

## Transitioning From Tube Feeding To Oral Diet

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

**Screen**  
Nutrition Screen diagnosis: Transition From Enteral Tube Feeding To Oral Intake  
Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Assess (Check any/all)**  
 Oral feeding readiness  
 Dehydration  
 Poor strength  
**Weight/BMI**  
 Weight change >3 lb/wk, >5%/mo, or >10%/6 mo  
 BMI <20  
 BMI >27  
**Poor Oral Intake Symptoms**  
 Lack of appetite       Decreased ability to chew/swallow  
 Complex diet order       Nausea  
 Vomiting       Depression/anxiety  
 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/nutrient analysis  
 Speech Language Pathologist (SLP) referral for oral feeding readiness/ problems  
 Tube feeding  
 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  
 Continued loss of strength  
 Cannot tolerate oral feeding  
 Exhibiting Poor Oral Intake Symptoms  
 Other: \_\_\_\_\_  
 (See notes for documentation.)  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Outcomes Not Achieved**  
 Reassess/evaluate need for further enteral feeding. Document on Nutrition Variance Tracking form.

**Goals (check any/all):**  
 Maintain or improve nutritional status in \_\_\_\_\_ (goal time).  
 Increase weight by \_\_\_\_\_ lb in \_\_\_\_\_ (goal time).  
 Successful transition from enteral tube feeding in \_\_\_\_\_ (goal time).  
 Maintain or improve hydration status in \_\_\_\_\_ (goal time).  
 Increase oral intake to meet nutritional needs in \_\_\_\_\_ (goal time).

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

**Assess Response (Check any/all)**  
 Further weight loss  
 Dehydration  
 Poor strength  
 Cannot tolerate oral feeding  
 Exhibiting Poor Oral Intake Symptoms  
 Other: \_\_\_\_\_  
 (See notes for documentation.)  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Outcomes Achieved**  
 Oral diet tolerated  
 Weight gained  
 Hydration status maintained or improved  
 Absence of Poor Oral Intake Symptoms  
 Strength maintained or improved  
 Other: \_\_\_\_\_  
 (See notes for documentation.)  
 Repeat Nutrition Risk Screen in \_\_\_\_\_ days  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Outcomes Achieved**  
 Oral diet tolerated  
 Weight gained  
 Hydration status maintained or improved  
 Absence of Poor Oral Intake Symptoms  
 Strength maintained or improved  
 Other: \_\_\_\_\_  
 (See notes for documentation.)  
 Repeat Nutrition Risk Screen in \_\_\_\_\_ days  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_