

# Nutrition Care Plan

<b>(Name of Hospital)</b> <b>Nutrition &amp; Dietetics</b> <b>Nutritional Care Plan</b>		Patient name: NRIC:
Date:		
To: Patient/Family/Caregiver		
<b>Nutritional Goals</b>		
Estimated Nutritional Requirements	Energy Requirement [kcal/kg/day] :  Protein Requirement [g/kg/day] :  Fluid Requirement [mls] :	
<b>Recommended Nutritional Plan</b>		
Dietary strategies to increase oral intake 1. 2. 3. 4. 5.		
Diet Texture	<input type="checkbox"/> Regular <input type="checkbox"/> Easy to Chew <input type="checkbox"/> Soft and Bite Sized  <input type="checkbox"/> Minced and Moist <input type="checkbox"/> Pureed	
Fluid Consistency	<input type="checkbox"/> Thin <input type="checkbox"/> Mildly Thick  <input type="checkbox"/> Moderately Thick <input type="checkbox"/> Extremely Thick	
<b>Nutritional Supplements (if applicable)</b>		
Name of Nutritional Supplement		
Prescribed Volume and Frequency		
<b>Follow Up</b>		
Clinic Location		
Review Date and Time		
Dietitian Contact Information	Dietitian Name:  Hospital:  Contact Number:  Email address:	

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