

## Registered Dietitian Stroke Quick Reference Guide and Assessment Checklist – General – COVID-19 Pandemic

**This document is meant to support staff who may not have experience working with the acute stroke population and provides a summary of guidelines required to support patients admitted to hospital following stroke.**

For basic information on stroke, refer to the [Stroke 101](#) document.

For patients receiving enteral parenteral nutrition, refer to [the Quick Reference Guide](#) on page 2.

**Patients should be screened for malnutrition using a valid screening tool, ideally within 48 hours of admission.**

### Nutrition consultations for persons with stroke:

Nutritional concerns, hydration deficits, dysphagia, or other comorbidities (such as diabetes)

### Nutrition intervention: Individualized and person-centred to meet (as applicable):

- Nutrient and fluid needs orally while supporting alterations in food texture and fluid consistency recommended by a speech-language pathologist.
- Education needs for patients, caregivers, and families: An individualized education plan should be developed and implemented based on the assessment of learning needs and goals.

### Discharge planning:

- **Education:** Provide nutrition education (as applicable) for patients, caregivers, and families.
- **Coordination of nutrition care:** Share timely and up-to-date information with relevant healthcare provider(s) at discharge destination.

| Clinical Nutrition Assessment  |  |
|--|--|
| PATIENT HISTORY  |  |
| Nutrition prioritization: <input type="checkbox"/> Low risk <input type="checkbox"/> Moderate risk <input type="checkbox"/> High risk <input type="checkbox"/> Pertinent medical history   |  |
| <b>Biochemical Data, Medical Tests and Procedures:</b><br><input type="checkbox"/> Pertinent lab data<br><input type="checkbox"/> Pertinent tests and procedures   | <b>Anthropometric Measurements:</b> Ht:   cm   Wt:   kg (date)<br>BMI:   kg/m <sup>2</sup> Wt change _____<br>UBW:   kg   IBW:   kg (BMI _____ kg/m <sup>2</sup> )   Adjusted Wt:   kg |
| Medication and Complementary / Alternative Medicine Use: <input type="checkbox"/> noted  |  |
| <b>Nutrition-Focused Physical Findings:</b> Factors impacting oral intake: <input type="checkbox"/> none <input type="checkbox"/> anorexia <input type="checkbox"/> early satiety <input type="checkbox"/> nausea <input type="checkbox"/> vomiting <input type="checkbox"/> diarrhea <input type="checkbox"/> constipation <input type="checkbox"/> dysgeusia <input type="checkbox"/> poor dentition <input type="checkbox"/> dysphagia <input type="checkbox"/> impaired cognition <input type="checkbox"/> diet restrictions <input type="checkbox"/> food aversions <input type="checkbox"/> meal assistance required <input type="checkbox"/> other: _____<br>Skin heath: _____   Subjective Global Assessment rating: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> N/A |  |
| <b>Food/Nutrition-Related History</b> <input type="checkbox"/> Current diet order <input type="checkbox"/> Nutrition history noted<br>Food allergies and/or intolerances: <input type="checkbox"/> No <input type="checkbox"/> Yes (specify) _____<br>Previous nutrition education/counselling <input type="checkbox"/> No <input type="checkbox"/> Yes (specify) _____<br>Physical activity and function: <input type="checkbox"/> Bedridden/Chairbound <input type="checkbox"/> Ambulatory   |  |
| <b>NUTRITION DIAGNOSIS</b> <input type="checkbox"/> Inadequate oral intake <input type="checkbox"/> Other: _____ related to _____ as evidenced by _____  |  |
| NUTRITION INTERVENTION   |  |
| <b>Nutrition Prescription:</b> <input type="checkbox"/> Energy: kcal/day <input type="checkbox"/> Protein: g/day <input type="checkbox"/> Fluid: ml/day <input type="checkbox"/> Micronutrients  |  |
| <b>Intervention:</b> <input type="checkbox"/> Food and/or nutrient delivery <input type="checkbox"/> Nutrition education <input type="checkbox"/> Nutrition counselling<br><input type="checkbox"/> Coordination of nutrition care   |  |
| MONITORING AND EVALUATION  |  |
| <input type="checkbox"/> Not required (discharged from inpatient care) <input type="checkbox"/> required (specify outcome indicators)  |  |

