

## Congestive Heart Failure (CHF)

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

**Screen**  
Nutrition Screen diagnosis: CHF  
Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Assess (Check any/all)**  
Shortness of breath (SOB) while  
 Eating       Performing ADLs  
**Weight/BMI**  
 BMI <20 (High Risk)  
 BMI >27  
 Fluctuations ≥3 - 5 lb/wk  
**Hydration status**  
 Edema       1+     2+     3+  
 Fluid restriction  
**Exercise tolerance**  
 Fatigue       Restlessness  
 Medications  
 Pre- or postsurgery  
**Poor Oral Intake Symptoms**  
 Complex diet order  
 Nausea/vomiting  
 Poor appetite/early satiety  
 Problems chewing/swallowing  
 Depression/anxiety  
 GI distress  
 Anorexia  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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

- Maintain or improve nutritional status in \_\_\_\_\_ (goal time).
- Eat meals/snacks without experiencing shortness of breath (SOB) in \_\_\_\_\_ (goal time).
- Perform Activities of Daily Living (ADLs) with minimal SOB in \_\_\_\_\_ (goal time).

**Moderate Risk Interventions (Check any/all)**  
 Eating Well With CHF provided and explained  
 Food Record provided and explained  
 How to read labels for sodium content explained and encouraged  
**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)**  
 Eating Well With CHF provided and explained  
 Food Record provided and explained  
 How to read labels and track sodium 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)**  
SOB while  
 Eating       Performing ADLs  
 Weight fluctuations  
 Exercise tolerance declining  
 Fatigue increasing  
**Hydration status**  
 Edema       Dehydration  
 Exhibiting Poor Oral Intake Symptoms  
 Other: \_\_\_\_\_  
 (See notes for documentation.)  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Outcomes Achieved**  
 SOB decreased  
 Weight stabilized or improved  
 Exercise tolerance maintained or improved  
 Hydration status maintained or improved  
 Nutritional status maintained or improved  
 Other: \_\_\_\_\_  
 (See notes for documentation.)  
 Repeat Nutrition Risk Screen in \_\_\_\_\_ days  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Assess Response (Check any/all)**  
SOB while  
 Eating       Performing ADLs  
 Continued weight fluctuation  
**Hydration status**  
 Continued or increased edema  
 Dehydration  
 Exhibiting Poor Oral Intake Symptoms  
 Other: \_\_\_\_\_  
 (See notes for documentation.)  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Outcomes Achieved**  
 SOB decreased  
 Weight stabilized or improved  
 Exercise tolerance maintained or improved  
 Hydration status maintained or improved  
 Nutritional status maintained or improved  
 Other: \_\_\_\_\_  
 (See notes for documentation.)  
 Repeat Nutrition Risk Screen in \_\_\_\_\_ days  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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

