</u> section: <u>Management of Nutrition Impact Symptoms in Cancer and Education Handouts</u></p> <p>See <i>ON Toolkit: Appendix 3:</i> Patient Library Recommendations: <u>Treatment-Related Cookbook list</u></p> <p>PEARL # 1 <i>If a patient has financial issues or lives alone with no caregiver, refer patient to the Social Worker for assistance.</i></p>	<p>Patient or caregiver is able to state various quick and simple cooking methods which can be used to minimize fatigue</p> <p>Patient or caregiver is able to use a blender for food preparation if needed.</p> <p>Patient or caregiver is able to identify safe food handling, preparation and storage practices.</p>	<p>Patient or caregiver is able to use cooking techniques to minimize fatigue</p> <p>Patient or caregiver is able to prepare meals that are well-tolerated</p> <p>Patient is not placed at risk for food-borne illness.</p>

<p>Eating frequency and pattern</p> <p>See <i>ON Toolkit: Appendix 2: Professional Clinical References: <u>Pancreatic Cancer</u></i> section</p>	<p>Patient is able to eat five to six small meals or snacks per day, including breakfast.</p>	<p>Patient tolerates foods eaten. <u>Ideal:</u> Adequate calorie intake to maintain weight</p> <p>Patient is able to eat adequate amounts of protein.</p>
<p>Vitamin or mineral intake</p> <p>See <i>ON Toolkit: Appendix 2: Professional Clinical References: <u>Assessment</u></i> section; <u>Cancer and Nutrition-Specific</u> section: <i>Clinical Guide to Oncology Nutrition</i>, 2nd edition, p.100-104 <u>Dietary Reference Database</u> section <u>Drug Information Database</u> section See <i>ON Toolkit Appendix 8: "Dietary Reference Intake..."</i></p>	<p>Maintains dietary reference intake of vitamins and minerals</p> <p>If patient is experiencing steatorrhea, water-miscible vitamins may be used to meet the dietary reference intake of vitamin and minerals.</p>	<p>Patient with multiple food allergies, or intolerances may require the use of dietary supplements (e.g., calcium, vitamin D for lactose intolerance)</p> <p>Patient has no Clinical symptoms of vitamin/mineral deficiency.</p>
<p>Use of dietary supplements</p> <p>See <i>ON Toolkit: Appendix 2: Professional Clinical References: <u>Cancer and Nutrition-Specific</u></i> section: <i>Clinical Guide to Oncology Nutrition</i>, 2nd edition, p.100-104 <u>Dietary Supplement Databases</u> section; <u>Bariatric surgery</u> section (<i>gastric bypass</i>); <u>Gastric Cancer</u> section (post-gastrectomy or total gastrectomy); <u>Integrative Therapies</u> section; <u>Pancreatic Cancer</u> section (pancreatic enzymes and steatorrhea management)</p> <p>See <i>ON Toolkit Appendix 8: "Dietary Reference Intake...."</i></p>	<p><u>Use of oral omega-3 fatty acid:</u> Intake of omega-3 fatty acid as a medical food supplement or oral supplement is not recommended:</p> <p>To alter prolonged acute phase response (Evidence: <u>Fair</u>)</p> <p>Or for anti-cachectic effects (Evidence: <u>Strong</u>)</p> <p>Patient understands risks and benefits dietary supplements.</p>	<p>Patient practices safe use related to dietary supplements.</p>

<p>Medication use</p> <p>See <i>ON Toolkit: Appendix 2: Professional References: <u>Cancer and Nutrition-Specific</u> section: <u>Clinical Guide to Oncology Nutrition</u>, 2nd edition, p.100-104; Chapter 15; <u>Chemo-Therapy</u> section; <u>Drug Information Database</u> section; <u>Pancreatic Cancer</u> section</i></p> <p>PEARL # 2 Encourage the patient to report ineffectiveness of any medications used for symptom management.</p>	<p>Patient is able to take medications properly to achieve maximum symptom relief. (E.g. nausea, diarrhea.) Patient or caregiver can describe symptoms of pancreatic enzyme insufficiency.</p> <p>If patient is experiencing steatorrhea, pancreatic enzymes and water-soluble vitamins may be used</p> <p>Patient or caregiver is able to adjust the use of pancreatic enzymes appropriately and as indicated with each meal and snack</p> <p>Patient or caregiver is able to identify potential food/drug interactions</p> <p>Patient or caregiver is able to alter medication administration schedule to avoid food or drug interactions.</p>	<p>Patient experiences no undesirable food or drug interaction</p> <p>Patient tolerates meals with use of pancreatic enzyme replacement</p> <p>Patient or caregiver is able to use all medications appropriately and as indicated.</p>
Behavioral/Environmental		
<p>Physical activity</p> <p>See <i>ON Toolkit: Appendix 2: Professional Clinical References: <u>Cancer and Nutrition Screening</u> section; <u>Karnofsky Score</u> section</i></p>	<p>Patient is able to participate with limited physical activity with assistance, such as activities of daily living during treatment.</p>	<p>Ideal: No change in PG-SGA, activities and functional level during treatment.</p>

Nutrition Counseling		
Behavior therapy See <i>ON Toolkit: Appendix 2: Professional Clinical References: Integrative Therapies</i> section; <i>Recipes</i> section PEARL #3 (Concept of “Food is Medicine” and changing one’s attitude about eating.) <i>Regardless of the ‘taste’ of any food you try to eat, your body needs the nourishment from foods. Eating is an important part of your treatment in which you have the control. Think of your food as your “medicine”. Your body needs it and do not let its “taste” prevent you from eating. Most medicines are not made only to ‘taste good’.</i>	Patient or caregiver can alter food choices when experiencing difficulty eating due to nausea, diarrhea or constipation.	Patient or caregiver is able to locate recipes and resources for use, when nutrition impact symptoms cause difficulty eating during treatment.

SAMPLE

Name: _____ MR# _____

Medical Nutrition Therapy Oncology Initial Progress Note

Name: _____ MR# _____ DOB: _____ Referring physician: _____ Date: _____

Age: _____ Ethnicity: _____ Spoken language: _____ Written language: _____

Medical Dx: _____ Time: start: _____ end: _____ total: _____

Type of treatment: Chemotherapy regimen: _____ Frequency: _____

Radiation: _____ Goal of cancer treatment: ___ Curative ___ Palliative

Nutrition Assessment

Patient states (chief complaint):

Anthropometric Measurements: Ht. _____ Wt. _____ Usual weight _____ BMI _____

Weight History (collect weekly weights for all medical diagnoses):

Weight	Date

√	SYMPTOM:	ASSESS:
	anorexia	early satiety/nausea/depression/taste difficulties
	diarrhea	consistency of stools, # watery stools/day)
	vomiting	anti-nausea meds, freq of use vs. instruction label
	hyperglycemia	steroid- induced, other medications
	nausea	triggers, onset, duration
	dysphagia	solid foods vs. beverages, swallow evaluation assessment completed?
	constipation	diet history, fiber content, dietary fiber supplements, adequate fluid intake, medications
	esophagitis	radiation treatment field—head/neck, mediastinal nodes, center of chest
	heartburn	GERD/overeating/tumor pressure/size of meals, frequency of meals, position after eating
	stomatitis/mucositis	cause; current medications for pain control
	taste changes	onset, seasonal allergies/ sinus problems, hx alcoholism—possible zinc deficiency
	weight loss	Usual weight Current weight Calculate % usual weight
	xerostomia/ dry mouth	consistency of saliva, fluid intake, oral thrush, oral hygiene

Medical Health History:

If PEG tube placed, indicate date:	Pre-treatment (circle): Y N
Pertinent surgeries (include date):	

Name: _____ MR# _____

Food/Nutrient Intake (oral, enteral or parenteral) and Patient Behaviors					
Calorie intake:	Amount	kcal	Inadequate	Adequate	Excessive
Protein intake:	Amount	g	Inadequate	Adequate	Excessive
Fluid intake:	Amount	ml	Inadequate	Adequate	Excessive
% fat intake:	Amount	%	Inadequate	Adequate	Excessive
Y	N				
		Uses medical food supplements: Name: _____ Amount: _____ ml Calories: _____ kcal			
		Protein: _____ g Fluid: _____ ml Fiber: _____ g			
		Cooking techniques to minimize fatigue			
		Currently modifying food textures			
		Able to maintain usual physical activity			

Nutrition Quality of Life: Tool used _____ Score (include total possible) _____
--

Additional Pertinent Information:

Nutrition Diagnosis (select priority nutrition diagnoses):	
Intake	
<input type="checkbox"/> Inadequate energy intake <input type="checkbox"/> Excessive intake <input type="checkbox"/> Inadequate oral food or beverage intake <input type="checkbox"/> Excessive oral food/beverage intake <input type="checkbox"/> Inadequate intake from enteral nutrition (EN) or parenteral nutrition (PN) infusion <input type="checkbox"/> Excessive intake from EN or PN infusion <input type="checkbox"/> Inappropriate infusion of EN or PN infusion <input type="checkbox"/> Inadequate fluid intake <input type="checkbox"/> Excessive fluid intake	<input type="checkbox"/> Inadequate bioactive substance intake <input type="checkbox"/> Excessive bioactive substance intake <input type="checkbox"/> Increased nutrient needs <input type="checkbox"/> Evident protein-energy malnutrition <input type="checkbox"/> Inadequate protein-energy intake <input type="checkbox"/> Imbalance of nutrients <input type="checkbox"/> Excessive fiber intake <input type="checkbox"/> Inadequate vitamin intake <input type="checkbox"/> Excessive vitamin intake
Clinical	
<input type="checkbox"/> Swallowing difficulty <input type="checkbox"/> Biting/chewing (masticatory) difficulty <input type="checkbox"/> Altered GI function <input type="checkbox"/> Impaired nutrient utilization <input type="checkbox"/> Altered nutrition-related laboratory values	<input type="checkbox"/> Food-medication interaction <input type="checkbox"/> Underweight <input type="checkbox"/> Involuntary weight loss <input type="checkbox"/> Overweight/obesity <input type="checkbox"/> Involuntary weight gain
Behavioral-Environmental	
<input type="checkbox"/> Food and nutrition-related knowledge deficit <input type="checkbox"/> Harmful beliefs/attitudes about food- or nutrition-related topics <input type="checkbox"/> Not ready for diet/lifestyle change	<input type="checkbox"/> Limited adherence to nutrition-related recommendations <input type="checkbox"/> Physical inactivity <input type="checkbox"/> Impaired ability to prepare foods/meals <input type="checkbox"/> Limited access to foods

Nutrition Diagnosis Statements (Nutrition Diagnosis, Related To (Etiology) As Evidenced By (Signs/Symptoms):

Nutrition Prescription (include nutrition needs, education, counseling, coordination of care):

Nutrition Interventions

Meal and Snacks:

- General/healthful diet _____
- Modify distribution, type or amount of food and nutrients within meals or at specified time _____
- Specific foods/beverages or groups _____
- Other: _____

Enteral Nutrition (EN) and Parenteral Nutrition (PN)

- Initiate EN or PN
- Modify rate, concentration, composition or schedule (ND-2.2)
- Discontinue EN or PN
- Insert enteral feeding tube
- Site care

Goal/Expected Outcome:

Vitamin and Mineral Supplements:

- Multivitamin/mineral
- Multi-trace elements
- Vitamin _____
- Mineral _____

Goal/Expected Outcome:

Medical Food Supplements (Type):

- Commercial beverage _____
- Commercial food _____
- Modified beverage _____
- Modified food _____
- Purpose _____

Goal/Expected Outcome:

Nutrition-related Medication Management:

- Initiate _____
- Dose change _____
- Form change _____
- Route change _____
- Administration schedule: _____
- Discontinue _____

Goal/Expected Outcome:

Initial/Brief Nutrition Education:

- Purpose of nutrition education
- Priority modifications:
Survival information
- Other: _____

Goal/Expected Outcome:

Nutrition Counseling:

- Theoretical basis/approach _____

- Strategy _____

Goal/Expected Outcome:

Comprehensive Nutrition Education:

- Purpose of the nutrition education _____
- Recommended modifications _____

- Advanced or related topics _____

- Result interpretation _____
- Skill development _____

- Other: _____

Goal/Expected Outcome:

Coordination of Other Care During Nutrition Care:

- Team meeting _____
- Referral to RD with different expertise _____
- Collaboration/referral to other providers (Cancer Center social worker, Onc. MD, swallow eval, etc.) _____
- Referral to community agencies/program (Meals On Wheels, food bank, American Cancer Society programs, Oley Foundation) _____

Goal/Expected Outcome:

Discharge & Transfer of Nutrition Care to New Setting or Provider

- Collaboration/referral to other providers
- Referral to community agencies/programs (Durable Medical Equipment provider, home care services, etc.)

Goal/Expected Outcome:

Monitoring and Evaluation (follow-up plan)

Food/Nutrition-related History Outcomes		
<p>Food and Nutrient Intake:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Caregiver/companion <input type="checkbox"/> Total energy intake <input type="checkbox"/> Oral fluid amounts <input type="checkbox"/> Liquid meal replacement or supplement <input type="checkbox"/> Amount of food <input type="checkbox"/> Types of food/meals <input type="checkbox"/> Meal/snack pattern <input type="checkbox"/> Food variety <input type="checkbox"/> Alcohol drink size/volume <input type="checkbox"/> Alcohol frequency <input type="checkbox"/> Pattern of alcohol consumption <input type="checkbox"/> Total fat <input type="checkbox"/> Total protein <input type="checkbox"/> Total carbohydrate <input type="checkbox"/> Source of carbohydrate <input type="checkbox"/> Total fiber <input type="checkbox"/> Soluble fiber <input type="checkbox"/> Insoluble fiber <p>Enteral and Parenteral Nutrition Intake:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Access <input type="checkbox"/> Formula/solution <input type="checkbox"/> Discontinuation <input type="checkbox"/> Initiation <input type="checkbox"/> Rate/schedule <p>Vitamin intake:</p> <ul style="list-style-type: none"> <input type="checkbox"/> D <input type="checkbox"/> B6 <input type="checkbox"/> B12 <input type="checkbox"/> Multivitamin <input type="checkbox"/> Other _____ <p>Mineral/element intake:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Calcium <input type="checkbox"/> Iron <input type="checkbox"/> Other(specify) _____ 	<p>Medication and Herbal Supplement Use:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Medications, specify prescription or OTC <input type="checkbox"/> Herbal/complimentary products <input type="checkbox"/> Misuse of medication <p>Knowledge/Beliefs/Attitudes</p> <ul style="list-style-type: none"> <input type="checkbox"/> Conflict with personal/family value system <input type="checkbox"/> Distorted body image <input type="checkbox"/> End-of-life decisions <input type="checkbox"/> Motivation <input type="checkbox"/> Pre-occupation with food <input type="checkbox"/> Pre-occupation with weight <input type="checkbox"/> Readiness to change nutrition-related behaviors <input type="checkbox"/> Self-efficacy <input type="checkbox"/> Self-talk/cognitions <input type="checkbox"/> Unrealistic nutrition-related goals <input type="checkbox"/> Unscientific beliefs/attitudes <p>Behavior:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Nutrition visit attendance <input type="checkbox"/> Ability to recall nutrition goals <input type="checkbox"/> Self-monitoring at agreed upon rate <input type="checkbox"/> Self-management as agreed upon <input type="checkbox"/> Avoidance <input type="checkbox"/> Restrictive eating <input type="checkbox"/> Cause of avoidance behavior <input type="checkbox"/> Binge-eating behavior <input type="checkbox"/> Purging behavior <input type="checkbox"/> Meal duration <input type="checkbox"/> Percent of meal time spent eating <input type="checkbox"/> Preference to drink rather than eat <input type="checkbox"/> Refusal to eat/chew <input type="checkbox"/> Spitting food out <input type="checkbox"/> Rumination <input type="checkbox"/> Patient/client/caregiver fatigue during feeding process resulting in inadequate intake <input type="checkbox"/> Willingness to try new foods <input type="checkbox"/> Limited number of accepted foods <input type="checkbox"/> Rigid sensory preferences <input type="checkbox"/> Ability to build and utilize social network <input type="checkbox"/> Other (anorexia) <input type="checkbox"/> Other _____ 	<p>Factors Affecting Access to Food and Supplies:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Eligibility for government programs <input type="checkbox"/> Participation in government programs <input type="checkbox"/> Eligibility for community programs <input type="checkbox"/> Participation in community programs <input type="checkbox"/> Availability of shopping facilities <input type="checkbox"/> Procurement, identification of safe food <input type="checkbox"/> Appropriate meal preparation facilities <input type="checkbox"/> Availability of safe food storage <input type="checkbox"/> Appropriate storage technique <input type="checkbox"/> Availability of potable water <input type="checkbox"/> Appropriate water decontamination <input type="checkbox"/> Access to food and nutrition-related supplies <input type="checkbox"/> Access to assistive eating devices <input type="checkbox"/> Access to assistive food preparation <input type="checkbox"/> Devices <p>Physical Activity and Function:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Physical