Nutrition risk screen record

Form | CLN-FRM-005

Document type	Form
Title	Nutrition risk screen record
Document ID	{{facility.code}}-CLN-FRM-005
Version and status	1.0 | Issued for use. Pending ASF Expert Committee ratification
Prepared by	{{roles.quality_lead.name}}, Quality lead
Reviewed by	{{roles.clinical_director.name}}, Clinical director Date: _____
Approver and signature	{{roles.clinical_director.name}}, Clinical director Signature: _____ Date: _____
Effective date	{{document.effective_date}}
Next review	{{document.review_date}} (12 months, or sooner after any incident or change)
Replaces	None (new document)
Standards and criteria supported	Standard 1 (Assessment, Care Planning and Safety), criterion 1.5
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

Use this form when

Records the nutritional risk screen, the therapeutic diet and any nutrition plan.

1. How to complete

- Complete on admission and at each set interval.
- Record the diet from the order.
- Record any plan for a patient at risk.

2. Items to check

#	Item	Standard or evidence	Yes	No	N/A	Action if No
1	Nutritional risk screened	Yes	[ ]	[ ]	[ ]	Action and who to tell
2	Risk level recorded	Yes	[ ]	[ ]	[ ]	Action and who to tell
3	Therapeutic diet from the order	Yes or N/A	[ ]	[ ]	[ ]	Action and who to tell
4	Nutrition plan for patients at risk	Yes or N/A	[ ]	[ ]	[ ]	Action and who to tell
5	Screened by and date	Yes	[ ]	[ ]	[ ]	Action and who to tell

Completed by (name and role): _____ Date/time: _____ Signature: _____

3. Evidence

ID	Source and status
E-009	Screening tool to follow national guidance.

ID	Source and status
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus.

4. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval