

# Interdisciplinary Nutrition Care Plan

## Chronic Obstructive Pulmonary Disease (COPD)

Client Name: \_\_\_\_\_ #: \_\_\_\_\_ Initiated by: \_\_\_\_\_ Date: \_\_\_\_\_

### Screen

Nutrition Screen diagnosis: COPD

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Goals (check any/all):

- Maintain or improve nutritional status in \_\_\_\_\_ (goal time).
- Eat meals/snacks without experiencing shortness of breath (SOB) in \_\_\_\_\_ (goal time).
- Perform activities of daily living (ADLs) with minimal SOB in \_\_\_\_\_ (goal time).

### Assess (Check any/all)

Use of supplemental oxygen

Shortness of breath (SOB) while

- Eating       Performing ADLs
- Cough:       Dry     Productive

Weight/BMI

- Weight loss ≥3 lb/wk
- Weight fluctuations ≥3 - 5 lb/wk
- BMI <20
- BMI >27

Exercise tolerance

- Fatigue       Poor strength

Hydration status

- Edema       1+     2+     3+
- Fluid restriction

Medications

Poor Oral Intake Symptoms

- Complex diet order
- Nausea/vomiting
- Poor appetite/early satiety
- Problems chewing/swallowing
- Depression/anxiety
- Diarrhea

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Moderate Risk Interventions

(Check any/all)

- Food Record provided and explained
- Smoking cessation strongly encouraged
- Fluid intake encouraged
- Breathing retraining techniques demonstrated; physical activity encouraged

Obtain Dr. orders as needed:

- RD chart consult
- Weight monitoring q: \_\_\_\_\_
- BID/TID supplements

Other: \_\_\_\_\_  
(See notes for documentation.)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

1 or more

Next visit

### High Risk Interventions (Check any/all)

- Food Record provided and explained
- Evaluate for pulmonary percussion/vibration

Obtain Dr. orders as needed:

- RD referral for home visit(s)
- Monitoring weight q: \_\_\_\_\_
- Monitor I & O q: \_\_\_\_\_
- BID/TID supplements
- Medication adjustment
- Supplemental oxygen adjustment

Other: \_\_\_\_\_  
(See notes for documentation.)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Assess Response (Check any/all)

SOB while

- Eating       Performing ADLs
- Weight fluctuations
- Increasing fatigue

Hydration status

- Edema
- Dehydration
- Onset of respiratory infection

Other: \_\_\_\_\_  
(See notes for documentation.)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Outcomes Achieved

- SOB decreased
- Weight stabilized or improved
- Exercise tolerance maintained or improved
- Hydration status maintained or improved
- Nutritional status maintained or improved
- Other: \_\_\_\_\_

(See notes for documentation.)

- Repeat Nutrition Risk Screen in \_\_\_\_\_ days

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Next visit

1 or more

None

### Assess Response (Check any/all)

Continued SOB while

- Eating       Performing ADLs
- Continued weight fluctuation
- Increasing fatigue

Hydration status

- Continued or increased edema
- Dehydration
- Onset of respiratory infection

Other: \_\_\_\_\_  
(See notes for documentation.)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Outcomes Achieved

- SOB decreased
- Weight stabilized or improved
- Exercise tolerance maintained or improved
- Hydration status maintained or improved
- Nutritional status maintained or improved
- Other: \_\_\_\_\_

(See notes for documentation.)

- Repeat Nutrition Risk Screen in \_\_\_\_\_ days

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

1 or more

None

### Outcomes Not Achieved

Reassess/evaluate need for EN/PN

(refer to Tube Feeding Nutrition Care Plan).

Document on Nutrition Variance Tracking form.