Example Nutrition Care Plan

Name:					
Problem:	Identified at risk of Malnutrition e.g. 'MUST' score 1 or more				
Aim:	To improve nutritional status if clinically appropriate				
	Action	Sign & Date			
a) Record results of screening in 'MUST' assessment record.					
b) Identify and medications, c issues which r					
c) Inform GP of or specialist te for weight loss					
d) Discuss food and drink likes and dislikes with patient/relatives					
e) Maintain ac					
f) Liaise with Catering Team to:					
Commence food fortification - see food first advice					
Offer 2 nourishing snacks in-between meals					
Offer 2 - daily in-b					
Order sp	pecial diet if appropriate (e.g. diabetic, gluten, modified texture)				
g) Refer to Dietitian (if appropriate, see local policy).					
h) Encourage	and assist with eating and drinking where required				
i) Provide appropriate utensils/equipment is provided					
j) Ensure meals, drinks and feeding aids are within easy reach					
k) Ensure mea	altimes are uninterrupted and sufficient time is provided				
I) Repeat scre					
☐ Monthly for Medium Risk (Score 1) ☐ Weekly for High Risk (Score 2+)					
•	re plan: weekly monthly other ss overleaf. If risk changes, change the care plan.				

Review Date / time	Evaluation / Progress	Action	Signature

□ vegetarian □ requires special diet (please specify) □ supplements **Food Preferences** Likes **✓** ••••• **Dislikes** ×

Additional information if useful