

Modified ADIME Note				
<i>Patient Name</i> <i>(Last Name, First Name Middle Initial)</i>			<i>Date</i>	
			<i>eFIND #</i>	
<i>POD #</i>			<i>Room #</i>	
Anthropometric Measurements				
<i>Age (yrs.)</i>			<i>Gender</i>	
<i>Height (in.)</i>			<i>Weight (lbs.)</i>	
<i>Ideal Body Weight (lbs.)</i>			<i>% Ideal Body Weight (%)</i>	
Laboratory Test Results				
<i>Na (mEq/L)</i>			<i>K (mEq/L)</i>	
<i>Cl (ng/mL)</i>			<i>Glucose (mg/dL)</i>	
<i>BUN (mg/dL)</i>			<i>Creatinine (mg/dL)</i>	
<i>Other Labs</i> <i>(list any others that apply and their values)</i>				
<i>Pertinent Medications</i>				
<i>Propofol</i> <i>(mark 'X' where applies)</i>	<i>Yes</i>		<i>Propofol Rate:</i> <i>(if applicable)</i>	
	<i>No</i>			
Estimated Nutritional Needs				
<i>Estimated Energy Needs</i>				
<i>Estimated Protein Needs</i>				
<i>Estimated Fluid Needs</i>				

Nutrition Assessment	
<i>Current Nutrient Intake</i>	
<i>Nutrition Focused Physical Exam Findings</i>	
Nutrition Diagnosis	
<i>Nutrition Diagnosis</i>	
Nutrition Recommendations	
<i>Nutrition Recommendations</i>	
Follow Up Date	RD Name, Signature & Contact Information