### ICU Nutrition Assessment

1. **Nutritional Status:**
   - □ Data not available
   - □ Good
   - □ Poor
   - □ Malnourished

2. **Suspected Malnourishment Type:**
   - □ Not Applicable
   - □ Kwashiorkor
   - □ Marasmus
   - □ Mixed

3. **Factors Contributing to Increased Nutrition Risk:**
   - **Suboptimal Intake:**
     - □ Not Applicable
     - □ 3-6 days
     - □ ≥ 7-10 days
     - □ ≥ 10-20 days
     - □ ≥ 20 days
     - □ ≥ 30 days
   - **Weight Loss (%) over past 6 months:**
     - □ Not Applicable
     - □ 10%
     - □ 11%-15%
     - □ 16%-20%
     - □ > 20%
   - **Metabolic Stress:**
     - □ None
     - □ Mild
     - □ Moderate
     - □ High
     - □ Extreme
   - **Substance Abuse:**
     - □ Unknown
     - □ ETOH
     - □ Drugs
   - **Other:**
     - □ Large wound(s)
     - □ High output fistula
     - □ Chronic diarrhea

4. **Nutrition Risk (determined from assessment of nutritional status at time of ICU admit, degree of metabolic stress, ability to use gut within 48-72 hours of ICU admit):**
   - □ Low
   - □ Moderate
   - □ High

5. **Anthropometrics:**
   - Height: cm (actual/est)
   - Weight: kg (actual/est)
   - Corrected Weight: kg

6. **Recommended Nutrition Support:**
   - **Timing:**
     - □ ≤ 24 hours
     - □ ≤ 48 hours
     - □ ≤ 72 hours
     - □ ≤ 96 hours
     - □ ≤ 120 hours
   - **Route:**
     - □ NG tube
     - □ ND tube
     - □ NJ tube
     - □ G tube
     - □ G-J tube
     - □ J tube
     - □ TPN
   - **Final Energy Goal:**
     - HBE
     - kcal/kg = kcal/24 hours
   - **Final Protein Goal:**
     - grams/kg = grams/24 hours
   - **Formula:**
     - □ Isosource
     - □ Resource 2.0
     - □ Promote
     - □ Other:
     - _________________________________
   - **Goal Feed Rate:**
     - mL/hr = kcal; grams protein (grams/kg)

7. **Recommended ICU Protocol/Guideline/Routine:**
   - □ Gastric/Duodenal
   - □ Electrolyte Replacement
   - □ Bowel Protocol (regular/spine)
   - □ Micronutrient
   - □ Refeeding Risk
   - □ Indirect Calorimetry

8. **Nutrition Care Plan:**
   - Problem:
   - Plan:
   - Action:

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Signature: ________________________, RD; Date ______________________
First name, last initial dd/mmm/yyyy