

<u>Facility</u>	<u>Date of Report</u>
<u>Reviewer</u>	<u>Individual ID #</u>

**FOCUSED CASE REVIEWS OF INDIVIDUALS
LESS THAN 80% OF IDEAL BODY WEIGHT OR
PEOPLE EXPERIENCING UNEXPLAINED WEIGHT LOSS**

Considerations	Yes	No	N/A	Comments
<p>1. There is evidence in the individual's record that a nutritional evaluation is completed at least annually by a registered dietitian that include:</p> <ul style="list-style-type: none"> a. ideal body weight (IBW) and acceptable weight range and the method of calculation. b. the recommended calorie, protein and fluid requirements. c. the recommended diet. d. the anticipated outcome from recommended diet. 				
<p>2. The recommendations in the nutritional evaluation are consistent with the:</p> <ul style="list-style-type: none"> a. individual's diagnosis (es) as applicable. b. weight history c. lab values d. drug food interactions e. anthropometrics 				

Considerations	Yes	No	N/A	Comments
<p>3. The individual has been evaluated by a registered dietitian for high nutritional risk via a nutrition risk screening which has been reviewed by the physician and nurse and includes consideration of the following:</p> <ul style="list-style-type: none"> a. diagnosis (es) b. enteral feedings c. disease state with complications d. current weight e. behavioral issues f. other _____ 	M			
<p>4. There is documentation in the individual's record that the following areas have been assessed by the physician based on the individual being identified as at high nutritional risk or when progress towards the objective has not been made.</p> <ul style="list-style-type: none"> a. the presence of other disease states with or without complications as clinically indicated including: <ul style="list-style-type: none"> i. cancer 				
<ul style="list-style-type: none"> ii. pulmonary disease 				E
<ul style="list-style-type: none"> iii. cardiovascular disease 				
<ul style="list-style-type: none"> iv. renal disease 				
<ul style="list-style-type: none"> v. hepatic disease 				
<ul style="list-style-type: none"> vi. diabetes 				
<ul style="list-style-type: none"> vii. other: _____ 				

Considerations	Yes	No	N/A	Comments
<p>b. medication side effects and interactions.</p> <p>c. the presence of gastrointestinal disorder</p> <p>d. the presence of a swallowing disorder</p>				
<p>5. The physician's assessment includes appropriate diagnostic studies including hematocrit, hemoglobin, serum albumin, pre-albumin, videofluoroscopy, and/or other studies as clinically indicated.</p>	M	M		
<p>6. The physician's assessment includes consultations with specialists as clinically indicated.</p>	M	M		
<p>7. There is evidence in the record that consultants' recommendations have been followed or a rationale by the physician is documented when the recommendation (s) is (are) not followed.</p>			P	L
<p>8. There is evidence in the record that a functional assessment of eating behavior has been completed where no medical cause has been identified.</p>				L
<p>9. There is evidence that a psychiatric evaluation has been completed where no medical or environmental cause has been identified.</p>				E

Considerations	Yes	No	N/A	Comments
10. The individual who is <80% of his/her IBW and/or has a serum albumin of 2.8g/dl or less has a diagnosis of malnutrition documented in his/her record.				
11. The individual who is experiencing unexplained weight loss has a diagnosis related to the underlying pathology documented in his/her record.				
12. The individual who has a diagnosis of malnutrition or weight loss of unknown etiology has been evaluated by a gastroenterologist.				
13. The individual's record includes a diet prescription that is consistent with the most recent nutritional evaluation (if different, the rationale and/or justification by a physician is specified in the individual's record).			P	
14. There is evidence in the individual's record that the diet is being given as prescribed.				L
15. There is a record of daily food intake for the individual who is <80% of his/her IBW or is experiencing unexplained weight loss, as clinically indicated.				E
16. The individual's weight is taken and recorded in his/her record at regular intervals that is frequent enough to evaluate status (daily to weekly).				E

Considerations	Yes	No	N/A	Comments
17. The individual's IMP includes a service objective related to his/her optimal nutritional outcome.				
18. The individual has at least a monthly clinical review of his/her nutritional status by a dietitian, physician, nurse and other relevant staff documented in his/her record.				
19. The monthly clinical review includes assessment of progress or lack of progress towards achieving the health care/nutrition service objective.	M			
20. There is evidence in the individual's record that the health care/nutritional plan for the individual plan for the individual is modified when progress towards the objective is not being made.			P	
21. There is evidence that the health care/nutritional service objective has been reviewed and/or revised by the IDT based on changes in the individual's health status.				L

E

