

Nutrition Care Discharge Checklist

| Discharge Planning Process | Steps and Documentation | Tick Box and Date Completed |
|---|--|--|
| Patient Weighed | 1. On admission 2. During admission 3. At discharge | <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ |
| Nutrition Screening | 1. On admission 2. During admission 3. At discharge | <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ |
| Nutrition Screening Status | 1. Not at risk 2. At risk of malnutrition | <input type="checkbox"/> _____ <input type="checkbox"/> _____ |
| Dietitian Referral | 1. Not required 2. Done | <input type="checkbox"/> _____ <input type="checkbox"/> _____ |
| Nutrition Status at Discharge | 1. Nourished 2. At risk of malnutrition 3. Malnourished | <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ |
| Individualised Nutrition Care Plan Provided to Patient/Family | 1. Not required 2. Provided | <input type="checkbox"/> _____ <input type="checkbox"/> _____ |
| Memo to Relevant Multidisciplinary Team for Nutrition Care | 1. Physician/Surgeon 2. Physiotherapist 3. Speech Therapist 4. Medical Social Worker 5. Others | <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ |
| Education on Post Discharge Nutrition Care | 1. Patient 2. Care-giver 3. Family | <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ |
| Post-Discharge Nutrition Follow-up Plan | 1. Dietitian 2. Speech Therapist 3. Polyclinic/GP 4. Physician/Surgeon 5. Others _____ | <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ |