

NUTRITION CARE PROCESS - CARE PLANNING TOOLS FOR CLINICIANS

PROBLEM CATEGORIES	SAMPLE NUTRITION DIAGNOSTIC STATEMENTS	POSSIBLE GOALS (OUTCOMES)	POSSIBLE INTERVENTIONS (APPROACHES)
INTAKE (NI)			
Energy Balance (1) Unused NI – 1.1 Increased Energy Expenditure NI – 1.2 Unused NI – 1.3 Inadequate Energy Intake NI – 1.4 Excessive Energy Intake NI – 1.5	<ul style="list-style-type: none"> Increased energy expenditure <i>related to</i> involuntary movements associated with Parkinson's disease <i>as evidenced by</i> weight loss of 10% in 6 months. Increased energy expenditure <i>related to</i> voluntary physical activity <i>as evidenced by</i> endurance training records. Inadequate energy intake <i>related to</i> food and nutrition-related knowledge deficit <i>as evidenced by</i> patient's/client's food selections as recorded on food diary. Inadequate energy intake <i>related to</i> inability to independently consume foods <i>as evidenced by</i> calorie count results. Excessive energy intake <i>related to</i> decreased metabolism of aging <i>as evidenced by</i> weight gain of 50# in one year. Excessive energy intake <i>related to</i> appetite increase associated with current medications <i>as evidenced by</i> reported intake of large portions of food and beverages. 	<p>Weight will be stabilized at _____ lbs.</p> <p>BMI will be normalized.</p> <p>Growth velocity will be improved.</p> <p>Somatic protein stores will be normalized.</p> <p>Biochemical data will be improved/ normalized.</p> <p>Menu/food intake selections will be consistent with prescribed diet.</p> <p>Total intake will be consistent with estimated caloric needs.</p> <p>Enteral /parenteral nutrition prescription will be consistent with estimated caloric needs.</p>	<ul style="list-style-type: none"> Provide _____ diet. Provide _____ calories daily through (describe route/ process). Recommend increase in calories from _____ to _____. Recommend decrease in calories from _____ to _____. Provide patient with food preferences to encourage intake. Weigh on _____ (specify date). Weigh patient every _____ days. Report weight gain/loss of _____ lbs. or more to physician. Recommend between-meal supplement Provide between-meal snack (specify type, amount and times). Serve 6 small feedings. Recommend diet at consistency tolerated by the patient. Encourage nutrition intake at meal times. Have family encourage patient to eat. Eliminate foods at the bedside. Monitor foods brought in by family and friends. Allow patient to eat at their own pace. Provide nursing assistance with feeding to the extent required to assure 75-100% consumption of meal trays. Monitor percentages of food intake at each meal. Provide nutrition education or counseling to patient/ caregiver.

