

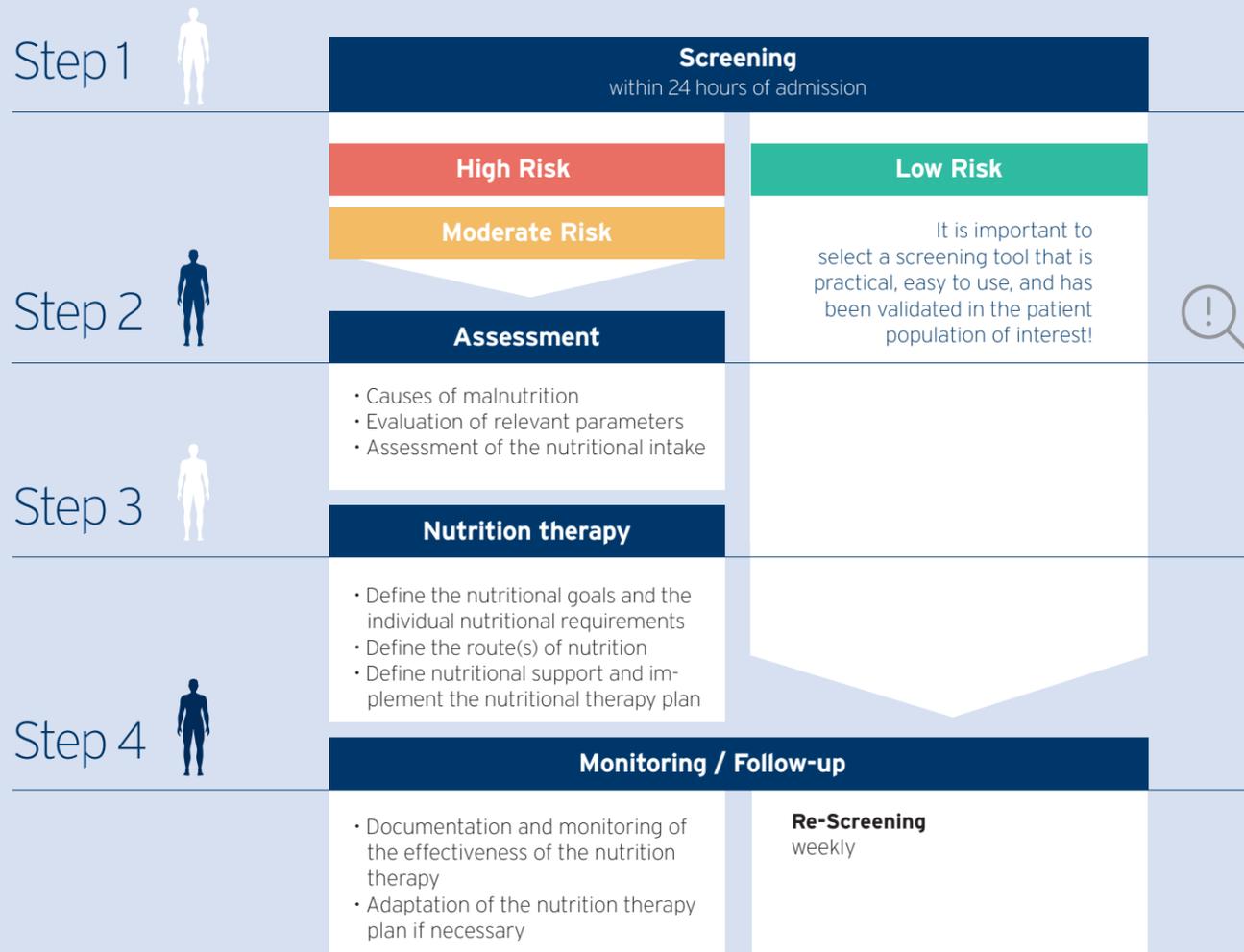
Food and fluid protocol



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Assessment and monitoring of the intake of food and fluid



How to complete a Food & Fluid protocol?