**Dietitian Stroke Quick Reference Guide and  
Assessment Checklist – Enteral/Parenteral Nutrition - COVID-19 Pandemic**

**This document is meant to support staff who may not have experience working with the acute stroke population and provides a summary of guidelines required to support patients admitted to hospital following stroke.**

**Nutrition consultations for persons with stroke:**

- Nutrition assessment for nutrition support.

**Nutrition intervention: Individualized and person-centred to meet:**

- Nutrient and fluid needs with enteral nutrition support in patients who cannot safely swallow or meet their nutrient and fluid needs orally.

**Discharge planning:**

- **Education:** Provide home enteral nutrition education (if applicable) for patients, caregivers, families, other.
- **Coordination of nutrition care:** Share timely and up-to-date information with relevant healthcare provider(s) at discharge destination.

| Clinical Nutrition Assessment  |  |
|--|--|
| <b>PATIENT HISTORY</b>   |  |
| Nutrition prioritization: <input type="checkbox"/> Low risk <input type="checkbox"/> Moderate risk <input type="checkbox"/> High risk <span style="float: right;"><input type="checkbox"/> Pertinent medical history</span>  |  |
| <b>Biochemical Data, Medical Tests and Procedures</b><br><input type="checkbox"/> Pertinent lab data<br><input type="checkbox"/> Pertinent tests and procedures  | <b>Anthropometric Measurements</b> Ht: cm Wt: kg (date)<br>BMI: kg/m <sup>2</sup> Wt change<br>UBW: kg IBW: kg (BMI_____ kg/m <sup>2</sup> ) Adjusted Wt: kg   |
| <input type="checkbox"/> <b>Medication and Complementary/ Alternative Medicine Use</b><br><br><input type="checkbox"/> <b>Urine output</b>   | <b>Nutrition-Focused Physical Findings:</b> Factors impacting oral intake:<br><input type="checkbox"/> NPO <input type="checkbox"/> dysphagia <input type="checkbox"/> decreased LOC<br><input type="checkbox"/> GI function <input type="checkbox"/> Skin health <input type="checkbox"/> other (specify)<br>Subjective Global Assessment rating: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> N/A |
| <b>Food/Nutrition-Related History</b> <input type="checkbox"/> Current diet order<br>EN/PN access: <input type="checkbox"/> NG tube <input type="checkbox"/> G tube <input type="checkbox"/> GJ tube <input type="checkbox"/> other<br><input type="checkbox"/> Fluid intake <input type="checkbox"/> Food allergies and/or intolerances: <input type="checkbox"/> No <input type="checkbox"/> Yes (specify)<br><input type="checkbox"/> Nutrition history |  |
| <b>NUTRITION DIAGNOSIS</b> <input type="checkbox"/> Inadequate protein-energy intake <input type="checkbox"/> Inadequate enteral nutrition infusion<br><input type="checkbox"/> Other: _____ related to _____ as evidenced by _____  |  |
| <b>NUTRITION INTERVENTION</b>  |  |
| <b>Nutrition Prescription:</b> <input type="checkbox"/> Energy: kcal/day <input type="checkbox"/> Protein: g/day <input type="checkbox"/> Fluid: ml/day <input type="checkbox"/> Micronutrients  |  |
| <b>Intervention</b>  |  |
| <input type="checkbox"/> Food and/or nutrient delivery <input type="checkbox"/> Nutrition education <input type="checkbox"/> Coordination of nutrition care <input type="checkbox"/> Other   |  |
| <b>Monitoring and Evaluation</b>   |  |
| <input type="checkbox"/> Not required (patient discharged from inpatient care)   | <input type="checkbox"/> Required (specify outcome indicators) _____   |