- According to eatrightpro.org, the Nutrition Care Process is a “systematic approach to providing high-quality nutrition care.”
- Allows for a standardized process for providing care to optimize health benefits
  - Core of the NCP is A.D.I.M.E.
    Assessment, Diagnosis, Intervention, Monitoring, Evaluation
A.D.I.M.E. - Assessment

A = Assessment

- Process of obtaining, verifying, and interpreting data necessary to make decisions about the type and source of the nutrition related problem.
- Consists of four separate parts.
  - ABCDs of assessment
    - Anthropometric measures
    - Biochemical data
    - Client history
    - Diet history
A - Anthropometric Data
- Height, weight, BMI, body fat, etc.
- Can include weight changes and changes in waist to hip ratios
- Height : 5’5”
- Weight: 185lbs
- Bodyfat: 35%
ABCDs of Assessment

A. B. C. D.

- Biochemical
  - Any form of biological data collected, normally blood and urine samples.
  - Total Cholesterol: 230 mg/dl
  - LDL: 180 mg/dl
  - HDL: 30 mg/dl
  - Triglycerides: 400 mg/dl
  - Can also be albumin, glucose, HbA1c, etc.
ABCDs of Assessment

A.B.C.D.

- Clinical Assessment
  - Physical examination of the patient for symptoms of diseases.
  - Poor reflexes in extremities.
  - Poor vision.
  - Acanthosis Nigricans on neck and back.
ABCDs of Assessment

A.B.C.D.

- Dietary Assessment
  - Data collection regarding food intake.
    - Food questionnaires, records, and diaries.
  - “Inadequate servings of fruits, vegetables, and whole grains.”
  - “Overconsumption of high-calorie and high-fat foods.”
  - “Overconsumption of saturated fat.”
A.D.I.M.E - Diagnosis

A.D.I.M.E
- D = Diagnosis
  - Identify the problem.
    - Determine the cause or risk factors associated with the problem.
  - Identify the symptoms.
  - Document the process.
- P.E.S. Statements
  - Diagnoses use PES statements in order to have standardized terminology and allow a better understanding across multiple practitioners and fields.
Diagnosis - P.E.S. Statements

P.E.S.
- Problem
  - Requires the use of codes and terms in order to indicate a diagnosis. (ICD-10)
  - Use of codes allow for a straightforward billing process.
  - Targets a single, specific issue.
  - “Inadequate fruit consumption…”
Diagnosis - P.E.S. Statements

**P.E.S.**

- **Etiology**
  - *Explains* why the problem exists.
  - “...related to a lack of nutritional knowledge...”
  - Not as precise as “Problem”- can be more general.
Diagnosis - P.E.S. Statements

**P.E.S.**

- Signs and symptoms
  - *Proves* that the problem exists.
  - Uses measurable quantifiable data in order to demonstrate a connection or correlation.
  - “...as evidenced by two 24hr food recalls...”
A.D.I.M.E. - Intervention

I = Intervention

- The process of intervening
  - Creating goals and a plan of action
- Goals need to be tailored to fit the individual.
  - Must consider patient’s dietary habits, lifestyle, beliefs and cultural limitations.
- Goals need to be measurable.
  - “Two servings of vegetables per day” vs “Don’t eat as much processed foods”
A.D.I.M.E. - Intervention

Intervention
- Implement the intervention.
  - The more information acquired at the beginning allows for a more accurate measure of the patients progress.

Determine a stage of change.
- Will alter how to appropriately counsel the client.
- Pre-contemplation vs Preparation
Monitoring and Evaluation
- Monitoring
  - Ensure patient understands goals and their importance. Not doing it “just because” = low adherence.
  - Discuss problems, questions, and concerns with patients regarding goals.
  - Adhering?
    - Yes = Great! Continue on current path.
    - No = Determine why not. Goals may need alteration or complete removal depending on patient’s progress.
  - Continue to document, update data to patient’s file and continue to use “measuring sticks” in order to assess progress.
A.D.I.M.E. - Monitoring and Evaluation

Monitoring and Evaluating

- Evaluating
  - Compare new data to old.
  - Compare the obtained results to the desired goals.
  - Assess whether goals are being obtained, and if they are truly helping to improve the health of the patient.
  - If not, discuss alternatives.
- Goals must be
  - Measurable and realistically attainable.
  - Related to P.E.S. Statements in order to create unification throughout the NCP.
  - Personalized and centered around the patient as an individual.
Assessment:
Anthropometric data:
  Height: 5’5”
  Weight: 185lbs
  Bodyfat: 35%
Biochemical Data
  Prediabetes
  High cholesterol
  Stage 1 hypertension
Client History
  Mother died of heart disease
  Father has type 2 diabetes
Diet History
  “7-Day Food Record”
  Fast food intake
  No vegetables, few fruits, no whole grains
  High intake of processed foods

Diagnosis:
P.E.S. Statement
Problem:
Etiology:
Signs/Symptoms:

Intervention:

Monitoring and Evaluation: