

# DAILY NUTRITIONAL INTAKE

House: \_\_\_\_\_

Date: \_\_\_\_\_

Individual: \_\_\_\_\_

\*Note if food or fluid has been refused (R) in None column

MEALS	NONE	¼	½	¾	ALL	AMOUNT OF SPILLAGE	STAFF INITIAL
<u>Breakfast</u> Meat, Eggs, Cheese							
Cereal							
Bread							
Fats (bacon, margarine)							
Fruit and/or Juice							
Water							
Other							
Mid-AM Snack							
<u>Lunch</u> Meat, Fish, Eggs, Cheese							
Bread or Starch							
Fats (margarine, gravy)							
Vegetable							
Fruit and/or Juice							
Milk (whole or skim)							
Water							
Other							
Mid-PM Snack							
<u>Dinner</u> Meat, Fish, Eggs, Cheese							
Bread or Starch							
Fats (margarine, gravy)							
Vegetable							
Fruit and/or Juice							
Milk (whole or skim)							
Water							
Other							
Bedtime Snack							
% Totals							

# FLOW SHEET

Name: \_\_\_\_\_

Month: \_\_\_\_\_

	Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<b>DIET</b> G-75%-100% F-50-75% P-25-50% R-0-25%	B															
	L															
	D															
<b>BATHING</b> Y-Yes N-No	7-3															
	3-11															
	11-7															
<b>SHAMPOO</b> Y-Yes N-No	7-3															
	3-11															
	11-7															
<b>SHAVE</b> Y-Yes N-No	7-3															
	3-11															
	11-7															
<b>ORAL CARE</b> Y-Yes N-No	7-3															
	3-11															
	11-7															
<b>SKIN CARE</b> Y-Yes N-No	7-3															
	3-11															
	11-7															
<b>NAIL CARE</b> Daily	7-3															
	3-11															
	11-7															
<b>PERIOD</b> L-Light M-Medium H-Heavy	7-3															
	3-11															
	11-7															
<b>VOIDED</b> Y-Yes N-No	7-3															
	3-11															
	11-7															
<b>LAXATIVE</b> BOWEL MOVEMENTS 0-None S-Small S-Soft M-Medium H-Hard L-Large L-Liquid	7-3															
	3-11															
	11-7															
<b>INITIALS</b>	7-3															
	3-11															
	11-7															