Oncology Toolkit
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# Medical Nutrition Therapy Summary Page for Oncology Nutrition: Pancreatic Cancer

**Setting:** Ambulatory Care or adapted for other health care settings (Adult 18 years old or older)

**Goal:** Supportive MNT to prevent treatment interruptions

<table>
<thead>
<tr>
<th>Encounter</th>
<th>Length of contact</th>
<th>Time between encounters</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>30-45 minutes</td>
<td>Initial</td>
</tr>
<tr>
<td>2 or more</td>
<td>15-30 minutes</td>
<td>Ongoing as needed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcome Assessment Factors</th>
<th>Expected Outcomes of MNT</th>
<th>Ideal/Goal Value of MNT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Biochemical Data and Anthropometric Measurements</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Height, weight, BMI usual weight, percent weight loss</td>
<td>Patient is able to state the importance of maintaining adequate hydration during chemotherapy.</td>
<td>For all patients: Minimize weight loss during cancer treatment.</td>
</tr>
<tr>
<td><strong>Determining energy needs:</strong> Resting metabolic rate (RMR) via Indirect Calorimetry or using HBE equation with actual body weight, adjusted for physical activity level</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Labs</strong> (As determined by co-morbid conditions, such as HgA1C for DM, thyroid panel for hypothyroidism, etc.; check glucose levels if patient is on steroids).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>See ON Toolkit Appendix 2: Professional Clinical References: Assessment section: &quot;ADA Pocket Guide to Nutrition Assessment&quot;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food or Nutrient Delivery</td>
<td>Food Variety and Energy Intake</td>
<td>Fluid Intake</td>
</tr>
<tr>
<td>--------------------------</td>
<td>-------------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>See ON Toolkit: Appendix 2: Professional Clinical Reference Cancer and Nutrition-Specific section: <em>Clinical Guide to Oncology Nutrition</em>, 2nd edition, p. 100-104 Management of Nutrition Impact Symptoms in Cancer and Education Handouts; Recipes section</td>
<td>Patient is able to tolerate foods during chemotherapy Patient or caregiver is able to select nutrient-rich food sources with medical food supplement or enteral nutrition.</td>
<td>Patient is able to state reason for maintaining adequate hydration during cancer treatment Patient or caregiver is able to identify signs and symptoms of dehydration Patient is able to state the daily goal of drinking at least 48-64 fluid ounces daily Patient is able to state the reason for drinking more fluids if experiencing diarrhea Patient can name several sources of fluids currently available at home.</td>
</tr>
<tr>
<td>See ON Toolkit: Appendix 3: Patient Library Recommendations: Treatment-Related Cookbook list</td>
<td></td>
<td>Patient drinks adequate amounts of total fluids daily to keep saliva thin and to prevent dehydration Patient is able to avoid emergency intravenous hydration Patient is able to avoid interruption of planned treatment schedule.</td>
</tr>
<tr>
<td><strong>Ideal Goals:</strong> Adequate calorie intake to maintain weight Adequate protein intake.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Enteral and Parenteral Nutrition