ability to complete tasks for meal preparation <input type="checkbox"/> Physical ability to self-feed <input type="checkbox"/> Receives assistance with intake <input type="checkbox"/> Ability to use adaptive eating devices <input type="checkbox"/> Cognitive ability to complete tasks for meal preparation <input type="checkbox"/> Remembers to eat, recalls eating <input type="checkbox"/> Nutrition-related activities of daily living (ADL) score <input type="checkbox"/> Nutrition-related instrumental activities of daily living (IADL) score <input type="checkbox"/> Consistency <input type="checkbox"/> Frequency/duration <input type="checkbox"/> Intensity <input type="checkbox"/> Type of physical activity <input type="checkbox"/> Strength <input type="checkbox"/> TV/screen time <input type="checkbox"/> Other sedentary time <input type="checkbox"/> Involuntary physical movement <input type="checkbox"/> Nutrition quality of life responses
Biochemical Data, Medical Tests and Procedure Outcomes		
<ul style="list-style-type: none"> <input type="checkbox"/> BUN <input type="checkbox"/> Creatinine <input type="checkbox"/> BUN:creatinine ratio <input type="checkbox"/> Glomerular filtration rate <input type="checkbox"/> Sodium <input type="checkbox"/> Chloride <input type="checkbox"/> Potassium <input type="checkbox"/> Magnesium <input type="checkbox"/> Calcium, serum <input type="checkbox"/> Calcium, ionized <input type="checkbox"/> Phosphorus <input type="checkbox"/> Serum osmolality <input type="checkbox"/> Parathyroid hormone <input type="checkbox"/> Triene:Tetraene ratio <input type="checkbox"/> Alkaline phosphatase <input type="checkbox"/> Alanine aminotransferase, ALT <input type="checkbox"/> Aspartate aminotransferase, AST <input type="checkbox"/> Gamma glutamyl transferase, GGT <input type="checkbox"/> Gastric residual volume <input type="checkbox"/> Bilirubin, total <input type="checkbox"/> Ammonia, serum <input type="checkbox"/> Prothrombin time, PT <input type="checkbox"/> Partial thromboplastin time, PTT <input type="checkbox"/> INR (ratio) <input type="checkbox"/> Fecal fat 	<ul style="list-style-type: none"> <input type="checkbox"/> Amylase <input type="checkbox"/> Lipase <input type="checkbox"/> Glucose, fasting <input type="checkbox"/> Glucose, casual <input type="checkbox"/> HgbA1c <input type="checkbox"/> Pre-prandial capillary plasma glucose <input type="checkbox"/> Peak post-prandial capillary plasma glucose <input type="checkbox"/> Glucose tolerance test <input type="checkbox"/> Cholesterol, serum <input type="checkbox"/> Cholesterol, HDL <input type="checkbox"/> Cholesterol, LDL <input type="checkbox"/> Cholesterol, non-HDL <input type="checkbox"/> Total cholesterol:HDL cholesterol <input type="checkbox"/> LDL:HDL <input type="checkbox"/> Triglycerides, serum <input type="checkbox"/> RQ <input type="checkbox"/> Copper, serum or plasma <input type="checkbox"/> Iodine, urinary excretion <input type="checkbox"/> Zinc, serum or plasma <input type="checkbox"/> Hemoglobin <input type="checkbox"/> Hematocrit <input type="checkbox"/> Mean corpuscular volume <input type="checkbox"/> Red blood cell folate <input type="checkbox"/> Red cell distribution width <input type="checkbox"/> B12, serum 	<ul style="list-style-type: none"> <input type="checkbox"/> Methylmalonic acid, serum <input type="checkbox"/> Folate, serum <input type="checkbox"/> Homocysteine, serum <input type="checkbox"/> Ferritin, serum <input type="checkbox"/> Iron, serum <input type="checkbox"/> Total iron-binding capacity <input type="checkbox"/> Transferrin saturation <input type="checkbox"/> Albumin <input type="checkbox"/> Prealbumin <input type="checkbox"/> Transferrin <input type="checkbox"/> Urine osmolality <input type="checkbox"/> Urine specific gravity <input type="checkbox"/> Other (hypoglycemia) <input type="checkbox"/> Other _____

Name: _____ MR# _____

Anthropometric Outcomes	
<input type="checkbox"/> Height	
<input type="checkbox"/> Weight	
<input type="checkbox"/> Frame size	
<input type="checkbox"/> Weight change	
<input type="checkbox"/> Body mass index	
<input type="checkbox"/> Body compartment estimation	

Nutrition-focused Physical Findings Outcomes	
<input type="checkbox"/> Digestive system (diarrhea, vomiting, nausea, constipation, heartburn, esophagitis, taste changes, stomatitis, dysphagia) <i>specify</i> _____	
<input type="checkbox"/> Extremities, muscles and bones _____	

Next Visit: _____ RD Signature: _____

List materials provided below (see ON Toolkit Appendix Patient Education Materials):

Example: <input type="checkbox"/> Changes in Taste & Smell	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