Example: Assessment of energy (protein) intake (purchase of 2000 kcal)

Breakfast (kcal)	Lunch (kcal)	Dinner (kcal)	Intake versus requirement	Supplementation	Energy Gap	Examples of appropriate supplementation
620	760	620	100% of requirements	No supplementation necessary	0%	-
620	570	465	75–100% of requirements	Energy and protein rich food and consider oral nutritional supplements	< 25%	100–400 kcal Energy/protein rich food and/or 1 x Oral nutritional supplement (▶ 200 ml à 2 kcal/ml = 400 kcal)
465	570	465	50–75% of requirements	Oral nutritional supplements	25%	500 kcal 2 x Oral nutritional supplements (▶ 200 ml à 1.0 kcal/ml + 200 ml à 1.5 kcal/ml = 500 kcal)
310	380	310	25–50% of requirements	If possible: oral nutritional supplements, if not: supplementary or complete tube feeding. Consider parenteral nutrition if enteral nutrition is inadequate or impossible.	50%	1000 kcal 3 x Oral nutritional supplements and/or tube feeding (▶ 400 ml à 2.0 kcal/ml + 200 ml à 1.0 kcal/ml = 1000 kcal) or Tube feeding (▶ 1000 ml à 1.0 kcal/ml = 1000 kcal)
155	190	155	< 25% of requirements	For < 21–28 days: nasogastric tube feeding, for > 21–28 days: tube feeding via PEG. Consider parenteral nutrition if enteral nutrition is inadequate or impossible.	> 75%	1500 kcal Tube feeding (▶ 1000 ml à 1.5 kcal/ml = 1500 kcal)

Patient name

Date of admission Energy requirements
in kcal/d Protein requirements
in g/d

Step 2/4 **Food protocol - daily fluid intake**

Assessment (3 days) and regular monitoring of energy and protein intake

	Assessment			Monitoring					
	3 days review of food intake			1	2	3	4	5	6
Date									
Breakfast _____ kcal*	⊕	⊕	⊕	⊕	⊕	⊕	⊕	⊕	⊕
Signature									
Lunch _____ kcal*	⊕	⊕	⊕	⊕	⊕	⊕	⊕	⊕	⊕
Signature									
Dinner _____ kcal*	⊕	⊕	⊕	⊕	⊕	⊕	⊕	⊕	⊕
Signature									
Snack 1+2 _____ kcal*	⊕⊕	⊕⊕	⊕⊕	⊕⊕	⊕⊕	⊕⊕	⊕⊕	⊕⊕	⊕⊕
Signature									
Snack 3+4 _____ kcal*	⊕⊕	⊕⊕	⊕⊕	⊕⊕	⊕⊕	⊕⊕	⊕⊕	⊕⊕	⊕⊕
Signature									
Estimation of provided energy via food per day _____ kcal*	⊕	⊕	⊕	⊕	⊕	⊕	⊕	⊕	⊕
Energy intake via food (kcal)									
Protein intake via food (g)**									
ONS intake (No. of bottles, kcal)									
Tube feed intake (No. of bags, kcal)									
Parenteral nutrition intake (kcal)									
Total energy intake (kcal)									
Parenteral nutrition, amino acids intake (g)									
Total protein intake (g)**									
Signature									

*average energy content of provided menus during hospital stay (Breakfast, lunch, dinner and snacks)

** estimation of daily protein intake (high = H, medium = M, low = L); to be surveyed if possible.

Step 3 **Nutrition therapy**

Calculate the average energy and protein intake in % and determine nutrition therapy

Notes: _____

Fluid requirements in ml/d

Step 2/4 Food protocol - daily fluid intake

Date														
 Cup	Morning	ml												
		ml												
		ml												
		ml												
 Glass/ bowl	Afternoon	ml												
		ml												
		ml												
		ml												
	Evening	ml												
		ml												
Fluid intake via ONS (ml)														
+ Water content of food (0.33 ml/kcal) (ml)														
+ Water content of ONS and/or tube feed* (ml)														
+ Water content of parenteral/infusion solution* (ml)														
= Total fluid intake (ml)														

* please find the water content on the product label

Fluid substitution = Fluid requirement - total fluid intake

Fluid substitution (ml)														
Signature														

Notes: _____

