

NUTRITION Screening Checklist

SCREENING FOR MALNUTRITION

Is BMI less than 19?	☐ Yes ☐ No
Has the patient had unintentional weight loss of more than eight pounds in the last three months?	☐ Yes ☐ No
Has the patient had a poor appetite—eating less than half of meals or fewer than two meals per day?	☐ Yes ☐ No
Is the patient unable to take food orally (for exmple, dysphagia, vomiting)?	☐ Yes ☐ No
If YES to any of the questions:	
 Referral to registered dietitian for evaluation unless currently receiving nutrition therapy 	
LAB TESTS FOR RISK STRATIFICATION	
Is the patient having inpatient surgery?	☐ Yes ☐ No
If YES:	☐ Yes ☐ No
	☐ Yes ☐ No
If YES:	□ Yes □ No
If YES: ☐ Check albumin level to assess complication risk after surgery	☐ Yes ☐ No
If YES: Check albumin level to assess complication risk after surgery SUPPLEMENTATION	
If YES: ☐ Check albumin level to assess complication risk after surgery SUPPLEMENTATION Is the patient having complex surgery (for example, GI anastomosis)?	

IMPORTANT NOTICE

These sample checklists are provided for informational purposes only and should NOT be used in the care of a patient outside of a comprehensive preoperative program such as Strong for Surgery. Patients should not rely on information on this checklist as an alternative to medical advice from a doctor or other professional health care provider. The logos on the checklists are registered trademarks of Strong for Surgery and SCOAP. To find out how you can start using the Strong for Surgery checklist in your clinic, please contact us at strongforsurgery@facs.org.

