

Height (feet/inches)

	4'10 ^{1/2}	4'11	5'0	5'0 ^{1/2}	5'1 ^{1/2}	5'2	5'3	5'4	5'4 ^{1/2}	5'5 ^{1/2}	5'6	5'7	5'7 ^{1/2}	5'8 ^{1/2}	5'9 ^{1/2}	5'10	5'11	5'11 ^{1/2}	6'0 ^{1/2}	6'1	6'2	6'3	
100	46	44	43	42	41	40	39	38	37	36	35	35	34	33	32	32	31	30	30	29	28	28	15 10
99	45	44	43	42	41	40	39	38	37	36	35	34	33	33	32	31	31	30	29	29	28	27	15 8
98	45	44	42	41	40	39	38	37	36	36	35	34	33	32	32	31	30	30	29	28	28	27	15 6
97	44	43	42	41	40	39	38	37	36	35	34	34	33	32	31	31	30	29	29	28	27	27	15 4
96	44	43	42	40	39	38	38	37	36	35	34	33	32	32	31	30	30	29	28	28	27	27	15 2
95	43	42	41	40	39	38	37	36	35	34	34	33	32	31	31	30	29	29	28	27	27	26	15 0
94	43	42	41	40	39	38	37	36	35	34	33	33	32	31	30	30	29	28	28	27	27	26	14 11
93	42	41	40	39	38	37	36	35	34	33	33	32	31	31	30	29	29	28	27	27	26	26	14 9
92	42	41	40	39	38	37	36	35	34	33	33	32	31	30	30	29	28	28	27	27	26	25	14 7
91	42	40	39	38	37	36	36	35	34	33	32	31	31	30	29	29	28	27	27	26	26	25	14 5
90	41	40	39	38	37	36	35	34	33	33	32	31	30	30	29	28	28	27	27	26	25	25	14 2
89	41	40	39	38	37	36	35	34	33	32	32	31	30	29	29	28	27	27	26	26	25	25	14 0
88	40	39	38	37	36	35	34	34	33	32	31	30	30	29	28	28	27	27	26	25	25	24	13 12
87	40	39	38	37	36	35	34	33	32	32	31	30	29	29	28	27	27	26	26	25	25	24	13 10
86	39	38	37	36	35	34	34	33	32	31	30	30	29	28	28	27	27	26	25	25	24	24	13 8
85	39	38	37	36	35	34	33	32	32	31	30	29	29	28	27	27	26	26	25	25	24	24	13 6
84	38	37	36	35	34	33	32	31	30	30	29	28	28	27	27	26	25	25	24	24	24	23	13 3
83	38	37	36	35	34	33	32	32	31	30	29	29	28	27	27	26	26	25	25	24	23	23	13 1
82	37	36	35	34	33	32	31	30	30	29	28	28	27	26	26	25	25	24	24	23	23	23	12 13
81	37	36	35	34	33	32	32	31	30	29	29	28	27	27	26	26	25	24	24	23	23	22	12 11
80	37	36	35	34	33	32	31	30	30	29	28	28	27	26	26	25	25	24	24	23	23	22	12 8
79	36	35	34	33	32	32	31	30	29	29	28	27	27	26	26	25	24	24	23	23	22	22	12 6
78	36	35	34	33	32	31	30	30	29	28	28	27	26	26	25	25	24	24	23	23	22	22	12 4
77	35	34	33	32	32	31	30	29	29	28	27	27	26	25	25	24	24	23	23	22	22	21	12 1
76	35	34	33	32	31	30	30	29	28	28	27	26	26	25	25	24	23	23	22	22	22	21	11 13
75	34	33	32	32	31	30	29	29	28	27	27	26	25	25	24	24	23	23	22	22	21	21	11 11
74	34	33	32	31	30	30	29	28	28	27	26	26	25	24	24	23	23	22	22	21	21	20	11 9
73	33	32	32	31	30	29	29	28	27	26	26	25	25	24	24	23	23	22	22	21	21	20	11 7
72	33	32	31	30	30	29	28	27	27	26	26	25	24	24	23	23	22	22	21	21	20	20	11 4
71	32	32	31	30	29	28	28	27	26	26	25	25	24	23	23	22	22	21	21	20	20	20	11 3
70	32	31	30	30	29	28	27	27	26	25	25	24	24	23	23	22	22	21	21	20	20	19	11 0
69	32	31	30	29	28	28	27	26	26	25	24	24	23	23	22	22	21	21	20	20	20	19	10 11
