

#### North Adelaide South Australia 5006 **Phone:** (08) 8227 1000 **Fax:** (08) 8227 1200

267 Melbourne Street

Phone: 1300 227 120 Fax: 1300 227 120 (Local call cost)

admin@npagroup.com.au www.npagroup.com.au



### **ELECTRONIC AGED CARE CONSULT**

To: Nutrition	Professionals Austral	ia (Fax: 8227 1200)					
From – Nursing Home Name: Nursing Home Address:							
							Nursing Home Fax number :  Nursing Home Phone number:  Number of Pages:
Sender:							
Date:							
Subject: A	uthorisation for Dietitia	an Review of Resident(s) via Electronic Consultation					
	nals Australia (NPA) has beer	n requested to review the following resident(s):					
Skype or Teleconfe	erence. Best practice and evid	y qualified Accredited Practising Dietitian to review your resident(s) via dence based guidelines will be used when making recommendations for eve a \$10m professional indemnity insurance cover and a current police					
Please allow appro	ximately 15 minutes discussions intract the dietitian will write	view the information provided. on time. a written report and meal plan where relevant and will provide this back					
NPA's standard fe	ees are \$150 per resident.						
(Note: All prices exc	lusive of GST. A Tax Invoice will	be sent separately)					
	ne details below including you ete if multiple residents need	r signature and the details regarding the resident on the attached 2 pages to be seen.					
		x 08 8227 1200 or 1300 227 120 or other secure communication system g such as Argus or Medical Director.					
Authorised by:							
Name (please print	):	Signature:					
Position:		(Director of Care or CN or RN					
Date:							
Who is responsible	for payment of account?	□ Facility □ Resident					
NOTE: DVA canno	ot be claimed on an electronic	cappointment					



Review appointments will be scheduled as negotiated and as clinically indicated.



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Professionals
Australia

solutions for the lithy life

Nutrition

NPA

### **ELECTRONIC AGED CARE CONSULT**

#### **REASON FOR REFERRAL:**

Resident Name:		DOB:		
Low Care		High Care □		
Appointment time:				
Reason for referral:				
	kg in 1 n kg in 3 n kg in 12	nonths		
□ Diabetes (Type 1/Ty Insulin? Yes /				
	kg in 1 n kg in 3 n kg in 12	nonths		
□ Modified texture die Soft / Minced a	t nd moist/ Smooth	ı puree		
□ Thickened fluids:-	□ Mildly Thick Level 150	□ Moderately Thick Level 400	□ Extremely Thick Level 900	
□ Enteral feeding (PE	G)			
□ Allergy or intolerand Please specify	ce			
□ Other				
Any other issues:				





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#### **ELECTRONIC AGED CARE CONSULT**

#### **ADDITIONAL INFORMATION REQUIRED:**

Some of this information may be provided on separate documents directly from the resident's charts or clinical notes or care plan.

Resident Name:		[	DOB:	
Weight: Height:	(0	r Ulna length		- see below)
Weight chart: (please attach wei	ght chart fo	the past 12 mor	nths or lo	onger if available)
Diet Order Form: (Please attach the	dietary requ	irements form that	at is pro	vided to the kitchen)
Speech Pathology (Please attach the				
3 Day Food Chart (Please attach)	:			
Medical history (s (Please attach if ins		om provided)		
Medications: (Please attach if ins	sufficient ro	om provided)		
Relevant blood te (Please attach)	sts eg BGL	s		
Bowel habit:  ☐ Diarrhoea ☐	Normal	☐ Constipation		
Mobility: ☐ Fully mobile ☐ □	Uses frame	□ Wheelchair □	☐ Chair d	or bed bound
				e/ appetite/ nutrition status:
Usual oral supple (may be provided a			•	one resident is referred).





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### **ELECTRONIC AGED CARE CONSULT**

### **Estimating Height from Ulna Length**

#### Estimating height from ulna length



Measure between the point of the elbow and the midpoint of the prominent bone of the wrist (left side if possible). Height in meters is determined from the following chart, based on the ulna length as measured in cm.

Men(<65 years)	1.94	1.93	1.91	1.89	1.87	1.85	1.84	1.82	1.80	1.78	1.76	1.75	1.73	1.71
Men(>65 years)	1.87	1.86	1.84	1.82	1.81	1.79	1.78	1.76	1.75	1.73	1.71	1.70	1.68	1.67
Ulna length (cm)	32.0	31.5	31.0	30.5	30.0	29.5	29.0	28.5	28.0	27.5	27.0	26.5	26.0	25.5
Women(<65 years)	1.84	1.83	1.81	1.80	1.79	1.77	1.76	1.75	1.73	1.72	1.70	1.69	1.68	1.66
Women (>65 years)	1.84	1.83	1.81	1.79	1.78	1.76	1.75	1.73	1.71	1.70	1.68	1.66	1.65	1.63
Men(<65 years)	1.69	1.67	1.66	1.64	1.62	1.60	1.58	1.57	1.55	1.53	1.51	1.49	1.48	1.46
Men(>65 years)	1.65	1.63	1.62	1.60	1.59	1.57	1.56	1.54	1.52	1.51	1.49	1.48	1.46	1.45
Ulna length(cm)	25.0	24.5	24.0	23.5	23.0	22.5	22.0	21.5	21.0	20.5	20.0	19.5	19.0	18.5
Women(<65 years)	1.65	1.63	1.62	1.61	1.59	1.58	1.56	1.55	1.54	1.52	1.51	1.50	1.48	1.47
Women(>65 years)	1.61	1.60	1.58	1.56	1.55	1.53	1.52	1.50	1.48	1.47	1.45	1.44	1.42	1.40

Ft, in	Metres						
5, 0	1.52						
1	1.55						
2	1.57						
3	1.60						
4	1.63						
5	1.65						
6	1.68						
7	1.70						
8	1.73						
9	1.75						
10	1.78						
11	1.80						
6, 0	1.83						
1	1.85						
2	1.88						
3	1.90						
4	1.93						
5	1.96						
6	1.98						