

Dietetic Review

Date: _____

Patient name: _____

NHS number: _____

Current Weight:

Current BMI:

Weight Aim:

Between kg and kg

BMI kg/m² and kg/m²

PLAN: Food Fortification Finger foods Extra snacks Food record chart

Nourishing Drinks

OD BD TDS

Cream Shots

Homemade milkshake

Fruit Smoothie

Other _____

Oral Nutritional Supplements:

OD BD

Fortisip compact

Ensure Compact

Fresubin Jucy

Fresubin 2kcal Crème

Nutricrem

Other; _____

Additional information:

Monitor Weight/MUAC Weekly

To call before next review if weight drops below; _____ Kg

DISCHARGED- Monitor via MUST and re-refer/contact the dietetic department if concerned or if patient meets any of the following:

- Rapid recent weight loss >10% in 3-6 months
- Therapeutic Diet i.e. renal, diabetes
- Breathing Difficulties i.e. COPD
- Increased nutritional requirements i.e. infection, pressure ulcer, poor wound healing
- Swallowing difficulties
- If weight falls below kg

Please consider providing a daily multi mineral and vitamin supplement to ensure all nutrient requirements are met.

Next review date: _____ Signed: _____ Dietitian / Assistant Practitioner

For further information and resources including referral forms, please see our website: <http://www.ihn-tr.ipswichdieteticteam.nhs.net>

Alternatively, please email us on: ihn-tr.ipswichdieteticteam@nhs.net

Or telephone us on: 01473 704000

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