

End Stage Renal Disease (Hemodialysis)

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

Screen

Nutrition Screen diagnosis: End Stage Renal Disease (on dialysis)

Signed: _____ Date: _____

Assess (Check any/all)

Blood chemistries

- Serum albumin
- Serum transferrin, iron, or ferritin
- Total iron-binding capacity (TIBC)
- Serum ferritin
- Hematocrit, hemoglobin
- RBC indices, reticulocyte count
- BUN, creatinine
- Potassium/phosphorus, calcium
- Glucose
- Other: _____

Weight/BMI

- Weight loss >3 lb/wk or >5%/mo or >10%/6 mo
- Weight gain >2 lb/day (fluid weight gain)
- BMI <20 (High Risk)

Poor Oral Intake Symptoms

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

Signed: _____ Date: _____

1 or more

None

Goals (check any/all):

- Maintain or improve nutritional status in _____ (goal time).
 - Improve serum albumin in _____ (goal time).
 - Maintain or improve adherence to renal diet in _____ (goal time).
- Weight maintained, or loss/ gain of _____ lb in _____ (goal time).

Moderate Risk Interventions

(Check any/all)

- Hemodialysis and Your Renal Diet provided and explained

Obtain Dr. orders as needed:

- RD chart consult
- Social Services chart consult
- Monitor blood chemistry
- Monitor weight q: _____
- Medication adjustments
- BID/TID supplement or sole source
- Other: _____
(See notes for documentation.)

Signed: _____ Date: _____

Next visit

High Risk Interventions (Check any/all)

- Hemodialysis and Your Renal Diet provided and explained

Obtain Dr. orders as needed:

- RD referral for home visits
- Social Services referral for home visits
- Labs: _____
- Monitor weight q: _____
- Medication adjustments
- BID/TID supplement or sole source
- Other: _____
(See notes for documentation.)

Signed: _____ Date: _____

Next visit

1 or more

Assess Response (Check any/all)

- Abnormal blood chemistries
- Exhibiting Poor Oral Intake Symptoms
- Weight change not appropriate per goal
- Declining strength
- Other: _____
(See notes for documentation.)

Signed: _____ Date: _____

None

Outcomes Achieved

- Weight maintained or improved
- Adherence to renal diet
- Normal blood chemistries
- Other: _____
(See notes for documentation.)
- Repeat Nutrition Risk Screen in _____ days

Signed: _____ Date: _____

Assess Response (Check any/all)

- Abnormal blood chemistries
- Continued Poor Oral Intake Symptoms
- Weight change not appropriate per goal
- Declining strength
- Other: _____
(See notes for documentation.)

Signed: _____ Date: _____

1 or more

None

Outcomes Achieved

- Weight maintained or improved
- Adherence to renal diet
- Normal blood chemistries
- Other: _____
(See notes for documentation.)
- Repeat Nutrition Risk Screen in _____ days

Signed: _____ Date: _____

Outcomes Not Achieved

Reassess/evaluate need for further nutrition support. Document on Nutrition Variance Tracking form.