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NUTRITION CARE PROCESS

ON THE AGENDA....

- **Get to know Karen Baker**
- **Explore the Nutrition Care Process (NCP)**
- **Determine a diagnosis**
- **Construct a PES statement**
- **SOAP Notes**



KAREN BAKER

- 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



NUTRITION CARE PROCESS

- **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



ASSESSMENT

- **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



NUTRITION DIAGNOSIS

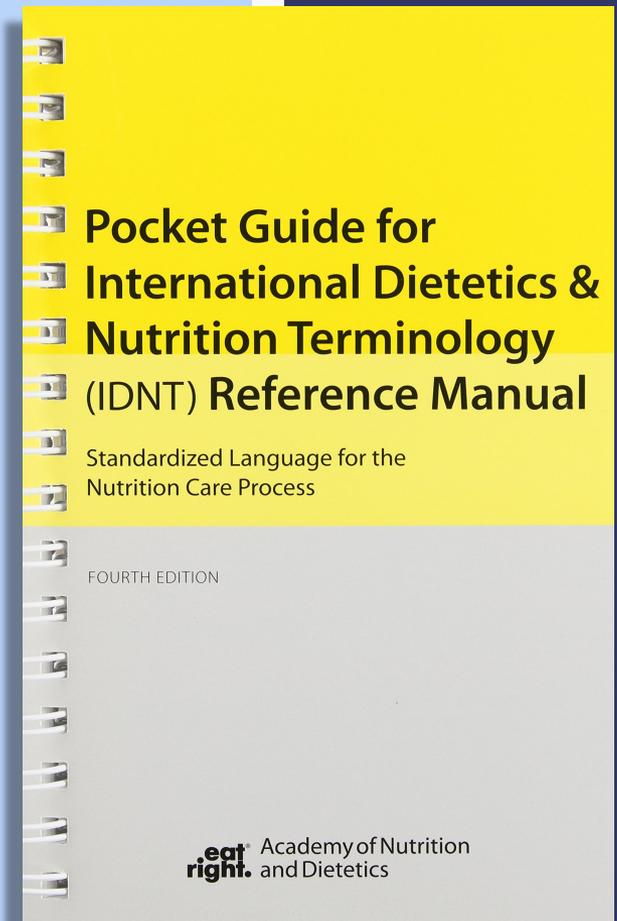
■ Step 2: Nutrition Diagnosis

- 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



PES STATEMENT

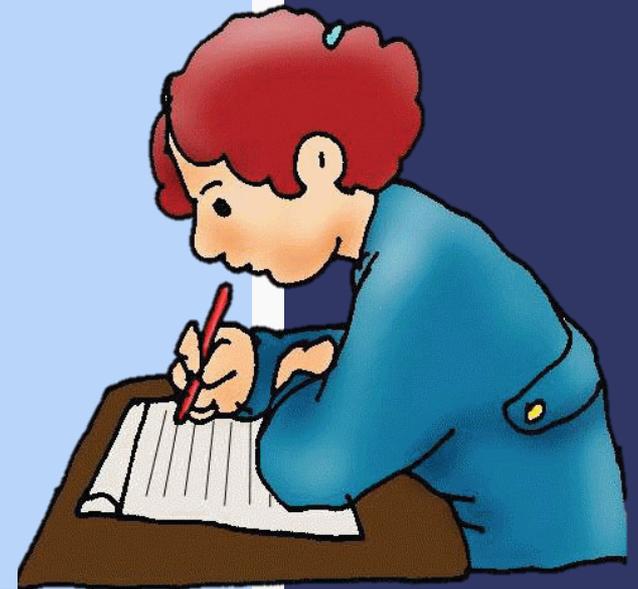
- **Problem**: Requires use of exact wording and coding (standardized language)
 - Pinpoint singular issue (one problem per PES)
 - Coding allows for increased efficiency in financial compensation/billing



