

Interdisciplinary Nutrition Care Plan

Chronic Obstructive Pulmonary Disease (COPD)

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

Screen

Nutrition Screen diagnosis: COPD

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).

Assess (Check any/all)

Use of supplemental oxygen

Shortness of breath (SOB) while

- Eating Performing ADLs
- Cough: Dry Productive

Weight/BMI

- Weight loss ≥3 lb/wk
- Weight fluctuations ≥3 - 5 lb/wk
- BMI <20
- BMI >27

Exercise tolerance

- Fatigue Poor strength

Hydration status

- Edema 1+ 2+ 3+
- Fluid restriction

Medications

Poor Oral Intake Symptoms

- Complex diet order
- Nausea/vomiting
- Poor appetite/early satiety
- Problems chewing/swallowing
- Depression/anxiety
- Diarrhea

Signed: _____ Date: _____

Moderate Risk Interventions

(Check any/all)

- Making Eating Easier provided and explained
- Food Record provided and explained
- Smoking cessation strongly encouraged
- Fluid intake encouraged
- Breathing retraining techniques demonstrated; physical activity encouraged

Obtain Dr. orders as needed:

- RD chart consult
- Weight monitoring q: _____
- BID/TID supplements

Other: _____
(See notes for documentation.)

Signed: _____ Date: _____

1 or more

Next visit

High Risk Interventions (Check any/all)

- Making Eating Easier provided and explained
 - Food Record provided and explained
 - Evaluate for pulmonary percussion/vibration
- Obtain Dr. orders as needed:
- RD referral for home visit(s)
 - Monitoring weight q: _____
 - Monitor I & O q: _____
 - BID/TID supplements
 - Medication adjustment
 - Supplemental oxygen adjustment
- Other: _____
(See notes for documentation.)

Signed: _____ Date: _____

Assess Response (Check any/all)

SOB while

- Eating Performing ADLs
- Weight fluctuations
- Increasing fatigue

Hydration status

- Edema
- Dehydration
- Onset of respiratory infection

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: _____

Next visit

Assess Response (Check any/all)

Continued SOB while

- Eating Performing ADLs
- Continued weight fluctuation
- Increasing fatigue

Hydration status

- Continued or increased edema
- Dehydration
- Onset of respiratory infection

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: _____

1 or more

Outcomes Not Achieved

Reassess/evaluate need for EN/PN

(refer to Tube Feeding Nutrition Care Plan).

Document on Nutrition Variance Tracking form.