

## Failure To Thrive (FTT)

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

**Screen**  
Nutrition Screen diagnosis: Failure To Thrive  
Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Assess (Check any/all)**  
 Deceleration of growth velocity across 2 major percentile lines on appropriate growth chart  
 Weight < 3rd percentile on appropriate growth chart  
 Weight < 80% of the expected weight/age on appropriate growth chart  
 Poor oral intake for age  
 Delayed physical development  
 Poor infant/child caregiver feeding interactions  
 Presence of chronic disease/condition that affects digestion or absorption  
 No evidence of familial short stature or constitutional growth delay  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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

- Maintain or improve nutritional status in \_\_\_\_\_ (goal time).
- Prevent further growth failure in \_\_\_\_\_ (goal time).
- Document improvement in growth by increased rate of weight gain in \_\_\_\_\_ (goal time).

**Moderate Risk Interventions (Check any/all)**  
 Food Record provided and explained  
**Obtain Dr. orders as needed:**  
 RD chart consult  
 Monitor weight q: \_\_\_\_\_  
 BID/TID supplements  
 Other: \_\_\_\_\_  
 (See notes for documentation.)  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**High Risk Interventions (Check any/all)**  
 Food Record provided and explained  
**Obtain Dr. orders as needed:**  
 RD referral for home visit(s)  
 Monitor weight q: \_\_\_\_\_  
 Increased breastfeeding for infant  
 Concentrated formula for infant  
 BID/TID supplements  
 High-calorie, high-protein diet  
 Developmental feeding skills taught  
 Other: \_\_\_\_\_  
 (See notes for documentation.)  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Assess Response (Check any/all)**  
 Continued growth deceleration  
 Continued weight loss  
 Declining strength/fatigue  
 Other: \_\_\_\_\_  
 (See notes for documentation.)  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Outcomes Achieved**  
 Improved rate of growth  
 Improved strength/absence of fatigue  
 Improved calorie and protein intake  
 Other: \_\_\_\_\_  
 (See notes for documentation.)  
 Repeat Nutrition Risk Screen in \_\_\_\_\_ days  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Assess Response (Check any/all)**  
 Continued growth deceleration  
 Lack of catch-up growth  
 Declining strength/fatigue  
 Dehydration  
 Other: \_\_\_\_\_  
 (See notes for documentation.)  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Outcomes Achieved**  
 Improved rate of growth  
 Improved strength/absence of fatigue  
 Improved calorie and protein intake  
 Other: \_\_\_\_\_  
 (See notes for documentation.)  
 Repeat Nutrition Risk Screen in \_\_\_\_\_ days  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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