

Food and fluid protocol







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Assessment and monitoring of the intake of food and fluid



Step 1	Screening within 24 hours of admission								
	High Risk	Low Risk							
Step 2	Moderate Risk Assessment	It is important to select a screening tool that is practical, easy to use, and has been validated in the patient population of interest!	(!)						
Step 3	Causes of malnutritionEvaluation of relevant parametersAssessment of the nutritional intake								
экер э ————————————————————————————————————	Nutrition therapy								
	 Define the nutritional goals and the individual nutritional requirements Define the route(s) of nutrition Define nutritional support and implement the nutritional therapy plan 								
Step 4 W	Monitoring /	Follow-up							
	 Documentation and monitoring of the effectiveness of the nutrition therapy Adaptation of the nutrition therapy plan if necessary 	Re-Screening weekly							

How to complete a Food & Fluid protocol? Example: Assessment of energy (protein) intoles (purchase of 2000 lear)



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

Breakfast (kcal)	Lunch (kcal)	Dinner (kcal)	Intake versus requirement	Supplementation	Energy Gap	Examples of appropr	riate supplementation	
X X X 620	X X X X X	X X 620	100% of requirements	No supplementation necessary	0%	-		
X X 620	X X 570	X X 465	75 – 100 % of requirements	Energy and protein rich food and consider oral nutritional supplements	C <25%	100 - 400 kcal	Energy/protein rich food and/or 1x Oral nutritional supplement (▶200 ml à 2 kcal/ml = 400 kcal)	
X X 465	X X 570	X X 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)	
X X 310	X X 380	X X 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)	

Source: Dutch Malnutrition Steering Group (2011): Guideline Screening and Treatment of Malnutrition. www.fightmalnutrition.eu.



Patient name			by
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 re	eview of fo	od intake	1	2	3	4	5	6		
Date											
Breakfast kcal*					\oplus	\oplus	\bigoplus	\oplus	\oplus		
Signature											
Lunch kcal*			\bigoplus		\bigcirc	\bigoplus	\bigoplus				
Signature											
Dinner kcal*						\bigoplus					
Signature											
Snack 1+2 kcal*	$\bigoplus \bigoplus$										
Signature											
Snack 3+4 kcal*	$\oplus \oplus$										
Signature											
Estimation of provided energy via food per day kcal*	\oplus										
Energy intakevia food (kcal)											
Protein intakevia 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 menues during hospital stay (Breakfast, lunch, dinner and snacks)

Step 3	Nutrition	therapy

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

Notes:	

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



Step 2/4 Food protocol - daily fluid intake

	_	 						
	Date							
	Morning ml							
	ml							
150ml	ml							
Cup	ml							
.1	Afternoon ml							
	ml							
200 mi	ml							
	ml							
Glass/ bowl	Evening ml							
	ml							
Fluid ii	ntake via ONS (ml)							
	ontent of food 8 ml/kcal) (ml)							
	ontent of ONS ube feed* (ml)							
Water content of parenteral/ + infusion solution* (ml)								
= Total flui	d intake (ml)							

^{*} please find the water content on the product label

Fluid substitution = Fluid requirement - total fluid intake

Fluid substitution (ml)							
Signature							

Notes:			