

Cystic Fibrosis

Client Name: _____ #: _____ Initiated by: _____ Date: _____

Screen
Nutrition Screen diagnosis: Cystic Fibrosis
Signed: _____ Date: _____

Assess (Check any/all)
 Poor oral intake/no appetite
 Weight loss >2 lb/wk (1 kg/wk)
 Receiving tube feeding or parenteral nutrition
 Fatigue/increased cough
Hydration Status
 Vomiting
 Diarrhea
 Fever
Gastrointestinal Symptoms
 Heartburn/abdominal pain
 Nausea/vomiting
 Gas/bloating
 Steatorrhea/≥5 bowel movements per day
Serum Glucose
 >126 mg/dL fasting
 >200 mg/dL 2-h postprandial
 Signed: _____ Date: _____

None

Goals (check any/all):
 Maintain or improve nutritional status in _____ (goal time).
 Prevent or alleviate nutrition-related complications of cystic fibrosis or its therapy in _____ (goal time).
 Prevent growth failure due to poor nutrition in _____ (goal time).

Moderate Risk Interventions (Check any/all)
 Food Record provided and explained
 Fluid intake encouraged, if not contraindicated
Obtain Dr. orders as needed
 RD chart consult
 Monitor weight q: _____
 Monitor serum glucose (SMBG) q: _____
 Review medications/vitamin supplements
 • Pancreatic enzymes q: _____
 • Reflux medications q: _____
 • Multivitamin/ADEK q: _____
 • Calcium q: _____
 • Other nutrition-related supplements 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
 Fluid intake stressed
Obtain Dr. orders as needed:
 RD referral for home visit(s)
 Monitor weight q: _____
 Monitor I & O
 Medication adjustment
 Pancreatic enzymes
 Reflux medical
 BID/TID supplements
 Other: _____
 (See notes for documentation.)
 Signed: _____ Date: _____

1 or more

None

Assess Response (Check any/all)
 Further weight loss
 Weight gain less than goal
 New onset pulmonary infection
 Elevated fasting serum glucose/2-h postprandial
 Exhibiting GI symptoms
 Dehydration
 Other: _____
 (See notes for documentation.)
 Signed: _____ Date: _____

Outcomes Achieved
 Weight maintained or gained
 Hydration status maintained or improved
 Improved calorie and protein intake
 Other: _____
 (See notes for documentation.)
 Repeat Nutrition Risk Screen in _____ days
 Signed: _____ Date: _____

Next visit

Assess Response (Check any/all)
 Further weight loss
 Weight gain less than goal
 New onset pulmonary infection
 Exhibiting/increased GI symptoms
 Elevated fasting serum glucose/2-h postprandial
 Other: _____
 (See notes for documentation.)
 Signed: _____ Date: _____

None

Outcomes Achieved
 Weight maintained or gained
 Hydration status maintained or improved
 Improved calorie and protein intake
 Other: _____
 (See notes for documentation.)
 Repeat Nutrition Risk Screen in _____ days
 Signed: _____ Date: _____

1 or more

Outcomes Not Achieved
 Reassess/evaluate need for EN/PN. Document on Nutrition Variance Tracking form.