



Annexure 2 - Case Format

(To be used by RD interns)

Name of Hospital:

Date of assessment:

I. *Nutritional screening on admission (Date of admission)*

1. Patient Profile:

- I. Patient Name
- II. Age
- III. Community
- IV. Occupation
- V. Economic Status (income)
- VI. No. of Family members (adult + child)

2. Use of appropriate screening tool as per the institution e. g NRS , MUST, SGA , STAMP, PED SGA, etc. or suitable and validated tool)

Anthropometric measurements for adults		Anthropometric measurements for pediatrics	
Weight		Birth weight	
Height		Length	
BMI		Head/Chest Circumference	
Target/Adjustable body weight		MUAC/TSFT	
Triceps Skin fold thickness		BMI-Z scores/percentile	
Waist circumference		Chest	
Hip circumference		Skin fold (TSFT)	
W/H ratio		Growth chart/Percentile (WHO/IAP)	
BMR/REE			
Physical activity(calculate as per NIN charts)			

3. Biochemical data

- Diagnostic
- Blood investigations
- Other investigations

4. Clinical data

- Present complaint (clinical signs and symptoms)
- Past Medical history
- Final Medical diagnosis
- Medications/ treatment

Medication	Dosage	Mechanism of Action

5. Dietary history

- 24hrs - Home recall + empty calories intake from food frequency table(as given below)

Timings	Meal	Menu	Household Measures

- sample table provided - Food frequency table

Food items	Daily	Weekly	Fortnightly	Monthly	Total empty caloric intake (in-Frequent items i.e. times consumed X No. of serving /No. of days)
In frequent foods e.g. Pickle /papad /chaats /outside foods/beverages etc.					

Nutritional calculation of home diet recall:

- Energy : Kcal (kcal/kg body weight)
- Proteins : gms (gms/kg body weight)
- Carbohydrates : gms (%)
- Fats : gms (%)
- Empty calories : kcals
- Fluid req. : ml
- Other relevant disease specific nutrients (e.g. Calcium, iron, sodium, potassium, fiber)

- 3 days Present hospital recall

Timings	Meal	Menu	Energy	Proteins	Carbs	Fats
Day one			kcal	gms	gms	gms
Day two						
Day Three						
Total			kcal	gms	gms	gms
Average						

II. Nutrition Diagnosis (PES statement) (ref. Krause & Mahan edt.13 for NCP)

1. Critical thinking : to determine MNT regime with Nutrition Principles

III. Nutrition Intervention:

- Medical Nutrition Therapy (regime) e.g. soft Cardiac / spaced diabetic
 - Goals (short term goals & Long term goals)
 - Energy
 - Proteins
 - Carbohydrates
 - Fats (Source of fats)
 - Sodium
 - Potassium
 - Fluid requirements
 - NNC
 - Cal:N² ratio
 - Antioxidants/immunonutrients
 - Micronutrients relevant to the case
 - Consistency and frequency of meals

Exchange list of the prescribed Medical Nutrition Therapy (regime)

Food group	Ex	Energy	Proteins	Carbs	Fats	Na	K
	Nos.	kcal	gms	gms	gms	mg	mg
Total		kcal	gms	gms	gms	mEq	mEq
Percentage							

Meal distribution:

Food group	Ex.	EM	BF	MM	L	SNK	ME	DIN	BT
Time									

Detailed prescribed hospital Menu

Timings	Meal	Menu	Household Measures

IV. Monitoring and Reassessment

- Recall of the Prescribed hospital MNT

(To monitor and reassess the actual food consumption, in order to modify the MNT at the time of discharge)

	Energy	Proteins	Carbs	Fats	Na	K
	kcal	gms	gms	gms	mg	mg
Day 1						
Day 2						
Day 3						
Average						
	kcal	gms	gms	gms	MEq	MEq
Percentage						

- Discharge diet
 - Type of diet
 - Supplement
 - Energy
 - Proteins
 - Carbohydrates
 - Fats
 - Source of fats
 - Sodium
 - Potassium
 - NNC
 - Cal:N² ratio
 - Fluid requirements
 - Recommendations
 - Prescribed Exercise regime

Following to be tabulated as given above

- Exchange list:
- Meal distribution:
- Detailed Menu:

V. Evaluation and Follow up (will be conducted at each visit before and after discharge)

Reassessment criteria

- Relevant anthropometry e.g. Weight
- Biochemical parameters
- Clinical signs and symptoms
- Diet compliance

Follow up prescription and modification

RD Trainer name & Signature

RD Inter name and signature