**UNIT 6 Assignment- ADIME Chart NOTE Template: Nutrition Care Process**

* [***TEMPLATE Directions******\*\*\*\*Please fill in the blanks . PLEASE DELETE ALL italicized & highlighted text inside [brackets] AFTER you fill in blanks. Save final draft without any brackets or italics showing . Insert your OWN words into the blanks. Words/info inside the brackets in italics are hints/clues to be deleted AFTER you fill in your answers. Place into Unit 6 Assignment Dropbox w/ essay portion. Note: Dx= diagnosis, Hx= History, Pt= patient]***
* **A** -Assessment Pt is a 29 y/o male Medical dx: HIV with complications

Wt: lbs. ( \_\_\_ kg) Ht**:**\_\_ft\_\_inches (\_\_\_meters) BMI**:**\_\_\_\_ (\_\_\_\_\_\_\_) (*weight classification status*) Previous Wt:\_\_\_\_\_ % WT loss: \_\_\_\_\_\_

Labs*:*   *[labs relevant to nutrition -designate high or low]*

Clinical Info: [*include any nutritionally relevant medical info. ex: changes in weight, significant medications, appetite, dietary intake, any clinical changes in GI- gastrointestinal functions/complaints. OK to LIST & abbreviate]*

Diet: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *[include recent diet order or known dietary intake info. Est’d calorie & protein needs may be included here based on weight & medical status]*.

* **D** - Nutrition **D**iagnosis

Involuntary weight loss [ <---*Include nutrition Dx CODE # NUMBER which matches THIS phrase from Nutrition Diagnostic Terminology PDF file located in Course Resources]* related to *[ < --main cause, source of/ etiology of weight loss]* as evidenced by . *[ <-- signs & symptoms of wt loss]*

* **I-** Intervention: Recommend \_\_\_\_\_\_\_\_\_\_\_ \_\_to meet patient’s initial-current est’d nutritional needs of ~\_\_\_\_\_\_\_ calories + \_\_\_\_\_ grams of protein. [*Choose SOURCE-route of nutrition while IN hospital/consider pt’s current status. Choose: 1-oral diet w supplements + modifications, 2-enteral feeding– specialized tube feeding/TF, or 3-TPN- parenteral nutrition-IV nutrition & amount of calories/prot to start providing pt]*.
* **M/E**- Monitoring/Evaluation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will be monitored in \_\_\_ day/s. Appropriate nutrition recs will be made based on status changes. *[EX: monitor: patient’s weight, I/Os< intake/ output>, GI status? Bowel sounds/function? specific labs, STATUS of nutrition recs…tolerating TF, TPN or Diet? Plan follow up time frame…Consider pt’s nutrition risk status]*