

Models for Food Intake Monitoring

The following are examples of food intake monitoring used in the More-2-Eat Study and actions taken to respond to low intake.

Who does the monitoring?	What tool is used?	What values are used?	Who and how is action taken for low intake?
Nurse	Nurses Charting /Vital Signs Form	0, 25, 50, 75, 100%	Nurse: refers to dietitian /diet technician when intake is consistently $\leq 50\%$. This is charted and discussed in clinical rounds. Dietitian also reviews vital signs forms for intake.
Food Service Workers (nurses if they move the tray)	Food monitoring section of the whiteboard in each patient's room	0, 25, 50, 75, 100%	Low intake is documented on the whiteboard and then transferred to the chart and discussed at bedside rounds every day.
Health care aides (or other unit staff who picks up the tray)	<p>a) Patient Meal Intake Record (for 7 day period) on each patient's door that is later included as a permanent part of the patients medical chart.</p> <p>b) Laminated reference meal tray poster (with photos of meal trays with standardized % consumed) on wall in each patient room to guide tray assessors.</p>	0, 25, 50, 75, 100% or NPO	Intake recorded 3 meals daily for entire admission. If $\leq 50\%$ is consumed, the person retrieving the tray asks the patient 2 questions (about appetite and mealtime challenges), records patient responses and corrective action taken by the relevant person. Dietitian is consulted if intake is $\leq 50\%$ for at least 2 meals/day for 3 consecutive days. Dietitian also reviews intake record.

This resource is a result of the collaboration of the hospital sites, researchers and stakeholders participating in the More-2-Eat study.