

Good nutrition practice in Oncology

Monitoring / Follow up of
nutritional status and management

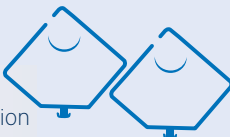



Improve your patient's nutritional status

by setting up an adequate and patient-tailored nutrition intervention considering patient's weight development, current nutrition intake and reasons for eating less

A. Nutrition intervention: Stepping up from dietary counselling to clinical nutrition*

based on the patient's self-estimation of current nutrition intake in %:

	Intake in % of requirements	Nutrition intervention	
<input type="checkbox"/>	<25%	Supplemental or complete enteral and/or parenteral nutrition	
<input type="checkbox"/>	25-50%	Supplemental or complete tube feeding (e.g. high energy, high protein tube feeds)	
<input type="checkbox"/>	50-75%	Supplementation with sip feeds (e.g. high energy, high protein oral nutritional supplements)	
<input type="checkbox"/>	75-100%	Energy and protein rich food, consider oral nutritional supplements	
<input type="checkbox"/>	100%	Normal nutrition, adapted to the patient's needs (e.g. texture modification)	

B. Assessment of the patient's reasons for eating less

- | | | |
|--|---|---|
| <input type="checkbox"/> Less appetite | <input type="checkbox"/> Feeling of fullness | <input type="checkbox"/> Swallowing disorders |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Nausea & vomiting | <input type="checkbox"/> Alterations in taste & smell |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Mucositis & stomatitis | <input type="checkbox"/> Others _____ |
| <input type="checkbox"/> Diarrhoea | <input type="checkbox"/> Pain | _____ |
| <input type="checkbox"/> Obstructions | <input type="checkbox"/> Dryness of mouth | _____ |

* adapted from Dutch guidelines on screening and treatment of malnutrition, Dutch Malnutrition Steering Group
(www.fightmalnutrition.eu)

Monitoring/Follow up


Patient name		Age		Height (m)						
Monitoring:		1	2	3	4	5	6	7	8	9
Date										
Weight										
Weight change (+ or - in kg)										
+ 10 kg		▲								▶
+ 9 kg		▲								▶
+ 8 kg		▲								
+ 7 kg		▲								
+ 6 kg		▲								
+ 5 kg		▲								
+ 4 kg		▲								
+ 3 kg		▲								
+ 2 kg		▲								
+ 1 kg		▲								
Initial weight										
- 1 kg		▼								◀
- 2 kg		▼								◀
- 3 kg		▼								◀
- 4 kg		▼								◀
- 5 kg		▼								◀
- 6 kg		▼								◀
- 7 kg		▼								◀
- 8 kg		▼								◀
- 9 kg		▼								◀
- 10 kg		▼								◀
Monitoring:		1	2	3	4	5	6	7	8	9

Monitoring 7

Date _____ Current weight (kg) _____ Oedemata/ascites:
☐ Yes*** ☐ No

Special events (e.g. vomiting, nausea, diarrhoea) _____

Current oral food intake compared to usual meals before the disease (in %):

 < 25% ☐ ☐ ☐ 25-50% ☐ ☐ ☐ 50-75% ☐ ☐ ☐ 75-100% ☐ ☐ ☐ 100% ☐ ☐ ☐

Maintenance or worsening of side effects expected: ☐ Yes ☐ No


Adaptation of nutrition therapy**, if necessary: _____

Monitoring 8

Date _____ Current weight (kg) _____ Oedemata/ascites:
☐ Yes*** ☐ No

Special events (e.g. vomiting, nausea, diarrhoea) _____

Current oral food intake compared to usual meals before the disease (in %):

 < 25% ☐ ☐ ☐ 25-50% ☐ ☐ ☐ 50-75% ☐ ☐ ☐ 75-100% ☐ ☐ ☐ 100% ☐ ☐ ☐

Maintenance or worsening of side effects expected: ☐ Yes ☐ No


Adaptation of nutrition therapy**, if necessary: _____

Monitoring 9

Date _____ Current weight (kg) _____ Oedemata/ascites:
☐ Yes*** ☐ No

Special events (e.g. vomiting, nausea, diarrhoea) _____

Current oral food intake compared to usual meals before the disease (in %):

 < 25% ☐ ☐ ☐ 25-50% ☐ ☐ ☐ 50-75% ☐ ☐ ☐ 75-100% ☐ ☐ ☐ 100% ☐ ☐ ☐

Maintenance or worsening of side effects expected: ☐ Yes ☐ No

Adaptation of nutrition therapy**, if necessary: _____

Please cross where applicable, according to the current intake and in comparison to the last monitoring:

☐ better than last time ☐ same as last time ☐ worse than last time

** considering weight development, current intake of requirements (A) and the patient's reasons for eating less (B)

*** Please consider that weight gain due to severe oedemata/ascites may hide the real degree of malnutrition, which needs to be tackled.


