**Team Order: MDS, BO, Therapy, NSG, SW, RD**

**Resident:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **IVF for Hydration: While NOT ☐ or While a Resident ☐**

**ARD:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date/Location of Documentation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Diet Consistency**  Regular  Mechanically Altered Diet  NPO  Pleasure Feed Only  Adm weight \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Re-weight \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  BMI ≥40  BMI ≥35 with comorbidities  MD Documented in LBP | **CP**  ☐ | **Nutritional Approaches**  TPN  TF Bolus  TF Continuous  Proportion of total calories   * ≤25% * 26%-50% * ≥51%   Average fluids/day   * ≤500cc * ≥500cc | **Malnutrition**  Actual  MD Documented in LBP  At Risk  MD Documented in LBP | **CP**  **☐** | **Swallow Disorder**  **While NOT or While a Resident**  A. Loss of liquids/solids from mouth when eating or drinking  B. Holding food in mouth/cheeks or residual food in mouth after meals  C. Coughing or choking during meals or when swallowing medications  D. Complaints of difficulty or pain when swallowing  ST Referral | **CP** | **Date and location of documentation** |
| **Miscellaneous:** | | | | | | | |