**The Nutrition Care Process**

**Chapter Outline**

I. Improving Health and Nutritional Status through Nutrition Care

 A. Health Status – Table 2.1 Health State and Focus of Nutrition Interventions

 B. Nutrition Status - Table 2.2 Factors Affecting Nutritional Status

 C. Key Concepts: Health Status and Nutritional Status

 1. Nutrition is important to promote health and prevent and treat disease states

 2. Adequacy of nutrient intake is important but does not completely describe nutritional status

 3. Determination of a person’s nutritional status is also dependent on a wide variety of factors

II. Purpose of Providing Nutrition Care

 Key Concept: Providing nutrition care can influence and change the factors that contribute to an imbalance in nutritional status and thus restore an improved state of nutritional health

III. ADA’s Standardized Nutrition Care Process (NCP)

 A. A Brief History of ADA’s NCP

 B. Standardized Nutrition Language

 C. Use of the NCP to Improve Quality of Care

 D. Critical Thinking

 E. Key Concepts: ADA’s Standardized Nutrition Care Process

 1. The 4 steps of the NCP are:

 a. Nutrition Assessment

 b. Nutrition Diagnosis

 c. Nutrition Intervention

 d. Nutrition Monitoring and Evaluation

 2. By using the NCP, RDs can demonstrate that nutrition care improves outcomes because it:

 a. Is a systematic method used to make decisions to provide safe and effective care

 b. Provides a common language for documenting and communicating the impact of care

 c. Relies on an evidence-based approach

 d. Uses specific critical thinking skills for each step

IV. Big Picture of Nutrition Care: The Model

 A. Central Core – relationship between patient/client/group and dietetics professional

 B. Two Outer Rings – environmental factors & strengths of the RD

 C. Supportive Systems: Screening and Referral System and Outcomes Management System

 D. Key Concepts: Nutrition Care Process and Model

 1. Nutrition care is provided within the context of a larger model

 2. Both external and internal factors influence the type of nutrition care provided

 3. The steps of the NCP are supported by two other systems, in which RDs may participate

V. Steps of the NCP

 A. Step 1: Nutrition Assessment

 1. Obtain and Verify Appropriate Data

 2. Cluster and Organize Assessment Data

 3. Evaluate the Data Using Reliable Standards

 4. Key Concepts: NCP Step 1, Nutrition Assessment

 a. Nutrition assessment should ensure that appropriate and reliable data are collected

 b. Organizing and categorizing data utilizing the five domains of the assessment standardized terms improves the efficiency and effectiveness of nutrition assessment

 B. Step 2: Nutrition Diagnosis

 1. PES Statements

 2. Criteria for Evaluating PES Statements - Box 2.3 Evaluating a Nutrition Diagnosis

 3. Relationship of Nutrition Diagnosis to the Other Steps of the NCP

 4. Key Concepts: NCP Step 2, Nutrition Diagnosis

 a. Nutrition diagnosis is not the same as medical diagnosis

 b. The desired format for writing a nutrition diagnosis is PES (problem, etiology, signs & symptoms)

 c. Critical thinking skills are essential to making accurate nutrition diagnoses

 d. Accurate nutrition diagnoses set the stage for quality nutrition intervention and nutrition monitoring and evaluation

 C. Step 3: Nutrition Intervention

 1. Prioritize the Nutrition Diagnoses

 2. Identify Goals

 3. Plan the Nutrition Intervention

 4. Implement the Nutrition Intervention

 5. Key Concepts: NCP Step 3, Nutrition Intervention

 a. First and foremost is the need to prioritize the nutrition diagnoses

 b. Ideal goals and expected outcomes need to identified prior to implementing interventions

 c. Interventions are derived from accurate diagnoses and largely driven by client involvement

 d. ADA’s Evidence-Based Guides for Practice provide tools that promote quality service

 D. Step 4: Nutrition Monitoring and Evaluation

 1. Monitor Progress

 2. Measure Outcomes

 3. Evaluate Outcomes

 4. Key Concepts: NCP Step 4, Nutrition Monitoring and Evaluation

 a. Requires an active commitment to measuring and recording changes in the client’s condition

 b. Progress should be monitored, measured, and evaluated on a planned schedule

 c. Types of outcomes to be measured: direct nutrition outcomes, clinical and health status outcomes, patient-/client-centered outcomes, & health-care utilization outcomes

 d. Data from this step can be used to create an outcomes management system

VI. Documentation

**Classroom Activities**

**Activity 2-1**

Items needed: A copy of “Nutrition Care Process and Model “Part 1: The 2008 Update,” *J Amer Diet Assoc*. 2008; 108: 1113-1117; and “Nutrition Care Process Part II: Using the International Dietetics and Nutrition Terminology to Document the Nutrition Care Process,” *J Amer Diet Assoc.* 2008; 108: 1287-1293.

