

**MEDICAL NUTRITION THERAPY DEFAULT PROTOCOL – ADULT ONLY
 CHRONIC RENAL FAILURE (PreESRD)**

RESTRICTION	Patients 18 years old or older; must not be in an intensive care unit
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CLINICAL DIETITIAN	<ol style="list-style-type: none"> 1) Determines nutritional risk and weight compared to Ideal Body Weight/Usual Body Weight/Body Mass Index. Risks to include: <ol style="list-style-type: none"> a) Serum albumin < 2.5 g/dL, b) Prealbumin < 10 g c) Weight Loss > 10% in 6 months 2) Determine energy needs for patient (30-35 kcal/kg IBW). 3) Determine protein needs for patient (.6 g - 1.0 g/kg IBW); based on disease state and clinical condition; consider need for wound healing or repletion. 4) Determine fluid needs for patient. 5) Determine need for other nutrient modification (phosphorus, calcium, sodium < 3 g daily, and/or potassium) based on available laboratory data. 6) Determine if patient is able to consume oral diet. 7) Verify that current diet order is appropriate for patient diagnosis. If not, contact physician for discussion of alternative. Document in record as appropriate. 8) Order nutrient modification of diet based on medical treatment and identified patient needs. 9) Order Calorie Count as appropriate to verify po intake. If po intake < 60 % of energy requirements and not meeting fluid needs, contact physician for enteral or parenteral feeding. 10) Order I/O to assess hydration status. 11) Evaluate and initiate oral nutrition supplementation if indicated. 12) Order weight to be obtained every 48 to 72 hours, or as appropriate. 13) Order Pre-albumin and glucose, if not already ordered every 48 to 72 hours, or as appropriate. 14) Reassess nutrition status, nutrition plan of care, and patient goals every 48 to 72 hours, or as appropriate. 15) Place this document in patient chart.
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