- **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

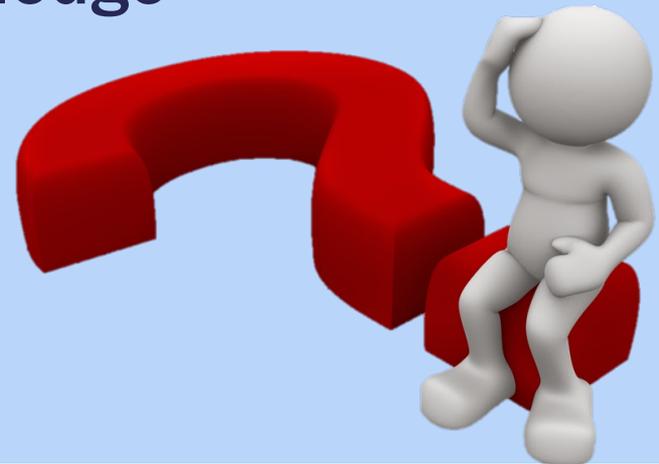
PES OUTLINE

- **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%



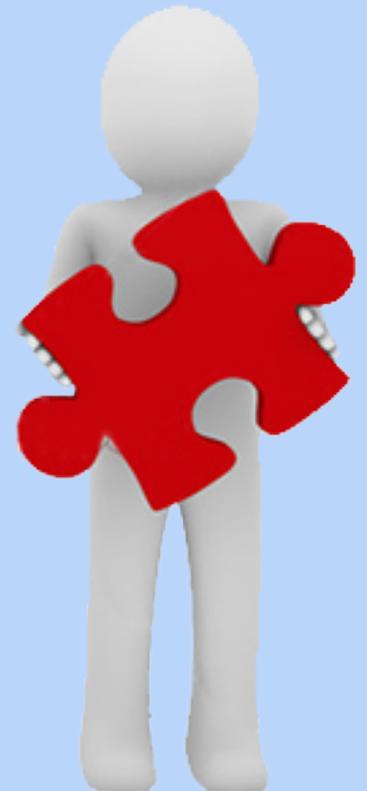
PES FOR KAREN BAKER



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%.

INTERVENTION

- **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)



INTERVENTION

- 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 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.

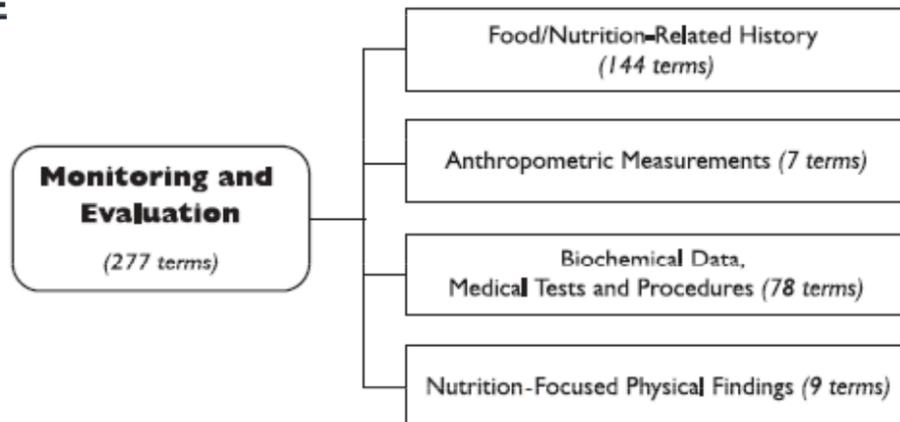


MONITORING AND EVALUATION

■ 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



MONITORING AND EVALUATION

- **Characteristics of monitoring and evaluation:**
 - Measurable
 - Related to PES statement
 - Communicates expected outcomes
 - Patient-centered
 - Individualized



MONITOR AND EVALUATE FOR KAREN BAKER

- **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?

