

Cancer

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

Screen
Nutrition Screen diagnosis: Cancer
Signed: _____ Date: _____

Assess (Check any/all)
 Receiving chemotherapy/radiation therapy
 Weight loss: _____ lb/wk
 Receiving enteral or parenteral nutrition or complex diet order
 Dehydration
Nutrition Impact Symptoms*
 Problems chewing/swallowing
 Mouth pain/dryness
 Nausea/vomiting
 Diarrhea/constipation
 Fatigue
 Anorexia
 Altered taste perception
 Signed: _____ Date: _____

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 q: _____
 BID/TID supplements
 Other: _____
 (See notes for documentation.)
 Signed: _____ Date: _____

Assess Response (Check any/all)
 Further weight loss
 Continued dehydration
 Exhibiting Nutrition Impact Symptoms*
 Other: _____
 (See notes for documentation.)
 Signed: _____ Date: _____

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

Goals (check any/all):

- Maintain or improve nutritional status in _____ (goal time).
- Prevent hospitalization due to dehydration/poor nutritional intake in _____ (goal time).
- Prevent or alleviate nutrition-related complications of cancer or cancer therapy in _____ (goal time).
- Avoid delay of cancer therapy due to poor nutrition in _____ (goal time).

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

Assess Response (Check any/all)
 Further weight loss
 Exhibiting Nutrition Impact Symptoms*
 Dehydration
 Other: _____
 (See notes for documentation.)
 Signed: _____ Date: _____

Outcomes Achieved
 Weight stabilized or improved
 Hydration status maintained or improved
 Cancer therapy initiated without delay
 Other: _____
 (See notes for documentation.)
 Repeat Nutrition Risk Screen in _____ days
 Signed: _____ Date: _____

Outcomes Achieved
 Weight stabilized or improved
 Hydration status maintained or improved
 Cancer therapy initiated without delay
 Other: _____
 (See notes for documentation.)
 Repeat Nutrition Risk Screen in _____ days
 Signed: _____ Date: _____

