Nutrition Assessment Criteria

Information Gathering	Body Composition Data	Nutrient Intake / Dietary History	Laboratory Evaluation	Psychosocial / Functional Status
Patient Interview	Physical Exam for Fluid Status	Cultural or Religious Preferences	Nutritional Anemias i.e. Folate, Iron & B-12	Ethical issues & the pt's right to autonomy
Primary & Secondary Diagnosis, Look for fever & infection.	Examination of the skin	The quality & quantity of meals - 24 -hour recall or food diary	Pre-albumin. Short ½ life. N= 20-50 mg/dL	Income, education & other socioeconomic conditions such as chemical dependency
Past medical & surgical history	Examine the oral cavity	Food allergies, intolerances or Fad diets	Albumin. Long half life. N= 3.5-5.0 g/dL	Environment or displacement
Medication Review- include OTC	Muscle definition	Eating Out	Cholesterol/triglyc erides/ glucose	Caregiver(s)
Drug/Nutrient interaction	Wasting, Sarcopenia	Inability to feed self	Liver Function Tests	Bedridden, suboptimal activity
Congenital or genetic conditions	Drainage, losses		Total Lymphocyte Count N= 1500 - 3000 mm2	Full capacity

Nutritional Assessment

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Nutritional Assessment Introduction

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