<table>
<thead>
<tr>
<th>Patient or caregiver can do</th>
<th>Patient can do</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient or caregiver is able to select nutrient-rich food sources with medical food supplement or enteral nutrition</td>
<td>Patient is able to tolerate medical food supplements</td>
</tr>
<tr>
<td>Patient is able to select medical liquid supplements or snacks to support food intake</td>
<td>Ideal Goals: Adequate calorie intake to maintain weight Adequate protein intake.</td>
</tr>
<tr>
<td>Arrangements are made for timely delivery of enteral nutrition supplies</td>
<td>Patient or caregiver is able to experience a smooth initiation of enteral feeding start-up, including delivery of supplies and patient education on the use and care of the feeding tube</td>
</tr>
<tr>
<td>Arrangements are made for the patient or caregivers to receive education on the care and use of the feeding tube</td>
<td>Patient is able to maintain weight weekly during treatment</td>
</tr>
<tr>
<td>Patient or caregiver is able to follow a tube feeding schedule</td>
<td>Patient is able to maintain adequate hydration weekly during treatment.</td>
</tr>
<tr>
<td>Patient is able to tolerate tube feedings and method of feeding (syringe, gravity-drip feeding bag and pump)</td>
<td>Patient is able to follow the &quot;Tube Feeding Schedule&quot;</td>
</tr>
<tr>
<td>Patient or caregiver is able to state the amount and purpose of water flushes.</td>
<td>Patient or caregiver reports being able to achieve goal rate for enteral feedings</td>
</tr>
<tr>
<td>Patient is able to tolerate medical food supplements</td>
<td>Patient is not placed at risk for food-borne illness</td>
</tr>
<tr>
<td>Patient or caregiver reports no problems with diarrhea, constipation, regurgitation, bloating, nausea or vomiting</td>
<td>Patient or caregiver is able to maintain patency of the feeding tube.</td>
</tr>
<tr>
<td>Patient or caregiver is able to experience a smooth initiation of enteral feeding start-up, including delivery of supplies and patient education on the use and care of the feeding tube</td>
<td></td>
</tr>
</tbody>
</table>
| **Texture modification**  
**See ON Toolkit: Appendix 1:** Patient Education Materials: Eating Tips section; Recipes section  
See ON Toolkit: Appendix 2: Professional Clinical References: Cancer and Nutrition-Specific section: Management of Nutrition Impact Symptoms in Cancer and Education Handouts, “Possible Bowel Obstruction”; Recipes section. | Patient or caregiver is able to identify foods well tolerated  
Patient or caregiver is able to change the texture of food, if experiencing sore throat, duodenal stents, bowel constrictions or mouth sores. | Patient or caregiver is able to modify food textures to promote comfortable food intake. |
|---|---|---|
| **Food preparation**  
**See ON Toolkit: Appendix 1:** Patient Education Materials: Blenderized Diet section; Recipe section; Food Safety section  
**See ON Toolkit: Appendix 2:** Professional Clinical References: Cancer and Nutrition-Specific section: Management of Nutrition Impact Symptoms in Cancer and Education Handouts  
**See ON Toolkit: Appendix 3:** Patient Library Recommendations: Treatment-Related Cookbook list | Patient or caregiver is able to state various quick and simple cooking methods which can be used to minimize fatigue  
Patient or caregiver is able to use a blender for food preparation if needed.  
Patient or caregiver is able to identify safe food handling, preparation and storage practices. | Patient or caregiver is able to use cooking techniques to minimize fatigue  
Patient or caregiver is able to prepare meals that are well-tolerated  
Patient is not placed at risk for food-borne illness. |
| **PEARL # 1**  
If a patient has financial issues or lives alone with no caregiver, refer patient to the Social Worker for assistance. |  |  |
## Eating frequency and pattern

*See ON Toolkit: Appendix 2: Professional Clinical References: Pancreatic Cancer section*

| Patient is able to eat five to six small meals or snacks per day, including breakfast. | Patient tolerates foods eaten.  
Ideal: Adequate calorie intake to maintain weight  
Patient is able to eat adequate amounts of protein. |

## Vitamin or mineral intake

*See ON Toolkit: Appendix 2: Professional Clinical References: Assessment section;  
Cancer and Nutrition-Specific section:  
Clinical Guide to Oncology Nutrition, 2nd edition, p.100-104  
Dietary Reference Database section  
Drug Information Database section  
See ON Toolkit Appendix 8: Dietary Reference Intake....*

| Maintains dietary reference intake of vitamins and minerals  
If patient is experiencing steatorrhea, water-miscible vitamins may be used to meet the dietary reference intake of vitamin and minerals. | Patient with multiple food allergies, or intolerances may require the use of dietary supplements (e.g., calcium, vitamin D for lactose intolerance)  
Patient has no Clinical symptoms of vitamin/mineral deficiency. |

## Use of dietary supplements

*See ON Toolkit: Appendix 2: Professional Clinical References:  
Cancer and Nutrition-Specific section:  
Clinical Guide to Oncology Nutrition, 2nd edition, p.100-104  
Dietary Supplement Databases section;  
Bariatric surgery section (gastric bypass);  
Gastric Cancer section (post-gastrectomy or total gastrectomy);  
Integrative Therapies section;  
Pancreatic Cancer section (pancreatic enzymes and steatorrhea management)  
See ON Toolkit Appendix 8: Dietary Reference Intake....*

| Use of oral omega-3 fatty acid:  
Intake of omega-3 fatty acid as a medical food supplement or oral supplement is not recommended:  
To alter prolonged acute phase response (Evidence: Fair)  
Or for anti-cachectic effects (Evidence: Strong)  
Patient understands risks and benefits dietary supplements. | Patient practices safe use related to dietary supplements. |
### Medication use

**PEARL # 2**

*Encourage the patient to report ineffectiveness of any medications used for symptom management.*

