



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

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