Medical Nutrition Therapy
ADIME Note

Resident Name: _____

Date: _____   **Time:** _____

RD Name: _____

(A) Assessment:

Age: _____   Gender: _____

Weight: _____   Height: _____

Body Mass index (BMI): _____   Usual body weight (UBW): _____

Weight History:

Weight changes (30 days, 90 days 180 days) if any: _____

IBW:/%IBW: _____

Appetite: _____

Food Allergies/Intolerance: _____

Food Preferences: _____

Adaptive devices if any: _____

Current diet order: _____ % intake of meals: _____

Supplements order: _____ % Intake of supplement: _____

Chewing or swallowing difficulty: _____

Feeding Assistance:

Skin condition: _____

Medical diagnosis: _____

Pertinent labs: _____

Pertinent medications: _____

Nutritional focused physical exam (NFPE):

Appearance: _____

Body Fat: _____

Orbital: ☐ Mild ☐ Moderate ☐ Sever ☐ unable to assess

Triceps: ☐ Mild ☐ Moderate ☐ Sever ☐ unable to assess

Fat overlying ribs: ☐ Mild ☐ Moderate ☐ Sever ☐ unable to assess

Muscle mass:

Temple: ☐ Mild ☐ Moderate ☐ Sever ☐ unable to assess

Pectoralis: ☐ Mild ☐ Moderate ☐ Sever ☐ unable to assess

Delt: ☐ Mild ☐ Moderate ☐ Sever ☐ unable to assess

Hand: ☐ Mild ☐ Moderate ☐ Sever ☐ unable to assess

Back: ☐ Mild ☐ Moderate ☐ Sever ☐ unable to assess

Thigh: ☐ Mild ☐ Moderate ☐ Sever ☐ unable to assess

Hydration Status: _____

Malnutrition Status: (e.g Moderate malnutrition identified via MNA, advise adding diagnosis of malnutrition) _____

Daily Estimated Nutrition Needs: Per (wt used)

Total calories (Kcal): _____ Method used to estimate: _____

Total protein (g/kg): _____ Method used to estimate: _____

Total fluids (ml): _____ Method used to estimate _____

Does current meal and supplement intake meet estimated needs?

☐ Yes ☐ No

(D) Nutrition Diagnosis:

_____

Nutrition goals (SMART): _____

_____

☐ Care plan updated to reflect current nutrition goal

(I) Nutrition Interventions/Recommendations:

_____

_____

_____

☐ RD interventions and recommendations were communicated to Nursing staff and Physician

☐ Care plan updated to reflect current RD interventions and recommendation

(M/E) Monitoring and evaluation plan:

_____

_____

_____

ADIME Note Example

The following is an example of a completed ADIME note. It should be used for educational purposes only.

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MEDICAL NUTRITION THERAPY
RESIDENT: John Doe
DATE: OCT 12, 2022 @ 10:00AM
AUTHOR: Jane Smith MS,RD,LD
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AGE 67   **MALE**
HEIGHT: 67 in [170.2 cm]
WEIGHT: 116.2 [52.8 kg] (10/10/2022)
WEIGHT HISTORY:
116.2 lb [52.8 kg] (10/10/2022)
117 lb [53.2 kg] (09/10/2022)
120.2 lb [54.6 kg] (08/10/2022)
*wt loss of 4 lb (3.3%) x 3 mo

IBW: 148 lb   **%IBW:** 78.5 %
UBW: ~130 lb, 1 year ago per chart
BMI:18

APPETITE/INTAKE: Eats only 2 meals per day, intake varies between 25-100%, eats well at breakfast. Per staff decreased appetite for the past 2 months
FEEDING ASSISTANCE/ADAPTIVE DEVICES: Independent
FOOD ALLERGIES/INTOLERANCE: NKFA
FOOD PREFERENCES: Discussed. Likes scrambled eggs, does not like biscuits. Updated dietary manager.

DIET: REGULAR
SUPPLEMENTS: None

CURRENT ISSUES AFFECTING NUTRITION: No N/V/D/C. No chewing/swallowing issues. Does use dentures but they are well fitting and no need for texture modifications.

Current Dx: CHF
PMH: hx of tobacco use, HTN

MEDICATIONS: furosemide

LABS: WNL. Albumin 3.2 but not a good indicator of nutrition status due to influenced by metabolic stress

SKIN: Intact

APPEARANCE: Thin, noted severe clavicular wasting and moderate temporal wasting.
Moderate orbital pad fat loss.

HYDRATION STATUS: At risk for dehydration due to diuretic use

NUTRITION STATUS: MODERATE MALNUTRITION per MNA 10/10/2022

DAILY ESTIMATED NUTRITIONAL NEEDS: Per 52.8 kg
 Kcal: 1584-1848(30-35 kcal/kg)
 Protein (g): 53g (1.0 g/kg)
 Fluid (mL): 1 ml/kcal or per MD

NUTRITION DX:
Malnutrition (Moderate) related to chronic illness as evidenced by severe depletion of muscle mass and moderate loss of fat stores.

Increased nutrient needs (kcal/protein) related to increased metabolic demand with aging in order to prevent loss of LBM/ weight as evidenced by age (67) and BMI 18.2

GOALS:
-Weight will not decrease below 116 lbs within the next 3 months
-Intake >/= 75% for 2 of 3 meals per day
-Will consume 100% of high protein snacks each day

INTERVENTIONS:
-Updated food preferences
-Change diet order to regular diet, double portions of protein with breakfast and dinner
-Provide high protein snacks BID (pb crackers, tuna sandwich)
-MNA screening supports the diagnosis of malnutrition, consider adding a diagnosis of malnutrition

MONITORING/EVALUATION:
Continue to monitor wt, labs, po intake
RD remains available for consult prn/if significant change
Follow-up quarterly