<table>
<thead>
<tr>
<th>Patient is able to take medications properly to achieve maximum symptom relief. (E.g. nausea, diarrhea.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient or caregiver can describe symptoms of pancreatic enzyme insufficiency.</td>
</tr>
<tr>
<td>If patient is experiencing steatorrhea, pancreatic enzymes and water-soluble vitamins may be used</td>
</tr>
<tr>
<td>Patient or caregiver is able to adjust the use of pancreatic enzymes appropriately and as indicated with each meal and snack</td>
</tr>
<tr>
<td>Patient or caregiver is able to identify potential food/drug interactions</td>
</tr>
<tr>
<td>Patient or caregiver is able to identify potential food/drug interactions</td>
</tr>
<tr>
<td>Patient experiences no undesirable food or drug interaction</td>
</tr>
<tr>
<td>Patient tolerates meals with use of pancreatic enzyme replacement</td>
</tr>
<tr>
<td>Patient or caregiver is able to use all medications appropriately and as indicated.</td>
</tr>
</tbody>
</table>

### Behavioral/Environmental

**Physical activity**

<table>
<thead>
<tr>
<th>Patient is able to participate with limited physical activity with assistance, such as activities of daily living during treatment.</th>
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<tbody>
<tr>
<td>Ideal: No change in PG-SGA, activities and functional level during treatment.</td>
</tr>
</tbody>
</table>

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**See ON Toolkit: Appendix 2:**

| Professional Clinical References; Cancer and Nutrition Screening section; Karnofsky Score section |

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MNT Summary Page for Oncology Nutrition: Pancreatic Cancer
### Nutrition Counseling

**Behavior therapy**

*See ON Toolkit: Appendix 2: Professional Clinical References: Integrative Therapies section; Recipes section*

**PEARL #3**

(Concept of “Food is Medicine” and changing one’s attitude about eating.) *Regardless of the ‘taste’ of any food you try to eat, your body needs the nourishment from foods. Eating is an important part of your treatment in which you have the control. Think of your food as your “medicine”. Your body needs it and do not let its “taste” prevent you from eating. Most medicines are not made only to ‘taste good’.*

| Patient or caregiver can alter food choices when experiencing difficulty eating due to nausea, diarrhea or constipation. | Patient or caregiver is able to locate recipes and resources for use, when nutrition impact symptoms cause difficulty eating during treatment. |
Medical Nutrition Therapy Oncology Initial Progress Note

Name: ______________ MR# ______ DOB: ________ Referring physician: ______________ Date: ______

Age:______ Ethnicity: ___ Spoken language: ___________ Written language: ________________

Medical Dx: __________________________ Time: start: ________ end: __________ total: __________

Type of treatment: Chemotherapy regimen:___________________________ Frequency: _______________________

Radiation: ____________________ Goal of cancer treatment: ___ Curative ____ Palliative

Nutrition Assessment

Patient states (chief complaint):

Anthropometric Measurements: Ht. _____ Wt._________ Usual weight________ BMI ______
Weight History (collect weekly weights for all medical diagnoses):

<table>
<thead>
<tr>
<th>Weight</th>
<th>Date</th>
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✓ SYMPTOM: ASSESS:
- anorexia early satiety/nausea/depression/taste difficulties
- diarrhea consistency of stools, # watery stools/day
- vomiting anti-nausea meds, freq of use vs. instruction label
- hyperglycemia steroid-induced, other medications
- nausea triggers, onset, duration
- dysphagia solid foods vs. beverages, swallow evaluation assessment completed?
- constipation diet history, fiber content, dietary fiber supplements, adequate fluid intake, medications
- esophagitis radiation treatment field—head/neck, mediastinal nodes, center of chest
- heartburn GERD/overeating/tumor pressure/size of meals, frequency of meals, position after eating
- stomatitis/mucositis cause; current medications for pain control
- taste changes onset, seasonal allergies/sinus problems, hx alcoholism—possible zinc deficiency
- weight loss Usual weight Current weight Calculate % usual weight
- xerostomia/dry mouth consistency of saliva, fluid intake, oral thrush, oral hygiene

Medical Health History:
If PEG tube placed, indicate date: Pre-treatment (circle): Y  N
Pertinent surgeries (include date):
### Biochemical Data and Risk Assessment:

<table>
<thead>
<tr>
<th>Labs/Tests/Procedures</th>
<th>Date</th>
<th>Value</th>
</tr>
</thead>
<tbody>
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<td></td>
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</table>

### Medications:

<table>
<thead>
<tr>
<th>Name/Company</th>
<th>Amount/Day</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
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</table>

### Dietary Supplement Use:

<table>
<thead>
<tr>
<th>Name/Company</th>
<th>Amount/Day</th>
<th>Greater than UL (Y/N)</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
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</table>

### Client History/Food Access:

- Lives alone
- Lives with family
- Lives at SNF
- Assisted Living
- Other (specify) ______________

Who: Shops for groceries, Prepares meals, Fills prescriptions

Are there financial difficulties purchasing food?

Personal History (occupation/physical activity level, exercise):

### Nutrition-focused Physical Findings (dental status, muscle mass, ascites, functional activity):

### Baseline for Outcomes Monitoring

Food and Nutrition History:

### Nutritional Needs:

<table>
<thead>
<tr>
<th>Estimated Needs</th>
<th>Method Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Energy Expenditure (TEE)</td>
<td>☐ Indirect Calorimetry</td>
</tr>
<tr>
<td>(RMR x Physical Activity Level)</td>
<td>☐ Predictive Equation: Harris- Benedict</td>
</tr>
<tr>
<td></td>
<td>☐ Other (specify)</td>
</tr>
<tr>
<td>Protein g</td>
<td>☐ g/kg/day</td>
</tr>
<tr>
<td></td>
<td>☐ Other (specify)</td>
</tr>
<tr>
<td>Fluid ml</td>
<td>☐ ml/kg/day</td>
</tr>
<tr>
<td></td>
<td>☐ Other (specify)</td>
</tr>
</tbody>
</table>
### Food/Nutrient Intake (oral, enteral or parenteral) and Patient Behaviors

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
<th>kcal</th>
<th>Inadequate</th>
<th>Adequate</th>
<th>Excessive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calorie intake:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protein intake:</td>
<td>g</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fluid intake:</td>
<td>ml</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% fat intake:</td>
<td>%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Uses medical food supplements:</th>
<th>Name:</th>
<th>Amount:</th>
<th>ml</th>
<th>Calories:</th>
<th>kcal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protein:</td>
<td>g</td>
<td>Fluid:</td>
<td>ml</td>
<td>Fiber:</td>
<td>g</td>
</tr>
</tbody>
</table>

### Cooking techniques to minimize fatigue
- Currently modifying food textures
- Able to maintain usual physical activity

### Nutrition Quality of Life:
- Tool used: __________
- Score (include total possible): __________

### Additional Pertinent Information:

### Nutrition Diagnosis (select priority nutrition diagnoses):

#### Intake

- Inadequate energy intake
- Excessive intake
- Inadequate oral food or beverage intake
- Excessive oral food/beverage intake
- Inadequate intake from enteral nutrition (EN) or parenteral nutrition (PN) infusion
- Excessive intake from EN or PN infusion
- Inadequate fluid intake
- Excessive fluid intake
- Inadequate bioactive substance intake
- Excessive bioactive substance intake
- Increased nutrient needs
- Evident protein-energy malnutrition
- Inadequate protein-energy intake
- Imbalance of nutrients
- Excessive fiber intake
- Inadequate vitamin intake
- Excessive vitamin intake

#### Clinical

- Swallowing difficulty
- Biting/chewing (masticatory) difficulty
- Altered GI function
- Impaired nutrient utilization
- Altered nutrition-related laboratory values
- Underweight
- Involuntary weight loss
- Overweight/obesity
- Involuntary weight gain

#### Behavioral-Environmental

- Food and nutrition-related knowledge deficit
- Harmful beliefs/attitudes about food- or nutrition-related topics
- Not ready for diet/lifestyle change
- Limited adherence to nutrition-related recommendations
- Physical inactivity
- Impaired ability to prepare foods/meals
- Limited access to foods

### Nutrition Diagnosis Statements (Nutrition Diagnosis, Related To (Etiology) As Evidenced By (Signs/Symptoms):

### Nutrition Prescription (include nutrition needs, education, counseling, coordination of care):
# Nutrition Interventions

## Meal and Snacks:
- General/healthful diet
- Modify distribution, type or amount of food and nutrients within meals or at specified times
- Specific foods/beverages or groups
- Other:

## Enteral Nutrition (EN) and Parenteral Nutrition (PN)
- Initiate EN or PN
- Modify rate, concentration, composition or schedule (ND-2.2)
- Discontinue EN or PN
- Insert enteral feeding tube
- Site care

## Vitamin and Mineral Supplements:
- Multivitamin/mineral
- Multi-trace elements
- Vitamin
- Mineral

## Medical Food Supplements (Type):
- Commercial beverage
- Commercial food
- Modified beverage
- Modified food
- Purpose

## Nutrition-related Medication Management:
- Initiate
- Dose change
- Form change
- Route change
- Administration schedule
- Discontinue

## Initial/Brief Nutrition Education:
- Purpose of nutrition education
- Priority modifications:
  - Survival information
- Other:

