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Nutrition Variance Tracking Form

Patient Name: _____ Medical Record #: _____

Date	Variance Code	Describe Variance	Action Taken/Explanation

Variance Codes:

Patient variance

1.1 Medical problem (acute)
1.2 Medical problem (chronic)
1.3 Psychosocial problem
1.4 Family problem

Practitioner variance

2.1 Physician delay in writing orders
2.2 Delayed response to visit
2.3 On call process
2.4 Improper use of resources

System variance

3.1 Service delay
3.2 Delivery of DME delay
3.3 Medication availability
3.4 Lack of care plan

Positive variance

4.1 Proactive patient/family
4.2 Post-discharge plan in effect