様式第４号

　　　　　　　特定給食施設等栄養管理報告書（病院用）　　　　年　　　月　　　日

　山梨県　　　　　保健所長殿

|  |  |
| --- | --- |
| 施設の名称 |  |
| 所　在　地 |  |
| 管　理　者 | （職名）　　　　　　（氏名）　　　　　　　　　　　　　　　印 |

栄養管理状況について次のとおり報告します。

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 施設種別 | | | | | 1.病院　　2.その他（　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | 健康増進法第21条第1項による指定 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1.有　　2.無 | | | | | | | | | | |
| 栄養管理部門の  理念・方針・目標 | | | | | | | | | | | 1.有　具体的に記述    2.無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 組　　織  （栄養管理・給食部門  の位置付け） | | | | | | | | | | | 部 門 | | | | | | | | | 1.栄養部　2.診療部　3.事務部　 4.その他（　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 責任者 | | | | | | | （職名）　　　　　（氏名） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 電話 | | | | | | | | | | | | | | | | | | | | FAX | | | | | | | | | | | | | | | | | | | | | | | |
| 組織図 | | | | | | | | | 1.有　　　　2.無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 栄養管理等について  検討する会議  1.有　　　2.無 | | | | | | | | | | | 【実施回数】（　　　　　　　）回/年  【構 成】1.管理者 2.医師 3.管理栄養士 4.栄養士 5.看護師 6.調理師又は調理員  7.患者 8.給食事務 9.委託業者スタッフ　10.その他（　　　　）  【目 　的】　　　　　　　　　　　　　　　　　　　　　　　　　合計　　　 　人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 運営方式 | | | | | | 1.直営  2.委託 | | | | | 委託先 | | | | 名 称 | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在地 | | | | | | | | | | | | | | | | 〒 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 代表者氏名 | | | | | | | | | | | | | | | | （職名）　　　　　（氏名） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 施設担当責任者氏名 | | | | | | | | | | | | | | | | （職名）　　　　　（氏名） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 電話 | | | | | | | | | | | | | | | | （　　　　　　）　　　　　内線 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 【委託内容】1.献立作成　 2.材料購入　3.調理　 4.配膳 　 5.下膳　 6.食器洗浄  7.施設外調理 　8.栄養指導　9.その他（　　　　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 従事者（管理栄養士がいる施設にあっては管理栄養士、栄養士のみがいる施設にあっては栄養士１名の氏名及び登録番号を記入してください。） | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | 従事者数（人） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 管理栄養士又は栄養士の  氏名 | | | | | | | 免許の種類及び  番号 | | | | | | | | | | | | | | 勤務形態 | | | | | | | | 管 理  栄養士 | | | | | | | 栄養士 | | | | | 調理師 | | | 調理員 | | | | | | | | 給食  事務 | | その他 | | | | | 合 計 | | | | |
|  | | | | | | | 1.管理栄養士  （第　　　　号）  2.栄　養　士  （第　　　　号） | | | | | | | | | | | | | | 1.専任  2.兼任 | | | | | | | | 施設側 | | | | 常　勤 | | |  | | | | | | |  | | | | |  | | |  | | | | | | | |  | |  | | | | |  | | | | |
| 非常勤 | | |  | | | | | | |  | | | | |  | | |  | | | | | | | |  | |  | | | | |  | | | | |  |
| 受託側 | | | | 常　勤 | | |  | | | | | | |  | | | | |  | | |  | | | | | | | |  | |  | | | | |  | | | | |
| 非常勤 | | |  | | | | | | |  | | | | |  | | |  | | | | | | | |  | |  | | | | |  | | | | |
| 従事者の研修会  1.有　　　　2.無 | | | | | | | | | | | | 【実施回数】（　　　　　　　）回/年　　・従事者1人当たりの平均参加回数（　　　）  主な研修内容：（　　　　　　　　　　　　　　　　　　　　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 食　　数  （１日当たり平均食数） | | | | | | | | | | | | 許可病床数 | | | | | | | | | | 朝食 | | | | | | | | 昼食 | | | | | | | | | 夕食 | | | | | | | | | | その他（　 　） | | | | | | | | | 合 計 | | | | | | 備考 | | | | | | |
| ① 一般病棟 | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | | | | |
| ② 療 養 型 病 棟 | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | | | | |
| ③ 結 核 病 棟 | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | | | | |
| ④ 精 神 病 棟 | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | | | | |
| ⑤ 感 染 症 病 棟 | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | | | | |
| ⑥ その他（　　　　　　　） | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | | | | |
| 合　　　　　 計 | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | | | | |
| 対象者（患者）の把握  1.有　　　2.無  （　　　年　 　月現在） | | | | | | | | | | | | | | 年齢区分 | | | | | | | | | | | 男　(人) | | | | | | | | | | 女　(人) | | | | | | | | | | 年齢区分 | | | | | | | | | | 男　(人) | | | | | | | 女　(人) | | | | | | | | |
| 0～（月） | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | 15～17歳 | | | | | | | | | |  | | | | | | |  | | | | | | | | |
| 6～（月） | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | 18～29歳 | | | | | | | | | |  | | | | | | |  | | | | | | | | |
| 1～2歳 | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | 30～49歳 | | | | | | | | | |  | | | | | | |  | | | | | | | | |
| 3～5歳 | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | 50～69歳 | | | | | | | | | |  | | | | | | |  | | | | | | | | |
| 6～8歳 | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | 70歳以上 | | | | | | | | | |  | | | | | | |  | | | | | | | | |
| 9～11歳 | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | 合 計 | | | | | | | | | | 人 | | | | | | | 人 | | | | | | | | |
| 12～14歳 | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |
| 栄養状態のアセスメント  　　1.有　　　2.無 | | | | | | | | | | | | | | | | 【身体計測調査等の項目】  1.身長　　2.体重　　3．BMI　　4．標準体重  5．生化学的検査値　 6．その他（　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 【対象者】 | | | | | | | | | | | | | | | |
| 栄養補給法 | | | | | | | | | | | | | | 1.経口栄養法 | | | | | | | | | | | 人 | | | | | | | | | | | | | | | | | 約束食事箋 | | | | | | | | | | | 1.有　　　　2.無 | | | | | | | | | | | | | | | | | |
| 2.経腸栄養法 | | | | | | | | | | | 人 | | | | | | | | | | | | | | | | | 1.病態別　　2.成分栄養別 | | | | | | | | | | | | | | | | | |
| 診療報酬の算定 | | | 1.入院基本料  （栄養管理体制） | | | | | | | 2.栄養サポートチーム加算 | | | | | | | | 3.入院時食事療養  　Ⅰ　　Ⅱ | | | | | | | | | | 4.特別食加算 | | | | | | | | | 5.食堂加算 | | | | | | | | | 6.特別メニューの提供 | | | | | | | 7.栄養食事指導料  （外来・入院・集団・在宅患者訪問  ・糖尿病透析予防指導管理料） | | | | | | | | | | | | | | | | | |
| 食種 | 一般食 | | | | | | | | | | 1.常食 | | | | | | | | 食 | | | | | | | 2.軟食 | | | | | | | | 食 | | | | | | | 3.流動食 | | | | | | | | | 食 | | | | | | 4.その他（　　） | | | | | | | | | 食 | | | | | |
| 特別食加算対象食 | | | | | | | | | | 腎臓食 | | | | | | | | 食 | | | | | | | 糖尿食 | | | | | | | | 食 | | | | | | | 脂質異常症食 | | | | | | | | | 食 | | | | | | 無菌食 | | | | | | | | | 食 | | |
| 心臓食  (6g未満) | | | | | | | | 食 | | | | | | | 胃潰瘍食 | | | | | | | | 食 | | | | | | | 痛風食 | | | | | | | | | 食 | | | | | | その他（　　　　） | | | | | | | | | 食 | | |
| **妊娠高血圧症候群**(6g未満) | | | | | | | | 食 | | | | | | | 貧血食 | | | | | | | | 食 | | | | | | | 治療乳 | | | | | | | | | 食 | | | | | | （　　　　　） | | | | | | | | | 食 | | |
| 肝臓食 | | | | | | | | 食 | | | | | | | 膵臓食 | | | | | | | | 食 | | | | | | | 検査食 | | | | | | | | | 食 | | | | | | （　　　　　） | | | | | | | | | 食 | | |
| 特別食非加算対象食 | | | | | | | | | |  | | | | | | | | 食 | | | | | | |  | | | | | | | | 食 | | | | | | |  | | | | | | | | | 食 | | | | | |  |  | | | | | | | | 食 | |
| 摂取量の調査  1.有　　　2.無 | | | | | | | | | | | 【実施回数】（　　　　　　　）回/日・週・月・年  【方　　法】1.残菜の調査　　2.その他（　　　　　　　　）  【対　　象】1.全量　　　　　2.料理別（皿）　　　3.個別 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 平均提供食品量・平均栄養量　　　1人1日当たり | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 平  均  提  供  食  品  量 | | 食 品 群 | | | | | | | | | | | 量 | | | | | | | | 平  均  栄  養  量 | | | 栄養素名 | | | | | | | | | | | | | | | | | | | | 目標栄養量 | | | | | | | | | | 提供栄養量 | | | | | | | | | 推定摂取量 | | | | | | | |