68	31	30	29	29	28	27	27	26	25	25	24	24	23	22	22	21	21	21	20	20	19	19	10 10
67	31	30	29	28	28	27	26	26	25	24	24	23	23	22	22	21	21	20	20	19	19	19	10 7
66	30	29	29	28	27	26	26	25	25	24	23	23	22	22	21	21	20	20	19	19	19	18	10 6
65	30	29	28	27	27	26	25	25	24	24	23	22	22	21	21	21	20	20	19	19	18	18	10 3
64	29	28	28	27	26	26	25	24	24	23	22	22	22	21	21	20	20	19	19	18	18	18	10 1
63	29	28	27	27	26	25	25	24	23	23	22	22	21	21	20	20	19	19	19	18	18	17	9 13
62	28	28	27	26	25	25	24	24	23	22	22	21	21	20	20	19	19	18	18	18	18	17	9 10
61	28	27	26	26	25	24	24	23	22	22	22	21	21	20	20	19	19	18	18	18	17	17	9 8
60	27	27	26	25	25	24	23	22	22	22	21	21	20	20	19	19	18	18	18	17	17	17	9 6
59	27	26	26	25	24	24	23	22	22	21	21	20	20	19	19	18	18	18	17	17	17	17	9 4
58	26	26	25	24	24	23	23	22	22	21	21	20	20	19	19	18	18	18	17	17	16	16	9 1
57	26	25	25	24	23	23	22	22	21	21	20	20	19	19	18	18	18	17	17	16	16	16	9 0
56	26	25	24	24	23	22	22	21	21	20	20	19	19	18	18	18	17	17	16	16	16	16	8 11
55	25	24	24	23	23	22	21	21	20	20	19	19	18	18	18	17	17	17	16	16	16	15	8 8
54	25	24	23	23	22	22	21	21	20	20	19	19	18	18	17	17	17	16	16	16	15	15	8 7
53	24	24	23	22	22	21	21	20	20	19	19	18	18	18	17	17	16	16	16	15	15	15	8 4
52	24	23	23	22	21	21	20	20	19	19	18	18	18	17	17	16	16	16	15	15	15	14	8 3
51	23	23	22	22	21	20	20	19	19	19	18	18	17	17	16	16	16	15	15	15	14	14	8 0
50	23	22	22	21	21	20	20	19	18	18	18	17	17	17	16	16	15	15	15	14	14	14	7 13
49	22	22	21	21	20	20	19	18	18	18	17	17	17	16	16	15	15	15	14	14	14	14	7 10
48	22	21	21	20	20	19	19	18	18	17	17	17	16	16	15	15	15	14	14	14	14	13	7 7
47	21	21	20	20	19	19	18	18	17	17	17	16	16	16	15	15	15	14	14	14	13	13	7 6
46	21	20	20	19	19	18	18	18	17	17	16	16	16	15	15	15	14	14	14	13	13	13	7 3
45	21	20	19	19	18	18	18	17	17	16	16	16	15	15	15	14	14	14	13	13	13	12	7 1
44	20	20	19	18	18	17	17	16	16	16	15	15	15	14	14	14	13	13	13	12	12	12	6 13
43	20	19	18	18	17	17	16	16	16	15	15	15	14	14	14	13	13	13	12	12	12	12	6 11
42	19	19	18	18	17	17	16	16	15	15	15	14	14	14	14	13	13	13	12	12	12	12	6 8
41	19	18	18	17	17	16	16	16	15	15	15	14	14	14	13	13	13	12	12	12	12	11	6 6
40	18	18	17	17	16	16	16	15	15	15	14	14	14	13	13	13	12	12	12	12	11	11	6 4
39	18	17	17	16	16	16	15	15	15	14	14	14	13	13	13	12	12	12	12	11	11	11	6 1
38	17	17	16	16	16	15	15	14	14	14	14	13	13	13	12	12	12	11	11	11	11	11	6 0
37	17	16	16	16	15	15	14	14	14	13	13	13	13	12	12	12	11	11	11	11	10	10	5 11
36	16	16	16	15	15	14	14	14	13	13	13	12	12	12	12	11	11	11	11	10	10	10	5 9
35	16	16	15	15	14	14	14	13	13	13	12	12	12	11	11	11	11	11	10	10	10	10	5 7
34	16	15	15	14	14	14	13	13	13	12	12	12	11	11	11	11	10	10	10	10	10	9	5 5

