



Date [] [] [] [] [] []

Patient number [] [] [] [] [] [] [] []

Patient consent Yes No

PLEASE CONTINUE ONLY IF PATIENT GAVE CONSENT!

Date of admission [] [] [] [] [] []

Year of birth (yyyy) [] [] [] []

This hospital admission was

- planned
 an emergency
 I do not know

Sex

- Female Male Others

Weight

[] [] [] [] kg estimated measured

Height

[] [] [] [] cm estimated measured

- 1. Diagnosis at admission (mark all that apply)
2. Main reason for admission (choose only one code from above)
3. Which conditions/comorbidities does this patient have? (mark all that apply)

ICD-10 DIAGNOSIS (1) (2) Nervous system, Mental health, Eye and adnexa, Ear and mastoid process, Circulatory system, Respiratory system, Endocrine, nutritional and metabolic diseases, Digestive system, Genitourinary system, Musculoskeletal system and connective tissue, Skin and subcutaneous tissue, Infectious and parasitic diseases, Neoplasms, Blood and bloodforming organs and the immune mechanism, Symptoms, signs, abnormal clinical/lab findings, External causes of morbidity and mortality (e.g. transport accidents, assaults), Pregnancy, childbirth and the puerperium, Conditions originating in the perinatal period, Congenital/chromosomal abnormalities, Injury, poisoning, Factors influencing health status and contact with health services, None of the above. SPECIFIC COMORBIDITIES (3) Cerebral vascular disease, Dementia, Major depressive disorder, Chronic mental disorder, Myocardial infarction, Cardiac insufficiency, Chronic lung disease, Chronic liver disease, Chronic kidney disease, GI disease/problems, Urological disease/problems, Muskel-skeletal disease, Arthritis, Skin problems, Peripheral vascular disease. GENERAL COMORBIDITIES Pain, Fatigue, Infection, Diabetes, Hypertension, Hyperlipidaemia, Endocrinal disease, Cancer (active), History of cancer, Other chronic disease. OTHER COMORBIDITIES NO COMORBIDITIES

4. Previous ICU admission during this hospital stay? Yes No I do not know

5. Is this patient terminally ill? Yes No I do not know

6. Fluid status (TODAY) Normal Overloaded Dehydrated I do not know

7. Number of different medications planned (TODAY) [] [] oral [] [] other

8. Was this patient identified as malnourished or at risk of malnutrition? Malnourished At risk No I do not know



Date

Patient number

9. IV Fluids (TODAY) Electrolyte solution (NaCl, Ringers lactate, etc) 5% Glucose solution

10. Number of ONS drinks planned (TODAY)

11. Nutrition intake (TODAY) (mark an answer for each)

Regular hospital food	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I do not know
Fortified/enriched hospital food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Special diet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Protein/energy supplement (e.g. ONS drinks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enteral nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parenteral nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12a. All lines and tubes (TODAY) (mark an answer for each)

Central Venous	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I do not know
Peripheral venous access	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nasogastric	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nasojejunal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nasoduodenal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enterostoma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Percutaneous endoscopy/surgical gastrostomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Percutaneous endoscopy/surgical jejunostomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12b. Were there complications with lines and tubes since admission? (infections /obstructions)

Yes, previously Yes, ongoing No I do not know

13. Please indicate if any of the following was done for this patient since admission

Energy requirements were determined	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I do not know
Protein requirements were determined	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food/Nutrition intake was recorded in the patient record	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrition treatment plan was developed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrition expert was consulted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Malnutrition status is recorded in the patient record	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14a. Energy goal (YESTERDAY)

- < 500 kcal
- 500-999 kcal
- 1000-1499 kcal
- 1500-1999 kcal
- >=2000 kcal
- Not determined
- I do not know

OR please insert
 kcal/kg

14b. Energy intake (YESTERDAY)

- < 500 kcal
- 500-999 kcal
- 1000-1499 kcal
- 1500-1999 kcal
- >=2000 kcal
- Not determined
- I do not know

OR please insert
 kcal/kg

15. Since admission, this patient's health status has...

- Improved
- Deteriorated
- Remained the same
- This patient has just been admitted
- I do not know