Direct students to read the above articles prior to the first lecture on Chapter 2 – The Nutrition Care Process. Facilitate a class discussion regarding the importance of incorporating the Nutrition Care Process Model (NCPM) into current dietetics practice.

**Activity 2-2**

Items needed: Box 2.3, Box 2.6, and Box 2.7 from the text.

Using the questions in Box 2.3, evaluate (through class discussion) the PES statements in Box 2.6 and Box 2.7. Direct students to identify specific examples in each PES statement or the provided background information to support their answers.

Questions from Box 2.3:

• Can the dietetics professional impact, improve, or resolve the nutrition problem?

• Is the etiology truly the root cause?

• Is there an intervention that will address the root cause, thus increasing the likelihood that a positive change will result?

• Can an intervention reduce the significance of the signs and symptoms?

• Are the signs and symptoms that are used to describe the problem specific enough to be measured?

• Are the problems clearly and singularly stated?

• Does the assessment data used to identify the nutrition diagnosis support and link to the diagnostic statement, etiology, and signs and symptoms?

**Handout 2: Nutrition Diagnosis and Intervention**

**STEP 1: Assessment based on International Dietetics and Nutrition Terminology (IDNT)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Nutrition history | Biochemical data | Anthropometric measures | Physical findings | Client history |

**STEP 2: Nutrition Diagnosis**

Identify nutrition diagnosis category to be addressed:

|  |  |  |
| --- | --- | --- |
| ***Intake:*** too much or too little food/nutrient compared to needs | ***Clinical:*** medical or physical conditions | ***Behavioral:*** knowledge, attitudes, beliefs, environment, food access, or food safety |

PES statement to describe the problem, its root cause, and assessment data that provide evidence for the nutrition diagnosis:

|  |  |  |
| --- | --- | --- |
| ***(P) Problem***“Nutrition diagnosis” using standard nutrition diagnostic terminology | ***(E) Etiology***“related to” contributing risk factors | ***(S) Signs/Symptoms***“as evidenced by” data used to determine the nutrition diagnosis |

Examples:

• ***Intake:*** Inadequate energy intake related to nausea and vomiting of pregnancy as evidenced by 8-pound weight loss during first trimester of pregnancy.

• ***Clinical:*** Involuntary weight loss related to impaired self-feeding ability as evidenced by less than 50% of meals eaten and 5% weight loss in 30 days.

• ***Behavioral:*** Food and nutrition-related knowledge deficit related to new diagnosis of type 2 diabetes as evidenced by A1C of 8.2% and patient’s verbalization of need for diabetes education.

**STEP 3: Nutrition Intervention**

Nutrition prescription that supports the nutrition diagnosis and identifies evidence-based goals.

Intervention strategies based on standardized domains:

|  |  |  |  |
| --- | --- | --- | --- |
| Food/Nutrient Delivery (ND) | Nutrition Education (E) | Nutrition Counseling (C) | Coordination of Nutrition Care (RC) |

Examples:

***Nutrition Counseling (C)***

• Nutrition prescription: 2200 kcal low-fat diet for pregnancy as tolerated divided between six small meals and snacks per day.

• Nutrition intervention: Provide patient with written meal and snack ideas that meet nutrition prescription goals.

***Food and Nutrient Delivery (ND)*** and ***Coordination of Nutrition Care (RC)***

• Nutrition prescription: Regular diet with one can oral nutrition supplement between meals daily.

• Nutrition intervention: Assist patient at meal and snack times to encourage self-feeding; cut food into small pieces and open all food and beverage containers.

***Nutrition Education (E)***

• Nutrition prescription: 60 grams-per-meal consistent carbohydrate diet

• Nutrition intervention: Educate patient on carbohydrate counting to maintain blood glucose control. Enroll patient in diabetes education classes.