

## Diabetes Mellitus

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

**Screen**  
Nutrition Screen diagnosis: Diabetes Mellitus  
Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Assess** (Check any/all)

**Blood glucose**

- $\geq 200$  mg/dL
- Hypoglycemia treated more than once/wk

**Lipid profile**

- Serum chol  $> 200$  mg/dL
- HDL-cholesterol  $< 35$  mg/dL
- LDL-cholesterol  $> 100$  mg/dL
- Triglycerides  $\geq 200$  mg/dL

**Weight/BMI**

- Weight change  $> 3$  lb/wk,  $> 5\%$ /mo, or  $> 10\%$ /6 mo
- BMI  $< 20$
- BMI  $> 27$

Diabetic neuropathy/foot ulcers/insensitive feet

Pressure ulcer

High blood pressure

**Poor Oral Intake Symptoms**

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

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

**Goals (check any/all):**

- Maintain or improve nutritional status in \_\_\_\_\_ (goal time).
  - Demonstrate compliance with dietary and medication regimens as evidenced by improved blood glucose in \_\_\_\_\_ (goal time).
- Weight  maintained, or  loss/ gain of \_\_\_\_\_ lb in \_\_\_\_\_ (goal time).

**Moderate Risk Interventions**  
(Check any/all)

**Obtain Dr. orders as needed:**

- RD chart consult
- Self-monitoring blood glucose (SMBG)
- Monitor weight q: \_\_\_\_\_
- Monitor serum lipids q: \_\_\_\_\_
- Foot care education
- BID/TID supplements

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

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

None

1 or more

Next visit

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

- Monitor blood pressure q: \_\_\_\_\_

**Obtain Dr. orders as needed:**

- RD referral for home visit(s)
- Self-monitoring blood glucose (SMBG)
- Monitor weight q: \_\_\_\_\_
- Monitor serum lipids q: \_\_\_\_\_
- Monitor foot health
- Medication adjustments
- BID/TID supplements

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

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

1 or more

Next visit

**Assess Response** (Check any/all)

- More than one hypo-/hyperglycemic episode requiring treatment/wk
- Weight change not appropriate per goal
- Onset of high blood pressure
- Development of foot ulcer/open wound
- Exhibiting Poor Oral Intake Symptoms
- Other: \_\_\_\_\_  
(See notes for documentation.)

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

None

**Outcomes Achieved**

- Blood glucose control maintained at  $< 200$ mg/dL
- Weight maintained or improved
- Other: \_\_\_\_\_  
(See notes for documentation.)
- Repeat Nutrition Risk Screen in \_\_\_\_\_ days

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

**Assess Response** (Check any/all)

- Weight change not appropriate per goal
- Continued hypo-/hyperglycemia
- Pressure ulcer or foot ulcer
- Continued high blood pressure
- Exhibiting Poor Oral Intake Symptoms
- Other: \_\_\_\_\_  
(See notes for documentation.)

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

None

1 or more

**Outcomes Achieved**

- Blood glucose control maintained at  $< 200$ mg/dL
- Weight maintained or improved
- Other: \_\_\_\_\_  
(See notes for documentation.)
- Repeat Nutrition Risk Screen in \_\_\_\_\_ days

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

**Outcomes Not Achieved**  
Reassess/evaluate need for EN/PN (refer to Tube Feeding Nutrition Care Plan). Document on Nutrition Variance Tracking form.