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Oral or Nutrition Support Intake (2) Inadequate Oral Food/Beverage Intake NI – 2.1 Excessive Oral Food/Beverage Intake NI – 2.2 Inadequate Intake from Enteral/ Parenteral Nutrition NI – 2.3 Excessive Intake from Enteral/ Parenteral Nutrition NI – 2.4 Inappropriate Infusion of Enteral/ Parenteral Nutrition NI – 2.5 <i>(use with caution)</i>	<ul style="list-style-type: none"> Inadequate oral food/ beverage intake <i>related to</i> lack of access to food as <i>evidenced by</i> patient report of no food intake for three days. Inadequate oral food/ beverage intake <i>related to</i> depression as <i>evidenced by</i> recorded refusal of meals as provided. Excessive oral food/ beverage intake <i>related to</i> nutrition-related knowledge deficit as <i>evidenced by</i> reported intake that exceeds estimated energy needs. Excessive oral food/ beverage intake <i>related to</i> medication (steroids) as <i>evidenced by</i> observed frequent snacking between meals. Inadequate intake from enteral/ parenteral nutrition infusion <i>related to</i> intolerance to formula as <i>evidenced by</i> nausea & diarrhea. Inadequate intake from enteral/ parenteral nutrition infusion <i>related to</i> increased demands of chronic infection as <i>evidenced by</i> predicted needs from metabolic cart measurement. Excessive intake from enteral/ parenteral nutrition <i>related to</i> inactivity associated with chronic illness as <i>evidenced by</i> weight gain. Excessive intake from enteral/ parenteral nutrition <i>related to</i> knowledge deficit of the caregiver as <i>evidenced by</i> documented infusion in excess of recommended intake. Inappropriate infusion of enteral/ parenteral nutrition <i>related to</i> knowledge deficit of the caregiver as <i>evidenced by</i> weight loss. Inappropriate infusion of enteral/ parenteral nutrition <i>related to</i> potassium content of formula as <i>evidenced by</i> hypokalemia. 	<p>Weight will be stabilized at _____ lbs.</p> <p>BMI will be normalized.</p> <p>Growth velocity will be improved.</p> <p>Somatic protein stores will be normalized.</p> <p>Biochemical data will be improved/ normalized.</p> <p>Skin integrity will be improved.</p> <p>GI symptoms will be improved/ eliminated.</p> <p>Menu/food intake selections will be consistent with prescribed diet.</p> <p>Total intake will be consistent with estimated nutrient needs.</p> <p>Enteral/ parenteral nutrition prescription will be consistent with estimated nutrient needs.</p> <p>Enteral/ parenteral nutrition administration will be consistent with prescribed regimen (formula, strength, rate, schedule, etc.).</p>	<ul style="list-style-type: none"> Provide _____ diet. Provide _____ nutrients daily through (describe route/ process). Recommend increase in calories from _____ to _____. Recommend decrease in calories from _____ to _____. Recommend change in enteral/ parenteral prescription (specify change in type, amount, schedule, etc.). Provide patient with food preferences to encourage intake. Recommend between-meal supplement Provide between-meal snack (specify type, amount and times). Serve 6 small feedings. Encourage nutrition intake at meal times. Have family encourage patient to eat. Eliminate foods at the bedside. Monitor foods brought in by family and friends. Allow patient to eat at their own pace. Provide nursing assistance with feeding to the extent required to assure 75-100% consumption of meal trays. Monitor percentages of food intake at each meal. Provide nutrition education to patient/ caregiver. Provide enteral/ parenteral nutrition administration instructions to patient/ caregiver.

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Fluid Intake (3) Inadequate Fluid Intake NI – 3.1 Excessive Fluid Intake NI – 3.2	<ul style="list-style-type: none"> Inadequate fluid intake <i>related to</i> decreased thirst sensation <i>as evidenced by</i> increased serum osmolality and BUN. Inadequate fluid intake <i>related to</i> inability to access fluids independently <i>as evidenced by</i> reported insufficient intake as compared to fluid requirements. Excessive fluid intake <i>related to</i> food-related knowledge deficit <i>as evidenced by</i> reported intake in excess of recommended intake. Excessive fluid intake <i>related to</i> decreased fluid losses associated with liver failure <i>as evidenced by</i> ascites and edema. 	<p>Weight will be stabilized at _____ lbs.</p> <p>Biochemical data will be improved/ normalized.</p> <p>Menu/food intake selections will be consistent with recommended fluid intake.</p> <p>Total intake will be consistent with estimated fluid needs.</p> <p>Edema/ SOB will be minimized.</p>	<ul style="list-style-type: none"> Provide _____ diet and fluids. Provide _____ ml of fluid daily (specify amounts per meal and for nursing). Recommend increase in fluid intake to _____ ml/day. Encourage fluid intake at meals. Recommend restriction in fluid intake to _____ ml/day. Monitor and record fluid intake. Monitor fluids brought in by family and friends. Provide nutrition education or counseling to patient/ caregiver.
