

## Hip Fracture

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

**Screen**  
Nutrition Screen diagnosis: Hip Fracture  
Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Assess** (Check any/all)  
 Impaired mobility  
 Poor strength  
 Infection (eg, pneumonia, UTI, URI)  
 Pressure ulcers/wounds  
**Weight/BMI**  
 Weight loss >3 lb/wk or >5%/mo or >10%/6 mo  
 BMI <20 (High Risk)  
 BMI >27  
 Dehydration  
**Poor Oral Intake Symptoms**  
 Nausea       No appetite  
 Vomiting       Diarrhea  
 Complex diet order       Depression/anxiety  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Goals** (check any/all):  
 Maintain or improve mobility in \_\_\_\_\_ (goal time).  
 Maintain or improve nutritional status in \_\_\_\_\_ (goal time).  
 Increase strength in \_\_\_\_\_ (goal time).  
 Weight  maintained, or  loss/ gain of \_\_\_\_\_ lb in \_\_\_\_\_ (goal time).

**Moderate Risk Interventions** (Check any/all)  
 Eating To Build Healthy Bones provided and explained  
 Food Record provided and explained  
 Fluid intake encouraged  
**Obtain Dr. orders as needed:**  
 RD chart consult  
 Social Services chart consult  
 PT chart consult  
 Monitor weight q: \_\_\_\_\_  
 BID/TID supplements  
 Other: \_\_\_\_\_  
 (See notes for documentation.)  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**High Risk Interventions** (Check any/all)  
 Eating To Build Healthy Bones provided and explained  
 Food Record provided and explained  
 Fluid intake stressed  
**Obtain Dr. orders as needed:**  
 RD referral for home visits  
 Social Services referral for home visits  
 PT referral for home visits  
 Monitor weight q: \_\_\_\_\_  
 Monitor I & O q: \_\_\_\_\_  
 BID/TID supplements  
 Other: \_\_\_\_\_  
 (See notes for documentation.)  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Assess Response** (Check any/all)  
 Decreased mobility  
 Decreased strength  
 Weight change not appropriate per goal  
 Onset of new infection  
 Dehydration  
 Other: \_\_\_\_\_  
 (See notes for documentation.)  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Outcomes Achieved**  
 Mobility maintained or improved  
 Strength maintained or improved  
 Weight maintained or improved  
 Hydration status maintained or improved  
 Other: \_\_\_\_\_  
 (See notes for documentation.)  
 Repeat Nutrition Risk Screen in \_\_\_\_\_ days  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Assess Response** (Check any/all)  
 Decreased mobility  
 Decreased strength  
 Weight change not appropriate per goal  
 Continued dehydration  
 Onset of new infection  
 Other: \_\_\_\_\_  
 (See notes for documentation.)  
 Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Outcomes Achieved**  
 Mobility maintained or improved  
 Strength maintained or improved  
 Weight maintained or improved  
 Hydration 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.

