

Diabetes Mellitus

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

Screen
Nutrition Screen diagnosis: Diabetes Mellitus
Signed: _____ Date: _____

Assess (Check any/all)

Blood glucose

- ≥ 200 mg/dL
- Hypoglycemia treated more than once/wk

Lipid profile

- Serum chol > 200 mg/dL
- HDL-cholesterol < 35 mg/dL
- LDL-cholesterol > 100 mg/dL
- Triglycerides ≥ 200 mg/dL

Weight/BMI

- Weight change > 3 lb/wk, $> 5\%$ /mo, or $> 10\%$ /6 mo
- BMI < 20
- BMI > 27

Diabetic neuropathy/foot ulcers/insensitive feet

Pressure ulcer

High blood pressure

Poor Oral Intake Symptoms

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

Signed: _____ Date: _____

Goals (check any/all):

- Maintain or improve nutritional status in _____ (goal time).
 - Demonstrate compliance with dietary and medication regimens as evidenced by improved blood glucose in _____ (goal time).
- Weight maintained, or loss/ gain of _____ lb in _____ (goal time).

Moderate Risk Interventions
(Check any/all)

Managing Your Diet provided and explained

Obtain Dr. orders as needed:

- RD chart consult
- Self-monitoring blood glucose (SMBG)
- Monitor weight q: _____
- Monitor serum lipids q: _____
- Foot care education
- BID/TID supplements

Other: _____
(See notes for documentation.)

Signed: _____ Date: _____

High Risk Interventions (Check any/all)

Managing Your Diet provided and explained

Monitor blood pressure q: _____

Obtain Dr. orders as needed:

- RD referral for home visit(s)
- Self-monitoring blood glucose (SMBG)
- Monitor weight q: _____
- Monitor serum lipids q: _____
- Monitor foot health
- Medication adjustments
- BID/TID supplements

Other: _____
(See notes for documentation.)

Signed: _____ Date: _____

Assess Response (Check any/all)

- More than one hypo-/hyperglycemic episode requiring treatment/wk
- Weight change not appropriate per goal
- Onset of high blood pressure
- Development of foot ulcer/open wound
- Exhibiting Poor Oral Intake Symptoms
- Other: _____
(See notes for documentation.)

Signed: _____ Date: _____

Outcomes Achieved

- Blood glucose control maintained at < 200 mg/dL
- Weight maintained or improved
- Other: _____
(See notes for documentation.)
- Repeat Nutrition Risk Screen in _____ days

Signed: _____ Date: _____

Assess Response (Check any/all)

- Weight change not appropriate per goal
- Continued hypo-/hyperglycemia
- Pressure ulcer or foot ulcer
- Continued high blood pressure
- Exhibiting Poor Oral Intake Symptoms
- Other: _____
(See notes for documentation.)

Signed: _____ Date: _____

Outcomes Achieved

- Blood glucose control maintained at < 200 mg/dL
- Weight 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.

