

Diet Intake

Diet Intake

Diet	
Current Diet	<input style="width: 95%;" type="text"/>
Meal Consumed	<input type="radio"/> Breakfast <input type="radio"/> Lunch <input type="radio"/> Dinner <input type="radio"/> AM Snack <input type="radio"/> PM Snack <input type="radio"/> HS Snack <input type="radio"/> Other <input style="width: 150px;" type="text"/>
Percent Meal Consumed	<input style="width: 100px;" type="text"/> (%) Do Not Document a Percent if Patient NPO
Feeding Ability	
Feeding Ability	<input type="radio"/> Independent <input type="radio"/> Minimum Assistance <input type="radio"/> Moderate Assistance <input type="radio"/> Total Assistance <input type="radio"/> Other <input style="width: 150px;" type="text"/>
Diet Tolerated	
Diet Tolerated	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
Calorie Count	
Calorie Count	<input type="radio"/> Yes <input type="radio"/> No Comment <input style="width: 250px;" type="text"/>
PO Intake Comment	
PO Intake Comment	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>

RN Print Name: _____

RN Signature: _____

Date/Time: _____

Page 1 of 1

Patient Label

DOWNTIME DO NOT DESTROY/File in Permanent Record/DO NOT DESTROY

Updated 7.2015