Bioactive Substances (4) Inadequate Bioactive Substance Intake NI – 4.1 Excessive Bioactive Substance Intake NI – 4.2 Excessive Alcohol Intake NI – 4.3	<ul style="list-style-type: none"> Inadequate bioactive substance intake <i>related to</i> food-related knowledge deficit <i>as evidenced by</i> reported low intake of plant foods. Inadequate bioactive substance intake <i>related to</i> limited access to foods containing substance <i>as evidenced by</i> lack of available foods/products in neighborhood market. Excessive bioactive substance intake <i>related to</i> frequent intake of foods containing substance <i>as evidenced by</i> diarrhea and weight loss. Excessive bioactive substance intake <i>related to</i> food-related knowledge deficit <i>as evidenced by</i> reported frequent intake of substances which interfere with absorption of nutrients. Excessive alcohol intake <i>related to</i> nutrition-related knowledge deficit <i>as evidenced by</i> reported intake of > 2 drinks per day (for men) or 1 drink per day (for women). Excessive alcohol intake <i>related to</i> alcohol addiction <i>as evidenced by</i> elevated blood alcohol level. 	<p>Weight will be stabilized at _____ lbs.</p> <p>Biochemical data will be improved/ normalized.</p> <p>GI symptoms will be improved/ eliminated.</p> <p>Menu/food intake selections will be consistent with recommended bioactive substance intake.</p> <p>Intake will be consistent with estimated bioactive substance needs.</p> <p>ETOH intake will be normalized/ eliminated when contraindicated.</p>	<ul style="list-style-type: none"> Provide _____ diet. Provide bioactive substance (specify item, amounts and timing). Recommend increase in bioactive substance (specify) intake to _____/day. Encourage bioactive substance (specify) intake at meals and snacks. Recommend restriction in bioactive substance (specify) intake to _____/day. Monitor and record bioactive substance intake. Monitor bioactive substances brought in by family and friends. Recommend restriction in ETOH intake (specify amount per day). Monitor and record ETOH intake. Monitor ETOH brought in by family and friends. Provide nutrition education to patient/ caregiver.

NUTRITION CARE PROCESS - CARE PLANNING TOOLS FOR CLINICIANS

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Nutrient (5)			
Increased Nutrient Needs (Specify) NI – 5.1	<ul style="list-style-type: none"> Increased calorie needs <i>related to</i> chronic infection <i>as evidenced by</i> unintentional weight loss. Increased protein needs <i>related to</i> increased demands of wound healing <i>as evidenced by</i> delayed healing. 	<p>Weight will be stabilized at _____ lbs.</p> <p>BMI will be normalized.</p> <p>Growth velocity will be improved.</p>	<ul style="list-style-type: none"> Provide _____ diet. Provide _____ calories daily through (describe route/ process). Recommend increase in calories from _____ to _____. Recommend decrease in calories from _____ to _____. Provide patient with food preferences to encourage intake. Weigh on _____ (specify date). Weigh patient every _____ days. Report weight gain/loss of _____ lbs. or more to physician. Recommend between-meal supplement Provide between-meal snack (specify type, amount and times). Serve 6 small feedings. Provide diet at consistency tolerated by the patient. Encourage nutrition intake at meal times. Have family encourage patient to eat. Eliminate foods at the bedside. Monitor foods brought in by family and friends. Allow patient to eat at their own pace. Provide nursing assistance with feeding to the extent required to assure 75-100% consumption of meal trays. Monitor percentages of food intake at each meal. Provide nutrition education or counseling to patient/ caregiver.
Malnutrition NI – 5.2	<ul style="list-style-type: none"> Malnutrition <i>related to</i> prolonged catabolic illness <i>as evidenced by</i> BMI < 18.5. Malnutrition <i>related to</i> depression <i>as evidenced by</i> reported insufficient energy intake as compared to estimated needs. 	<p>Somatic protein stores will be normalized.</p> <p>Biochemical data will be improved/ normalized.</p>	
Inadequate Protein-Energy Intake NI – 5.3	<ul style="list-style-type: none"> Inadequate protein-energy intake <i>related to</i> recent lack of access to food <i>as evidenced by</i> observed inability to prepare own meals. Inadequate protein-energy intake <i>related to</i> an eating disorder <i>as evidenced by</i> observed avoidance of food. 	<p>Skin integrity will be improved.</p> <p>GI symptoms will be improved/ eliminated.</p> <p>Edema/ fluid retention will be minimized.</p>	
Decreased Nutrient Needs (Specify) NI – 5.4			
Imbalance of Nutrients NI – 5.5	<ul style="list-style-type: none"> Decreased lipid needs <i>related to</i> altered cholesterol metabolism <i>as evidenced by</i> altered lipid profile. Decreased fiber needs <i>related to</i> irritable bowel syndrome <i>as evidenced by</i> past history of disease flare up with uncontrolled fiber intake. Imbalance of nutrients <i>related to</i> nutrition-related knowledge deficit <i>as evidenced by</i> reported intake of high doses of minerals. Imbalance of nutrients <i>related to</i> intake of high dose nutrient supplements <i>as evidenced by</i> diarrhea. 	<p>Menu/food intake selections will be consistent with prescribed diet.</p> <p>Total intake (from foods and/ or supplements) will be consistent with estimated nutrient needs.</p> <p>Enteral /parenteral nutrition prescription will be consistent with estimated nutrient needs.</p> <p>ETOH intake will be normalized/ eliminated when contraindicated.</p>	

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Fat and Cholesterol (5.6) Inadequate Fat Intake NI – 5.6.1 Excessive Fat Intake NI – 5.6.2 Inappropriate Intake of Fats (Specify) NI – 5.6..3	<ul style="list-style-type: none"> Inadequate fat intake <i>related to</i> prolonged adherence to a very low fat diet <i>as evidenced by</i> physical evidence of EFA deficiency. Inadequate fat intake <i>related to</i> restriction in foods provided for meals and snacks <i>as evidenced by</i> observed intake of < 10% of calories from fat. Excessive fat intake <i>related to</i> food-related knowledge deficit <i>as evidenced by</i> elevated serum lipids. Excessive fat intake <i>related to</i> lack of access to healthful food choices <i>as evidenced by</i> observed intake of high fat meals. Inappropriate intake of saturated fat <i>related to</i> food-related knowledge deficit <i>as evidenced by</i> elevated serum lipids. Inappropriate intake of cholesterol <i>related to</i> food preferences <i>as evidenced by</i> documented consumption high in fatty meat/dairy products. 	<p>Weight will be stabilized at _____ lbs.</p> <p>BMI will be normalized.</p> <p>Growth velocity will be improved.</p> <p>Biochemical data will be improved/normalized.</p> <p>Skin integrity will be improved.</p> <p>GI symptoms will be improved/eliminated.</p> <p>Menu/food intake selections will be consistent with prescribed diet.</p> <p>Total fat and/ or cholesterol intake will be consistent with estimated needs.</p>	<ul style="list-style-type: none"> Provide _____ diet. Provide _____ grams of fat daily. Provide _____ mg of cholesterol daily. Provide _____ % of calories as _____ (specify type) fat daily. Recommend increase in fat intake to _____ grams/day. Encourage fat intake at meals and snacks. Recommend decrease in fat intake to _____ grams/day. Monitor and record fat intake. Monitor foods and beverages brought in by family and friends. Provide nutrition education or counseling to patient/ caregiver.