Weight (kg)

Weight (stones/pounds)

Height (metres)

1.48 1.50 1.52 1.54 1.56 1.58 1.60 1.62 1.64 1.66

Step 2 – Weight loss score



Score 0 Wt loss < 5%	Score 1 Wt loss 5 - 10%	Score 2 Wt loss > 10%
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Weight loss in last 3 to 6 months

kg	Less than (kg)	Between (kg)	More than (kg)
	30	1.6	1.6 - 3.3
31	1.6	1.6 - 3.4	3.4
32	1.7	1.7 - 3.6	3.6
33	1.7	1.7 - 3.7	3.7
34	1.8	1.8 - 3.8	3.8
35	1.8	1.8 - 3.9	3.9
36	1.9	1.9 - 4.0	4.0
37	1.9	1.9 - 4.1	4.1
38	2.0	2.0 - 4.2	4.2
39	2.1	2.1 - 4.3	4.3
40	2.1	2.1 - 4.4	4.4
41	2.2	2.2 - 4.6	4.6
42	2.2	2.2 - 4.7	4.7
43	2.3	2.3 - 4.8	4.8
44	2.3	2.3 - 4.9	4.9
45	2.4	2.4 - 5.0	5.0
46	2.4	2.4 - 5.1	5.1
47	2.5	2.5 - 5.2	5.2
48	2.5	2.5 - 5.3	5.3
49	2.6	2.6 - 5.4	5.4
50	2.6	2.6 - 5.6	5.6
51	2.7	2.7 - 5.7	5.7
52	2.7	2.7 - 5.8	5.8
53	2.8	2.8 - 5.9	5.9
54	2.8	2.8 - 6.0	6.0
55	2.9	2.9 - 6.1	6.1
56	2.9	2.9 - 6.2	6.2
57	3.0	3.0 - 6.3	6.3
58	3.1	3.1 - 6.4	6.4
59	3.1	3.1 - 6.6	6.6
60	3.2	3.2 - 6.7	6.7
61	3.2	3.2 - 6.8	6.8
62	3.3	3.3 - 6.9	6.9
63	3.3	3.3 - 7.0	7.0
64	3.4	3.4 - 7.1	7.1

Score 0 Wt loss < 5%	Score 1 Wt loss 5 - 10%	Score 2 Wt loss > 10%
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Weight loss in last 3 to 6 months

kg	Less than (kg)	Between (kg)	More than (kg)
	65	3.4	3.4 - 7.2
66	3.5	3.5 - 7.3	7.3
67	3.5	3.5 - 7.4	7.4
68	3.6	3.6 - 7.6	7.6
69	3.6	3.6 - 7.7	7.7
70	3.7	3.7 - 7.8	7.8
71	3.7	3.7 - 7.9	7.9
72	3.8	3.8 - 8.0	8.0
73	3.8	3.8 - 8.1	8.1
74	3.9	3.9 - 8.2	8.2
75	3.9	3.9 - 8.3	8.3
76	4.0	4.0 - 8.4	8.4
77	4.1	4.1 - 8.6	8.6
78	4.1	4.1 - 8.6	8.7
79	4.2	4.2 - 8.7	8.8
80	4.2	4.2 - 8.9	8.9
81	4.3	4.3 - 9.0	9.0
82	4.3	4.3 - 9.1	9.1
83	4.4	4.4 - 9.2	9.2
84	4.4	4.4 - 9.3	9.3
85	4.5	4.5 - 9.4	9.4
86	4.5	4.5 - 9.6	9.6
87	4.6	4.6 - 9.7	9.7
88	4.6	4.6 - 9.8	9.8
89	4.7	4.7 - 9.9	9.9
90	4.7	4.7 - 10.0	10.0
91	4.8	4.8 - 10.1	10.1
92	4.8	4.8 - 10.2	10.2
93	4.9	4.9 - 10.3	10.3
94	4.9	4.9 - 10.4	10.4
95	5.0	5.0 - 10.6	10.6
96	5.1	5.1 - 10.7	10.7
97	5.1	5.1 - 10.8	10.8
98	5.2	5.2 - 10.9	10.9
99	5.2	5.2 - 11.0	11.0

Current weight

FLUID & NUTRITION CHART

- Where applicable, please indicate known **reason for poor intake** in the comments box e.g. CF's, NBM
- Document **all snacks** etc outside of mealtimes.
- Document **all fluids once taken if not on a fluid chart**, drinks taken as whole glass/cup unless stated

Key to scores:

1: 1/4 of meal eaten **2:** ½ of meal eaten **3:** 3/4 of meal eaten **4:** All of meal eaten