## Nutrition Counseling:
- Theoretical basis/approach
- Strategy

## Comprehensive Nutrition Education:
- Purpose of the nutrition education
- Recommended modifications
- Advanced or related topics
- Result interpretation
- Skill development
- Other:

## Coordination of Other Care During Nutrition Care:
- Team meeting
- Referral to RD with different expertise
- Collaboration/referral to other providers (Cancer Center social worker, Onc. MD, swallow eval, etc.)
- Referral to community agencies/program (Meals On Wheels, food bank, American Cancer Society programs, Oley Foundation)

## Discharge & Transfer of Nutrition Care to New Setting or Provider
- Collaboration/referral to other providers
- Referral to community agencies/programs (Durable Medical Equipment provider, home care services, etc.)
**Monitoring and Evaluation (follow-up plan)**

### Food and Nutrient Intake:
- Caregiver/companion
- Total energy intake
- Oral fluid amounts
- Meal/snack pattern
- Total carbohydrate
- Source of carbohydrate
- Total fiber
- Soluble fiber
- Insoluble fiber

### Enteral and Parenteral Nutrition Intake:
- Access
- Formula/solution
- Initiation
- Rate/schedule

### Vitamin intake:
- D
- B6
- B12
- Multivitamin
- Other____________________

### Mineral/element intake:
- Calcium
- Iron
- Other(specify)____________________

### Medication and Herbal Supplement Use:
- Medications, specify prescription or OTC
- Herbal/complimentary products
- Misuse of medication

### Knowledge/Beliefs/Attitudes
- Conflicts with personal/family value system
- Distorted body image
- End-of-life decisions
- Motivation
- Pre-occupation with food
- Pre-occupation with weight
- Readiness to change nutrition-related behaviors
- Self-efficacy
- Self-talk/cognitions
- Unrealistic nutrition-related goals
- Unscientific beliefs/attitudes

### Behavior:
- Nutrition visit attendance
- Ability to recall nutrition goals
- Self-monitoring at agreed upon rate
- Self-management as agreed upon
- Avoidance
- Restrictive eating
- Cause of avoidance behavior
- Binge-eating behavior
- Purging behavior
- Meal duration
- Percent of meal time spent eating
- Preference to drink rather than eat
- Refusal to eat/chew
- Spitting food out
- Ruminating
- Patient/client/caregiver fatigue during feeding process resulting in inadequate intake
- Willingness to try new foods
- Limited number of accepted foods
- Rigid sensory preferences
- Ability to build and utilize social network
- Other____________________

### Biochemical Data, Medical Tests and Procedure Outcomes

#### BUN, Creatine
- BUN:creatinine ratio
- Glomerular filtration rate
- Sodium
- Chloride
- Potassium
- Magnesium
- Calcium, serum
- Calcium, ionized
- Phosphorus
- Serum osmolality
- Parathyroid hormone
- Triene:Tetraene ratio
- Alkaline phosphatase
- Alanine aminotransferase, ALT
- Aspartate aminotransferase, AST
- Gamma glutamyl transferase, GGT
- Gastric residual volume
- Bilirubin, total
- Ammonia, serum
- Prothrombin time, PT
- Partial thromboplastin time, PTT
- INR (ratio)

#### LAB:
- Amylase
- Lipase
- Glucose, fasting
- Glucose, casual
- HgbA1c
- Pre-prandial capillary plasma glucose
- Peak post-prandial capillary plasma glucose
- Glucose tolerance test
- Cholesterol, serum
- Cholesterol, LDL
- Triglycerides, serum
- RQ
- Copper, serum or plasma
- Iodine, urinary excretion
- Zinc, serum or plasma
- Hemoglobin
- Hematocrit
- Mean corpuscular volume
- Red blood cell folate
- Red cell distribution width
- B12, serum

#### Laboratory and Stool Tests:
- Fecal fat
- Methylmalonic acid, serum
- Folate, serum
- Homocysteine, serum
- Ferritin, serum
- Iron, serum
- Total iron-binding capacity
- Transferrin saturation
- Albumin
- Prealbumin
- Transferrin
- Urine osmolality
- Urine specific gravity
- Other____________________
## Anthropometric Outcomes

- Height
- Weight
- Frame size
- Weight change
- Body mass index
- Body compartment estimation

## Nutrition-focused Physical Findings Outcomes

- Digestive system (diarrhea, vomiting, nausea, constipation, heartburn, esophagitis, taste changes, stomatitis, dysphagia)
  
  **Specify**

- Extremities, muscles and bones

---

Next Visit: ________________

RD Signature: __________________________

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**List materials provided below (see ON Toolkit Appendix Patient Education Materials):**

**Example:**

- Changes in Taste & Smell

<p>| | |</p>
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