

## Cystic Fibrosis

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

**Screen**  
Nutrition Screen diagnosis: Cystic Fibrosis  
Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Assess** (Check any/all)  
 Poor oral intake/no appetite  
 Weight loss >2 lb/wk (1 kg/wk)  
 Receiving tube feeding or parenteral nutrition  
 Fatigue/increased cough  
**Hydration Status**  
 Vomiting  
 Diarrhea  
 Fever  
**Gastrointestinal Symptoms**  
 Heartburn/abdominal pain  
 Nausea/vomiting  
 Gas/bloating  
 Steatorrhea/≥5 bowel movements per day  
**Serum Glucose**  
 >126 mg/dL fasting  
 >200 mg/dL 2-h postprandial  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**High Risk Interventions** (Check any/all)  
 Managing Your Child's High-Calorie, High-Protein Diet provided and explained  
 Food Record provided and explained  
 Fluid intake stressed  
**Obtain Dr. orders as needed:**  
 RD referral for home visit(s)  
 Monitor weight q: \_\_\_\_\_  
 Monitor I & O  
 Medication adjustment  
 Pancreatic enzymes  
 Reflux medical  
 BID/TID supplements  
 Other: \_\_\_\_\_  
 (See notes for documentation.)  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Assess Response** (Check any/all)  
 Further weight loss  
 Weight gain less than goal  
 New onset pulmonary infection  
 Exhibiting/increased GI symptoms  
 Elevated fasting serum glucose/2-h postprandial  
 Other: \_\_\_\_\_  
 (See notes for documentation.)  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Outcomes Not Achieved**  
 Reassess/evaluate need for EN/PN. Document on Nutrition Variance Tracking form.

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

- Maintain or improve nutritional status in \_\_\_\_\_ (goal time).
- Prevent or alleviate nutrition-related complications of cystic fibrosis or its therapy in \_\_\_\_\_ (goal time).
- Prevent growth failure due to poor nutrition in \_\_\_\_\_ (goal time).

**Moderate Risk Interventions** (Check any/all)  
 Managing Your Child's High-Calorie, High-Protein Diet provided and explained  
 Food Record provided and explained  
 Fluid intake encouraged, if not contraindicated  
**Obtain Dr. orders as needed**  
 RD chart consult  
 Monitor weight q: \_\_\_\_\_  
 Monitor serum glucose (SMBG) q: \_\_\_\_\_  
 Review medications/vitamin supplements  
 • Pancreatic enzymes q: \_\_\_\_\_  
 • Reflux medications q: \_\_\_\_\_  
 • Multivitamin/ADEK q: \_\_\_\_\_  
 • Calcium q: \_\_\_\_\_  
 • Other nutrition-related supplements q: \_\_\_\_\_  
 BID/TID supplements  
 Other: \_\_\_\_\_  
 (See notes for documentation.)  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Assess Response** (Check any/all)  
 Further weight loss  
 Weight gain less than goal  
 New onset pulmonary infection  
 Elevated fasting serum glucose/2-h postprandial  
 Exhibiting GI symptoms  
 Dehydration  
 Other: \_\_\_\_\_  
 (See notes for documentation.)  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Outcomes Achieved**  
 Weight maintained or gained  
 Hydration status maintained or improved  
 Improved calorie and protein intake  
 Other: \_\_\_\_\_  
 (See notes for documentation.)  
 Repeat Nutrition Risk Screen in \_\_\_\_\_ days  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Outcomes Achieved**  
 Weight maintained or gained  
 Hydration status maintained or improved  
 Improved calorie and protein intake  
 Other: \_\_\_\_\_  
 (See notes for documentation.)  
 Repeat Nutrition Risk Screen in \_\_\_\_\_ days  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_

None

1 or more

1 or more

None

Next visit

1 or more

Next visit