Nutritional management plan <i>(tick options chosen by patient)</i>				
Date:	Meritene shakes <input type="checkbox"/>	Meritene soups <input type="checkbox"/>	Full cream milk <input type="checkbox"/>	Snacks <input type="checkbox"/>
State which snacks patient prefers:				
Date plan changed:	Meritene shakes <input type="checkbox"/>	Meritene soups <input type="checkbox"/>	Full cream milk <input type="checkbox"/>	Snacks <input type="checkbox"/>
State which snacks patient prefers:				

Date					
Weight (kg)					
Assistance needed?					
State special diet/alternative menu?					
State fluid restriction					
PEG/RIG/JEJ care plan used					
0.00 to 8.00					
8.00 to 10.00	<i>Breakfast</i>	<i>Breakfast</i>	<i>Breakfast</i>	<i>Breakfast</i>	<i>Breakfast</i>
	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
10.00 to 12.00					
12.00 to 14.00	<i>Lunch</i>	<i>Lunch</i>	<i>Lunch</i>	<i>Lunch</i>	<i>Lunch</i>
	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
14.00 to 18.00					
18.00 to 20.00	<i>Supper</i>	<i>Supper</i>	<i>Supper</i>	<i>Supper</i>	<i>Supper</i>
	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
20.00 to 24.00					

FLUID & NUTRITION CHART

- Where applicable, please indicate known **reason for poor intake** in the comments box e.g. CF's, NBM
- Document **all snacks** etc outside of mealtimes.
- Document **all fluids once taken if not on a fluid chart**, drinks taken as whole glass/cup unless stated

Key to scores:

1: 1/4 of meal eaten **2:** ½ of meal eaten **3:** 3/4 of meal eaten **4:** All of meal eaten

Nutritional management plan <i>(tick options chosen by patient)</i>				
Date:	Meritene shakes <input type="checkbox"/>	Meritene soups <input type="checkbox"/>	Full cream milk <input type="checkbox"/>	Snacks <input type="checkbox"/>
State which snacks patient prefers:				
Date plan changed:	Meritene shakes <input type="checkbox"/>	Meritene soups <input type="checkbox"/>	Full cream milk <input type="checkbox"/>	Snacks <input type="checkbox"/>
State which snacks patient prefers:				

Date					
Weight (kg)					
Assistance needed?					
State special diet?					
State fluid restriction					
PEG/RIG/JEJ care plan used					
0.00 to 8.00					
8.00 to 10.00	<i>Breakfast</i>	<i>Breakfast</i>	<i>Breakfast</i>	<i>Breakfast</i>	<i>Breakfast</i>
	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
10.00 to 12.00					
12.00 to 14.00	<i>Lunch</i>	<i>Lunch</i>	<i>Lunch</i>	<i>Lunch</i>	<i>Lunch</i>
	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
14.00 to 18.00					
18.00 to 20.00	<i>Supper</i>	<i>Supper</i>	<i>Supper</i>	<i>Supper</i>	<i>Supper</i>
	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
20.00 to 24.00					

FLUID & NUTRITION CHART

- Where applicable, please indicate known **reason for poor intake** in the comments box e.g. CF's, NBM
- Document **all snacks** etc outside of mealtimes.
- Document **all fluids once taken if not on a fluid chart**, drinks taken as whole glass/cup unless stated

Key to scores:

1: 1/4 of meal eaten **2:** ½ of meal eaten **3:** 3/4 of meal eaten **4:** All of meal eaten

Nutritional management plan <i>(tick options chosen by patient)</i>				
Date:	Meritene shakes <input type="checkbox"/>	Meritene soups <input type="checkbox"/>	Full cream milk <input type="checkbox"/>	Snacks <input type="checkbox"/>
State which snacks patient prefers:				
Date plan changed:	Meritene shakes <input type="checkbox"/>	Meritene soups <input type="checkbox"/>	Full cream milk <input type="checkbox"/>	Snacks <input type="checkbox"/>
State which snacks patient prefers:				

Date					
Weight (kg)					
Assistance needed?					
State special diet?					
State fluid restriction					
PEG/RIG/JEJ care plan used					
0.00 to 8.00					
8.00 to 10.00	<i>Breakfast</i>	<i>Breakfast</i>	<i>Breakfast</i>	<i>Breakfast</i>	<i>Breakfast</i>
	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
10.00 to 12.00					
12.00 to 14.00	<i>Lunch</i>	<i>Lunch</i>	<i>Lunch</i>	<i>Lunch</i>	<i>Lunch</i>
	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
14.00 to 18.00					
18.00 to 20.00	<i>Supper</i>	<i>Supper</i>	<i>Supper</i>	<i>Supper</i>	<i>Supper</i>
	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
20.00 to 24.00					