

Failure to Thrive (Adult)

This worksheet is a guide for initial and re-certification assessments. It must be accompanied by narrative documentation. Construct a narrative from the information on this worksheet and from the physician and record on back. The patient should be re-evaluated at specific intervals set by the interdisciplinary team.

Patient Name: _____ MR#: _____ Date _____

Criteria 1 and 2 are important indicators.

1. The nutritional impairment impacts the patient's Body Mass Index (BMI):

A. BMI below 22.

B. Patient is declining enteral/parenteral nutritional support or has not responded to such nutritional support, despite an adequate caloric count

2. The individual is significantly disabled with either A or B:

___ Karnofsky of < 40%

___ Palliative Performance Scale < 40%.

Note: Anthropometry may be substituted, with documentation as to why BMI could not be measured.

$$\text{BMI (kg/m}^2\text{)} = \frac{\text{Weight (kg) or}}{\text{Height (m)}^2}$$

step 1: Multiply weight (in lbs.) by 703

step 2: Multiply height (in inches) by height (in inches)

step 3: Divide step 1 by step 2 to get your BMI

Karnofsky

Unable to care for self; requires equivalent of institutional or hospital care; disease may be progressing rapidly.	40	Disabled; requires special care and assistance.
	30	Severely disabled; hospital admission is indicated although death not imminent.
	20	Very sick; hospital admission necessary; active support treatment necessary.
	10	Moribund; fatal processes progressing rapidly.

%	Activity	Work Ability	Self Care Level	Intake	LOC
40	Mainly Bed	Unable to do any work. Extensive Disease.	Mainly Assistance	Normal or Reduced	Full or Drowsy or Confused
30	Total Bed Bound	As Above	Total Care	Reduced	Full or Drowsy or Confused
20	As Above	As Above	Total Care	Minimal Sips	Full or Drowsy or Coma
10	As Above	As Above	Total Care	Mouth Care Only	Drowsy or Coma

Narrative Summary of Prognosis Documentation

Documentation should be complete, consistent, concise, specific, measurable, and descriptive.

Patient Name: _____ MR#: _____

Diagnosis— Present underlying illness(es) and all other illness(es) affecting the terminal diagnosis:

Co-morbidity that affects the prognosis:

History and progression of the illness(es):

Physical baseline (e.g., weight and weight change, vital signs, heart rhythms, rales, degree of edema):

Laboratory (if pertinent):

Physician's prognosis stating why there is a life expectancy of six (6) months or less (e.g., patient depressed, will not eat and does not want anything done, or has had optimal therapy for illness.):

RN Signature

Date

Physician Signature

Date