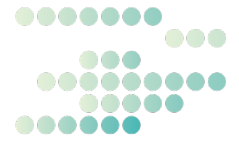


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# PRESSURE ULCER/INJURY RECURRENCE

## FACT SHEET 3 NUTRITIONAL ASSESSMENT KEY POINTS (FOR PROFESSIONALS)

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### Nutritional assessment key points

Nutrition information specific to persons with SCI necessary for the development of an appropriate nutrition care plan include the following:

Page 1 of 1

- Date and level of injury
- Comorbidities
- Physical signs of nutrient deficiencies
- Presence and history of pressure ulcer
- Presence and type of catheterisation
- Frequency of urinary tract infections
- Frequency and duration of muscle tremors
- Preinjury height and weight
- Recent weight changes
- Anthropometric assessment
- Use of assistive feeding devices
- Degree of ability to self-feed
- Symptoms of swallowing difficulties
- Symptoms of anosmia or xerostomia
- Activity level (including type of wheelchair, i.e., manual or motor)
- Bowel movements
- Medications used (pay attention to drugs that can increase nutritional needs, reduce nutrient absorption and/or increase their excretion and that can cause constipation)
- Food allergies or intolerances
- Information regarding the purchase and preparation of food at home
- Food intake

Note: Commonly assessed anthropometric measurements include body weight, BMI (weight/ height<sup>2</sup>), and triceps skinfold thickness (TSF). Published anthropometric standards are based on a non-SCI population and do not consider the body composition changes (water shifts, muscle atrophy from disuse, increased percentage of body fat) that normally occur in individuals with SCI.

### Reference

- Gines DJ. Nutrition management in rehabilitation. 1st ed. New York: Aspen Publishers; 1990