| 穀類 | | ごはん（１食平均量） | | | | | | | | | ｇ | | | | | | | | エネルギー　 　(kcal) | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | |
| パ　ン（１食平均量） | | | | | | | | | ｇ | | | | | | | | たんぱく質　 　　 (g) | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | |
| 麺　　（１食平均量） | | | | | | | | | ｇ | | | | | | | | 脂質　　　 　 　(g) | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | |
| いも及びでんぷん類 | | | | | | | | | | | ｇ | | | | | | | | カルシウム　 　(mg) | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | |
| 砂糖及び甘味類 | | | | | | | | | | | ｇ | | | | | | | | 鉄　　　　　　 　(mg) | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | |
| 豆　　　類 | | | | | | | | | | | ｇ | | | | | | | | ビタミンＡ(ﾚﾁﾉｰﾙ当量)　(μg) | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | |
| 野菜類 | | 緑黄色野菜 | | | | | | | | | ｇ | | | | | | | | ビタミンＢ１ 　(mg) | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | |
| その他の野菜 | | | | | | | | | ｇ | | | | | | | | ビタミンＢ２ 　(mg) | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | |
| 野菜漬物類 | | | | | | | | | ｇ | | | | | | | | ビタミンC　　 　(mg) | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | |
| 果　　実　　類 | | | | | | | | | | | ｇ | | | | | | | | 食物繊維　　　 　(ｇ) | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | |
| 藻　　　　　類 | | | | | | | | | | | ｇ | | | | | | | | 食塩相当量　　　　(ｇ) | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | |
| 魚　　介　　類 | | | | | | | | | | | ｇ | | | | | | | | 炭水化物エネルギー比 （％） | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | |
| 肉　　　　　類 | | | | | | | | | | | ｇ | | | | | | | | たんぱく質エネルギー比　　 （％） | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | |
| 卵　　　　　類 | | | | | | | | | | | ｇ | | | | | | | | 脂質エネルギー比　　　（％） | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | |
| 乳　　　　類 | | | | | | | | | | | ｇ | | | | | | | | ＊ | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | |
| 油　　脂　　類 | | | | | | | | | | | ｇ | | | | | | | | ＊ | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | |
| 菓　　子　　類 | | | | | | | | | | | ｇ | | | | | | | | ＊ | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | |
| 調理加工食品名 | | | | | | | | | | | | | | | | | | | | | ＊の欄は、記載されている項目以外で算出している栄養素があれば記入してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 食材料費 | | | | | | | | 1人1日当たり　（　　　　　　　　　）　円/　　年平均 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 作業指示書  1.有　　2.無 | | | | | | | | | 1.献立名　 2.材料名 　3.純使用量（1人分）  4.純使用量（食数分）5.作業指示のポイント  6.その他（　　　　　　　　　 ） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 栄養成分表示  1.有 2.無 | | | | | | | | | | | | 1.エネルギー　 2.たんぱく質  3.脂質　4.食塩相当量  5.その他（　　 　　） | | | | | | | | | | | | | | | | | |
| 栄養教育  1.有　 2.無 | | | | | | | | |  | | | | | | | | 入 院 | | | | | | 外 来 | | | | | | | | | 訪 問 | | | | | | 【栄養教育の内容】 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 個別指導 | | | | | | | | 人 | | | | | | 人 | | | | | | | | | 人 | | | | | |
| 集団指導 | | | | | | | | 回  　　 人 | | | | | | 回  　　 人 | | | | | | | | |  | | | | | |
| 給食日誌 | | | | | | | | | 1.有　　2.無 | | | | | | | | | | | | | | 検食簿 | | | | | | | | | | | | | | | 1.有　　　　2.無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 嗜好調査の実施  1.有　 2.無 | | | | | | | | | 【実施回数】（　　　）回／年　　　【方　　法】1.アンケート　　2.聴き取り  【内　　容】  【対　　象】1.全員　　2.一部（　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 報告担当者 | | | | | | | | | 部門名　　　　　　　　　　　　職名　　　　　　　　　　　氏名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 管理者の所在地（施設の所在地と異なる場合に記入してください。） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 備考　　それぞれ該当するところに○印、数字等を記入してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |