

End Stage Renal Disease (Hemodialysis)

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

Screen
Nutrition Screen diagnosis: End Stage Renal Disease (on dialysis)
Signed: _____ Date: _____

Assess (Check any/all)
Blood chemistries
 Serum albumin
 Serum transferrin, iron, or ferritin
 Total iron-binding capacity (TIBC)
 Serum ferritin
 Hematocrit, hemoglobin
 RBC indices, reticulocyte count
 BUN, creatinine
 Potassium/phosphorus, calcium
 Glucose
 Other: _____
Weight/BMI
 Weight loss >3 lb/wk or >5%/mo or >10%/6 mo
 Weight gain >2 lb/day (fluid weight gain)
 BMI <20 (High Risk)
Poor Oral Intake Symptoms
 Complex diet order
 Nausea/vomiting
 Poor appetite/early satiety
 Problems chewing/swallowing
 Depression/anxiety
 GI distress
 Signed: _____ Date: _____

Goals (check any/all):

- Maintain or improve nutritional status in _____ (goal time).
 - Improve serum albumin in _____ (goal time).
 - Maintain or improve adherence to renal diet 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
 Social Services chart consult
 Monitor blood chemistry
 Monitor weight q: _____
 Medication adjustments
 BID/TID supplement or sole source
 Other: _____
 (See notes for documentation.)
 Signed: _____ Date: _____

High Risk Interventions (Check any/all)
Obtain Dr. orders as needed:
 RD referral for home visits
 Social Services referral for home visits
 Labs: _____
 Monitor weight q: _____
 Medication adjustments
 BID/TID supplement or sole source
 Other: _____
 (See notes for documentation.)
 Signed: _____ Date: _____

Assess Response (Check any/all)
 Abnormal blood chemistries
 Exhibiting Poor Oral Intake Symptoms
 Weight change not appropriate per goal
 Declining strength
 Other: _____
 (See notes for documentation.)
 Signed: _____ Date: _____

Outcomes Achieved
 Weight maintained or improved
 Adherence to renal diet
 Normal blood chemistries
 Other: _____
 (See notes for documentation.)
 Repeat Nutrition Risk Screen in _____ days
 Signed: _____ Date: _____

Assess Response (Check any/all)
 Abnormal blood chemistries
 Continued Poor Oral Intake Symptoms
 Weight change not appropriate per goal
 Declining strength
 Other: _____
 (See notes for documentation.)
 Signed: _____ Date: _____

Outcomes Achieved
 Weight maintained or improved
 Adherence to renal diet
 Normal blood chemistries
 Other: _____
 (See notes for documentation.)
 Repeat Nutrition Risk Screen in _____ days
 Signed: _____ Date: _____

Outcomes Not Achieved
 Reassess/evaluate need for further nutrition support.
 Document on Nutrition Variance Tracking form.