ON THE AGENDA....

- Get to know Karen Baker
- Explore the Nutrition Care Process (NCP)
- Determine a diagnosis
- Construct a PES statement
- SOAP Notes
Patient: Karen Maria Baker
Age: 37 years old
Height: 5’2”  Weight: 170lbs.  BMI: 31.1
Ethnicity: Hispanic and Caucasian
Family: Husband (pastry chef) & 5 year old son
Occupation: Customer Service Representative
Physical activity: none
Mother and aunt both have type II diabetes
Enjoys pastries/sweets, bread, and soda
Main Complaint: diagnosed with pre-diabetes
3 months ago, with a fasting blood sugar level of 115 mg/dl
**PRE-NUTRITION CARE PROCESS**

- **Nutrition Screening**
  - Obtain crucial information to determine who is at nutritional risk and needs to enter the nutrition care process

- **Data Collection**
  - Subjective: from patient, family member, or health care worker (RD or practitioner)
  - Objective: from medical records
A - NUTRITION ASSESSMENT:
- Nutrition-related history, biochemical data, anthropometric measurements, client history

D - NUTRITION DIAGNOSIS:
- Problem, Etiology, Signs, and Symptoms (PES Statement)

I - NUTRITION INTERVENTION:
- Plan and implement solution to diagnosis

M - NUTRITION MONITORING and

E - NUTRITION EVALUATION
- Assess progress made to achieve goals
Step 1: Nutrition Assessment

- Groundwork of the Nutrition Care Process
- Definition: process of obtaining, verifying, and interpreting data necessary to make decisions about the type and source of nutrition related problem

Domains of Nutrition Assessment
- Food/Nutrition-Related History (FH)
- Anthropometric Data (AD)
- Biochemical Data, Medical Tests, Procedures (BD)
- Nutrition-Focused Physical Findings (PD)
- Client History (CH)
ASSESSMENT

- **Food/Nutrition-Related History (FH)**
  - Food & nutrient intake
  - Nutrition and health awareness and management
  - Physical activity
  - Food availability

- **Anthropometric Data (AD)**
  - Height, Weight, % Usual Body Weight, Weight change

- **Biochemical Lab/Data, Medical Tests, Procedures (BD)**
  - Ex: albumin, blood glucose, HbA1c, LDL, etc.

- **Nutrition-Focused Physical Findings (PD)**
  - Oral health, physical appearance, temporal wasting

- **Client History (CH)**
  - Gender, age education, nutrition-related/medical history
• Step 2: Nutrition Diagnosis
  • 1. Identify the problem (singularly)
  • 2. Determine cause/risk factors associated with problem
  • 3. Identify the characteristic symptoms the patient is presenting with
  • 4. Documentation (throughout NCP)
- **Nutrition Diagnosis**
  - Diagnosis are formatted as “PES Statements”
  - Utilizing the International Dietetics & Nutrition Terminology (IDNT) reference manual ensures that standardized terminology is used.
  - Standardized terminology = understanding of patient information between different providers
**Problem:** Requires use of exact wording and coding (standardized language)
- Pinpoint singular issue (one problem per PES)
- Coding allows for increased efficiency in financial compensation/billing

**Etiology:** Explains *why* the problem exists
- Exact wording from IDNT reference manual NOT required

**Signs/symptoms:** *Proves* the “why”
- Measurable data used to confirm and prove
PES OUTLINE

- **P: What is wrong?**
  - Zero in on one problem
    - As related to...

- **E: Why is this occurring?**
  - Causation
    - As evidenced by...

- **S: How do we know?**
  - What measurable data do we have to prove this?
Diagnosis

- Plug in the information:
  - **P:** Excessive carbohydrate intake (NI-5.8.2)
  - **E:** Unregulated blood glucose levels and lack of nutrition knowledge
  - **S:** Reported binge eating, weight gain and HgA1c levels of 8.6%
Excessive carbohydrate intake (NI-5.8.2) as related to unregulated blood glucose levels and lack of nutrition knowledge as evidenced reported binge eating, weight gain and HgA1c levels of 8.6%.
STEP 3: NUTRITION INTERVENTION

Outline nutrition intervention (End goal)

Determine goals, plan of action to meet them and expected outcomes

• Steps that aim to solve/improve diagnosis
• Must be individualized to specific patient to be successful

If more than one PES statement applies, PRIORITIZE

• Implement intervention
• Document (throughout NCP)
The intervention must consider a patient’s individual dietary habits, lifestyle and other personal goals:

- Example: vegetarian, who they live with, income, etc...
- Goals must be specific & measurable
- Goals should be adjusted as the clinical picture changes
LONG TERM DIETARY INTERVENTION

- Determine the individuals readiness for change
  - Stages of Change:
    - Pre-contemplation
    - Contemplation
    - Preparation
    - Action
    - Maintenance

- Emphasize what to eat, rather than what not to eat
  - Set realistic goals.
  - Nutrition education.
MONITORING AND EVALUATION

STEP 4: NUTRITION MONITORING AND EVALUATION

- Determine whether the patient/client is achieving their goals and desired outcomes.
- May be necessary to update assessment data or diagnosis.
- Monitor, measure, evaluate

Very similar to assessment data: in fact, assessment at next visit can be part of M&E

Myers, JADA, 2008
MONITORING AND EVALUATION

- **Monitor**
  - Check patient/client’s understanding and compliance with nutrition intervention
  - Determine if intervention is being implemented
  - Gather information that may explain lack of adherence

- **Measure**
  - Collect data on appropriate nutrition care indicators
    - Example: weight, HgA1C

- **Evaluate**
  - Compare monitoring data with nutrition goals or reference standard to assess progress
  - Evaluate how interventions affect patient’s overall health outcomes
Characteristics of monitoring and evaluation:

- Measurable
- Related to PES statement
- Communicates expected outcomes
- Patient-centered
- Individualized
What do we need to monitor and evaluate for Karen Baker?

- Adherence to carbohydrate counting
- Challenges that prevent her from making changes
  - Examples: husband brings home pastries, lack of cooking skills
- Measure weight, HgA1C
- Evaluate and reassess her goals
SOAP NOTES FOR KAREN BAKER

- **Subjective:**
  - Patient information or data collected from the patient or caregiver

- **Objective:**
  - Empirical information, medical staff observations, age, gender etc.

- **Assessment:**
  - Nutrition diagnosis or interpretation of the patient's nutrition problems

- **Plan:**
  - An outline of interventions necessary to treat each nutrition problem
Thank you!
Any Questions?