El Camino College
Nursing 60B
Adult Nutritional Assessment

General Guidelines:

1. This nutritional assessment is to be typed on the form provided in the syllabus. The template for typing is in the TOP lab or on the course website.
2. This assignment is a required non optional assignment. Failure to submit this assignment will result in failure of the theory portion of the course. No late papers will be accepted. The nutritional assessment constitutes 4% of your grade. The subject of this assessment will be one of the patients you have cared for in the clinical setting.
3. The nutritional assessment is due to your clinical instructor as stated on the theory calendar.
4. There are sample papers in the resource room of the library.
5. Look at your patient’s 24 hour diet history and determine if they are eating a nutritionally balanced diet according to the Food Guide Pyramid. Look at the percentage of meal intake while hospitalized.
6. Be sure to carefully research your patient’s medical diagnosis and medications. You need to recognize the impact of the medical diagnosis and medications (if any) on their nutritional status. This should be discussed in your summary and conclusions section.
7. Look at your patient’s anthropometric measurements and compare them to norms.
8. Look at your physical assessment data and compare it to norms.
9. The most important part of your assessment is the summary and conclusions section. Make sure that you draw conclusions as to whether your patient is meeting their ingestive need. Do not simply list data.
10. Turn in your grading sheet with your paper.

Reading assignment


Grading Criteria

Total points available are 100. These points are distributed as follows.

<table>
<thead>
<tr>
<th>Category</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>History</td>
<td>10</td>
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<tr>
<td>Physical assessment</td>
<td>10</td>
</tr>
<tr>
<td>Anthropometric data</td>
<td>10</td>
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<tr>
<td>Lab data</td>
<td>10</td>
</tr>
<tr>
<td>Summary and Conclusions</td>
<td>10</td>
</tr>
<tr>
<td>Presentation</td>
<td>10</td>
</tr>
<tr>
<td>Grand total</td>
<td>100</td>
</tr>
</tbody>
</table>
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Clients Initials______________     Age_____
Dates of Care______________     Sex_____
Ethnicity______________     Education/Occupation__________
Health Status______________     Religion______________
Affiliative______________

History

In the last six months to twelve months:

Have you experienced any changes in weight? ____________________________________________
Has your appetite or dietary habits changed? ____________________________________________
Do you have any difficulty in feeding self, eating chewing or swallowing?

Have you experience any nausea, vomiting or diarrhea? ________________________________
What is your food likes or dislikes? _________________________________
Do you eat alone or with a family group? ___________________________________________
Do you take any vitamins or supplements? (Liquid diets)______________________________
Do you follow a particular diet? ____________________________________________
Do you have any especially strong cravings? _________________________________________
Do you have any familial risk factors such as obesity, high cholesterol, diabetes, mellitus,
hypertension, coronary artery disease, cerebrovascular accident or cancer? __________________
What nutritional concerns would you like to discuss?

______________________________________________________________________________

Twenty – four hour diet history – (A typical day at home):

<table>
<thead>
<tr>
<th>Food eaten</th>
<th>Amount</th>
<th>Method of Preparation</th>
<th>Where eaten</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
Medical Diagnosis – List all the model medical diagnosis. (Some diseases may contribute to weight gain or weight loss. An example would be hypothyroidism, which causes a decreased metabolic rate.)
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Medications – List all medications. (Some medications may contribute to weight gain or weight loss. An example would be steroids, which contribute to weight gain.)
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Physical Assessment
Height__________ feet and inches / cm
Weight __________ lb/ kg
General Appearance ________________________________________ ______________________
Skin_________________________ _____________________________________________________
Nails________________________________________________________
Hair_____________________________________________________
Eyes_____________________________________________________
Mouth___________________________________________________
Head and Neck_____________________________________________
Heart and Peripheral Vasculature___________________________________________________
Abdomen___________________________________________________
Musculoskelotal System_______________________________________
Neurological System________________________________________
Female Menstrual Cycle_______________________________________
Anthropometrics Measurements

Triceps Skin-fold (TSF) _________________________________ mm

Mid-Arm Circumference (MAC) ____________________________ cm

Mid-Arm Muscle Circumference ____________________________ cm

MAMC (cm) = MAC (cm) - [3.14 x TSF (cm)] = ____________ cm

The TSF is measures in mm. You will need to convert the TSF from mm to cm in order to calculate MAMC.

Body Mass Index (BMI) (use normogram) ____________________

Body shape (Pear, Apple or Normal)________________________

Laboratory Data

Hematocrit (HCT) _________________________________ %

Hemoglobin (HGB) _________________________________ %

Cholesterol ______________ mg/dl

HDL ______________ mg/dl

LDL ______________ mg/dl

Triglycerides _____________________________ mg/dl

TIBC _____________________________ mg/dl

Iron _____________________________ mg/dl

Albumin _____________________________ g/dl

Total Protein _____________________________ g/dl

Glucose _____________________________ mg/dl
Summary and Conclusions

Analyze your clients’ food intake using the food guide pyramid. Discuss how their medical diagnosis impacts their nutrition. Discuss how their medications affect their nutritional status. Highlight any abnormal findings in your history, physical assessment, anthropometrics data or your laboratory findings. Explain the abnormal data as it relates to your patient’s medical diagnosis and medications. Summarize your conclusions regarding your patient’s overall nutritional status. Is your patient meeting their ingestive need?
### Nutritional Analysis Grading Sheet

<table>
<thead>
<tr>
<th></th>
<th>Possible Points</th>
<th>Actual Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>History</td>
<td>10</td>
<td>_____________</td>
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<td>_____________</td>
</tr>
<tr>
<td>Summary and Conclusions</td>
<td>50</td>
<td>_____________</td>
</tr>
<tr>
<td>Presentation</td>
<td>10</td>
<td>_____________</td>
</tr>
</tbody>
</table>

Grand Total

______________________

Comments

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________