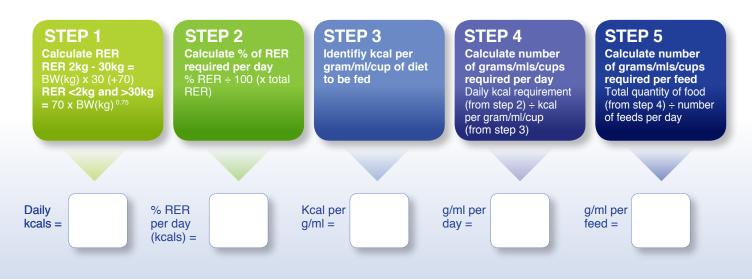


## **Feeding Instructions**

|                    | Feeding preferences at home<br>(e.g. What type of diet? How much? Fed at what time of day?<br>Treats? Type of bowl? Brand and flavour preferences?) |                                                                                            |  |  |  |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--|--|--|
|                    |                                                                                                                                                     |                                                                                            |  |  |  |
|                    |                                                                                                                                                     |                                                                                            |  |  |  |
| d:                 |                                                                                                                                                     |                                                                                            |  |  |  |
|                    |                                                                                                                                                     |                                                                                            |  |  |  |
|                    |                                                                                                                                                     |                                                                                            |  |  |  |
|                    |                                                                                                                                                     |                                                                                            |  |  |  |
| ay: BCS toda       | <b>y:</b> (9 point scale)                                                                                                                           | Muscle wastage: (tick below)                                                               |  |  |  |
|                    | None 🗌 Mi                                                                                                                                           | Id 🗆 Moderate 🗆 Marked 🗆                                                                   |  |  |  |
| Voluntary (per os) | s)  assisted feeding (via tube)*  nutrition, try to avoid meal sizes of more than 10ml/kg)                                                          |                                                                                            |  |  |  |
|                    |                                                                                                                                                     |                                                                                            |  |  |  |
| dry 🗆 wet 🗆 lie    | dry 🗌 wet 🗌 liquid 🗌 other 🗌 (please state):                                                                                                        |                                                                                            |  |  |  |
| 100% 🗆 75% 🗆       | 100% 🗆 75% 🔲 50% 🗆 25% 🗆 (please state):                                                                                                            |                                                                                            |  |  |  |
|                    |                                                                                                                                                     |                                                                                            |  |  |  |
|                    |                                                                                                                                                     |                                                                                            |  |  |  |
|                    |                                                                                                                                                     |                                                                                            |  |  |  |
|                    | d:                                                                                                                                                  | <pre>(e.g. What type of diet? How mu<br/>Treats? Type of bowl? Brand and<br/>d:<br/></pre> |  |  |  |

## **Calculating Daily Energy Requirements and Food Intake**



## **Nutrition Monitoring Chart**

## Day:

| Time | Diet offered<br>or tube feed | Quantity offered (mls or grams) | Method of feeding<br>(e.g. by hand or<br>tube feed) | Quantity eaten (mls or grams) | Kcal requirements<br>met per feed?<br>YES (√) or NO (X) | Comments |
|------|------------------------------|---------------------------------|-----------------------------------------------------|-------------------------------|---------------------------------------------------------|----------|
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|      |                              |                                 |                                                     | 100                           |                                                         |          |
|      |                              |                                 |                                                     | -                             |                                                         |          |
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