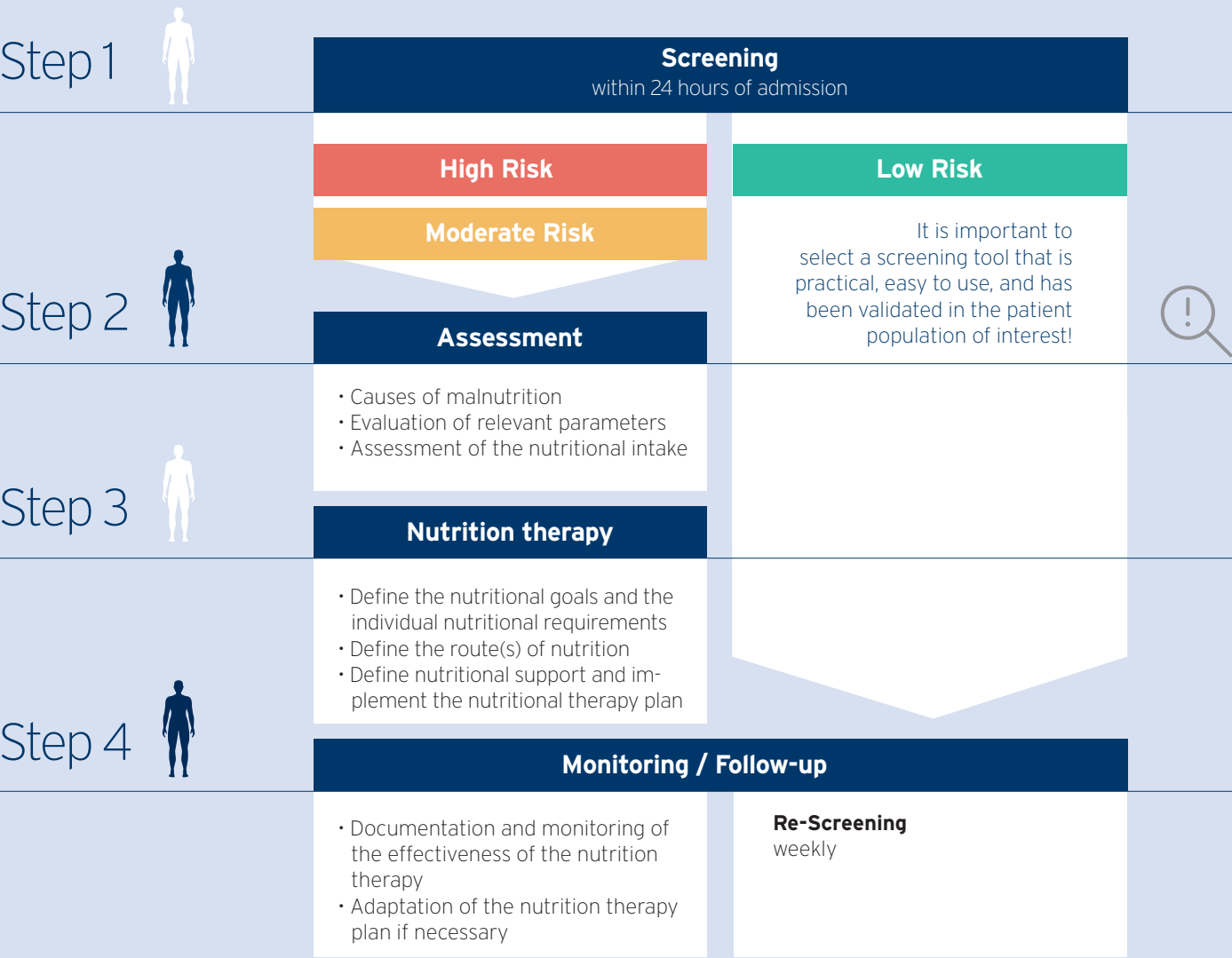


Food and fluid protocol





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 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: _____

Step 2/4 Food protocol - daily fluid intake

Date														
 Cup  Glass/ bowl	Morning	ml												
		ml												
		ml												
		ml												
	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: _____
