



NUTRITION CHECKLIST FOR PATIENT/RESIDENT

Frequency of patient weight:

- Daily
- Weekly
- Monthly

Nutrition Screening:

- Completed _____ date
- Repeat in _____ days

Nutrition Assessment needed by Registered Dietitian:

- Yes
- No

Nutrition Therapy:

- Oral diet
- Tube feeding
- Parenteral nutrition
- Modular supplements
- Oral supplements

Does the patient/resident require feeding assistance?

- Yes
- No

Nutrient Intake Record Implemented?

- Yes
- No