Initial defined nutrition therapy: _____

Monitoring 1

Date _____ Current weight (kg) _____ Oedemata/ascites:
☐ Yes*** ☐ No

Special events (e.g. vomiting, nausea, diarrhoea) _____

Current oral food intake compared to usual meals before the disease (in %):

 < 25% ☐ ☐ ☐ 25-50% ☐ ☐ ☐ 50-75% ☐ ☐ ☐ 75-100% ☐ ☐ ☐ 100% ☐ ☐ ☐

Maintenance or worsening of side effects expected: ☐ Yes ☐ No


Adaptation of nutrition therapy**, if necessary: _____

Monitoring 2

Date _____ Current weight (kg) _____ Oedemata/ascites:
☐ Yes*** ☐ No

Special events (e.g. vomiting, nausea, diarrhoea) _____

Current oral food intake compared to usual meals before the disease (in %):

 < 25% ☐ ☐ ☐ 25-50% ☐ ☐ ☐ 50-75% ☐ ☐ ☐ 75-100% ☐ ☐ ☐ 100% ☐ ☐ ☐

Maintenance or worsening of side effects expected: ☐ Yes ☐ No


Adaptation of nutrition therapy**, if necessary: _____

Monitoring 3

Date _____ Current weight (kg) _____ Oedemata/ascites:
☐ Yes*** ☐ No

Special events (e.g. vomiting, nausea, diarrhoea) _____

Current oral food intake compared to usual meals before the disease (in %):

 < 25% ☐ ☐ ☐ 25-50% ☐ ☐ ☐ 50-75% ☐ ☐ ☐ 75-100% ☐ ☐ ☐ 100% ☐ ☐ ☐

Maintenance or worsening of side effects expected: ☐ Yes ☐ No

Adaptation of nutrition therapy**, if necessary: _____

Please cross where applicable, according to the current intake and in comparison to the last monitoring:

☐ better than last time ☐ same as last time ☐ worth than last time

** considering weight development, current intake of requirements (A) and the patient's reasons for eating less (B)


*** Please consider that weight gain due to severe oedemata/ascites may hide the real degree of malnutrition, which needs to be tackled.

Monitoring 4

Date _____ Current weight (kg) _____ Oedemata/ascites: ☐ Yes*** ☐ No

Special events (e.g. vomiting, nausea, diarrhoea) _____

Current oral food intake compared to usual meals before the disease (in %):

 < 25% ☐ ☐ ☐ 25-50% ☐ ☐ ☐ 50-75% ☐ ☐ ☐ 75-100% ☐ ☐ ☐ 100% ☐ ☐ ☐

Maintenance or worsening of side effects expected: ☐ Yes ☐ No


Adaptation of nutrition therapy**, if necessary: _____

Monitoring 5

Date _____ Current weight (kg) _____ Oedemata/ascites: ☐ Yes*** ☐ No

Special events (e.g. vomiting, nausea, diarrhoea) _____

Current oral food intake compared to usual meals before the disease (in %):

 < 25% ☐ ☐ ☐ 25-50% ☐ ☐ ☐ 50-75% ☐ ☐ ☐ 75-100% ☐ ☐ ☐ 100% ☐ ☐ ☐

Maintenance or worsening of side effects expected: ☐ Yes ☐ No


Adaptation of nutrition therapy**, if necessary: _____

Monitoring 6

Date _____ Current weight (kg) _____ Oedemata/ascites: ☐ Yes*** ☐ No

Special events (e.g. vomiting, nausea, diarrhoea) _____

Current oral food intake compared to usual meals before the disease (in %):

 < 25% ☐ ☐ ☐ 25-50% ☐ ☐ ☐ 50-75% ☐ ☐ ☐ 75-100% ☐ ☐ ☐ 100% ☐ ☐ ☐

Maintenance or worsening of side effects expected: ☐ Yes ☐ No

Adaptation of nutrition therapy**, if necessary: _____

Please cross where applicable, according to the current intake and in comparison to the last monitoring:

☐ better than last time ☐ same as last time ☐ worth than last time

** considering weight development, current intake of requirements (A) and the patient's reasons for eating less (B)

*** Please consider that weight gain due to severe oedemata/ascites may hide the real degree of malnutrition, which needs to be tackled.



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