

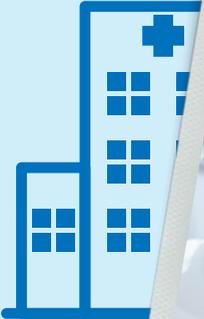


**FRESENIUS  
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caring for life

# Nutrition therapy recommendations

for patients at discharge



**gnp** good  
nutrition  
practice  
by Fresenius Kabi

Hospital

# Nutrition therapy recommendations for patients at discharge

Patient name \_\_\_\_\_

Date of birth \_\_\_\_\_

Patient weight (kg) \_\_\_\_\_

Date \_\_\_\_\_

Dear patient,

during your hospital stay you were assessed as being nutritionally at risk and you received a personalized nutrition therapy according to your nutritional needs. After your hospital stay you may need further nutritional support. Herewith, you receive your individual plan how to proceed with your nutrition therapy at home.

Nutrition therapy

## Your plan during hospital stay:



Dietary modifications  
(e.g. high energy / high protein meals) ▶ \_\_\_\_\_

Oral nutritional supplements  
(e.g. Product name, ml / units per day) ▶ \_\_\_\_\_

Tube feeding  
(e.g. Product name, ml/units per day,  
flow rate (ml / hour), duration per hour) ▶ \_\_\_\_\_

## Your plan after hospital discharge:



Nutrition therapy  
Continue plan as above  
after discharge: \_\_\_\_\_

Yes       No

Yes, with changes: \_\_\_\_\_

## Monitoring your progress

You can monitor your progress by checking your weight once a week. The best time for weighing is in the morning, unclothed, after using the toilet - ideally on the same scales every time. Copy the weight into the weight development graph and connect the crosses to get an overview of your weight trend. Please find the graph at the back of this page.

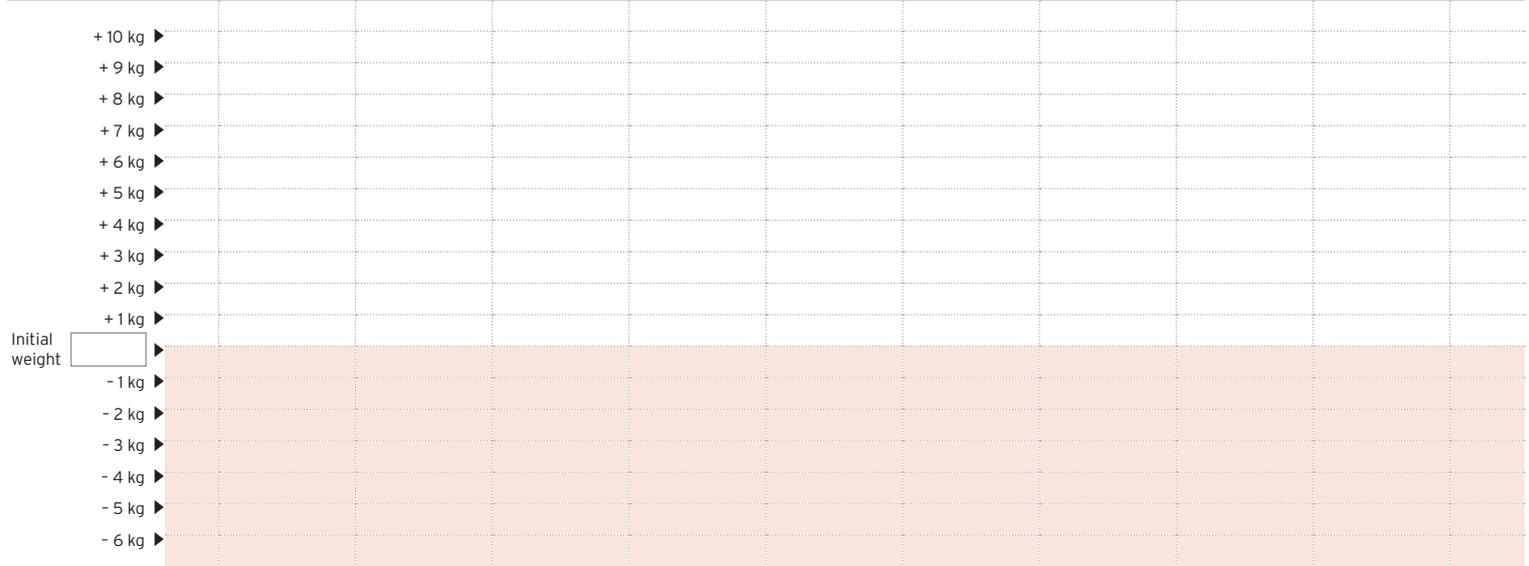
In addition, you can track your well-being (emotion icons) and write down special events (e.g. side effects, appetite and your ability to complete your every day tasks, i.e. washing, shopping), activities and relevant notes.

If you continue to lose weight, notice any worsening of your appetite or are less able to complete your tasks, please seek advice from your doctor, dietitian or nurse.

Please bring the sheet with you to each visit of your health care team.



My start day:	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10
Date										
What is your weight today?										
How would you rate your mood over the past week?	😊 😐 😞	😊 😐 😞	😊 😐 😞	😊 😐 😞	😊 😐 😞	😊 😐 😞	😊 😐 😞	😊 😐 😞	😊 😐 😞	😊 😐 😞
Special events, activities and notes										





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KABI**

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Fresenius Kabi Deutschland GmbH  
61346 Bad Homburg vd.H., Germany  
Phone: +49 (0) 61 72 / 686-0  
enteral.nutrition@fresenius-kabi.com  
www.fresenius-kabi.com