Protein (5.7) Inadequate Protein Intake NI – 5.7.1 Excessive Protein Intake NI – 5.7.2 Inappropriate Intake of Amino Acids (Specify) NI – 5.7.3	<ul style="list-style-type: none"> Inadequate protein intake <i>related to</i> economic restraints <i>as evidenced by</i> documented protein intake of < 40 grams per day. Inadequate protein intake <i>related to</i> food-related knowledge deficit <i>as evidenced by</i> inability to identify sources of dietary protein. Excessive protein intake <i>related to</i> renal failure <i>as evidenced by</i> elevated BUN/decreased GFR Excessive protein intake <i>related to</i> food-related knowledge deficit <i>as evidenced by</i> reported use of inappropriate supplements. Inappropriate intake of phenylalanine <i>related to</i> inborn error of metabolism <i>as evidenced by</i> reported intake of foods high in BCAAs. Inappropriate intake of L-tryptophan <i>related to</i> food faddism <i>as evidenced by</i> documented intake of L-tryptophan in excess of recommendations. 	<p>Somatic protein stores will be normalized.</p> <p>Growth velocity will be improved.</p> <p>Biochemical data will be improved/normalized.</p> <p>Skin integrity will be improved.</p> <p>Menu/food intake selections will be consistent with prescribed diet.</p> <p>Total protein intake (from foods and/ or supplements) will be consistent with estimated needs.</p>	<ul style="list-style-type: none"> Provide _____ diet. Provide _____ grams of protein daily. Recommend increase in protein intake to _____ grams/day. Provide high protein supplements (specify type and amount). Recommend amino acid supplements (specify type and amount). Encourage protein intake at meals and snacks. Recommend decrease in protein intake to _____ grams/day. Discontinue amino acid supplements. Monitor and record protein intake. Monitor foods and beverages brought in by family and friends. Provide nutrition education or counseling to patient/ caregiver.

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Carbohydrate and Fiber (5.8)			
Inadequate Carbohydrate Intake NI – 5.8.1	<ul style="list-style-type: none"> Inadequate CHO intake <i>related to</i> food-related knowledge deficit <i>as evidenced by</i> reported CHO intake less than recommendations. Inadequate CHO intake <i>related to</i> disordered eating <i>as evidenced by</i> observed avoidance of CHO foods choices at meal times. 	<p>Weight will be stabilized at _____ lbs.</p> <p>BMI will be normalized.</p> <p>Biochemical data will be improved/ normalized.</p>	<ul style="list-style-type: none"> Provide _____ diet. Provide _____ grams of CHO daily. Provide _____ % of calories as _____ CHO daily. Provide _____ grams CHO at each meal and snack (specify grams/CHO servings and times).
Excessive Carbohydrate Intake NI – 5.8.2	<ul style="list-style-type: none"> Excessive CHO intake <i>related to</i> DM <i>as evidenced by</i> reported intake > 300 grams per day. Excessive CHO intake <i>related to</i> food-related knowledge deficit <i>as evidenced by</i> observed CHO intake greater than recommendations. 	<p>GI symptoms will be improved/ eliminated.</p> <p>Menu/food intake selections will be consistent with prescribed diet.</p>	<ul style="list-style-type: none"> Recommend increase in CHO intake to _____ grams/day. Encourage CHO intake at meals and snacks. Recommend decrease in CHO intake to _____ grams/day.
Inappropriate Intake of Types of Carbohydrate (Specify) NI – 5.8.3	<ul style="list-style-type: none"> Inappropriate intake of simple sugars <i>related to</i> DM <i>as evidenced by</i> documented serum glucose consistently > 140 mg/dL. Inappropriate intake of high refined CHO <i>related to</i> lack of willingness to modify habits <i>as evidenced by</i> documented continued diarrhea. 	<p>Pattern of eating (meals and/ or snacks) will be consistent with recommendations.</p> <p>Total CHO and fiber intake (from foods and/ or supplements) will be consistent with estimated nutrient needs.</p>	<ul style="list-style-type: none"> Monitor and record CHO intake. Recommend increase in fiber intake to _____ grams/day. Encourage fiber intake at meals and snacks.
Inconsistent Carbohydrate Intake NI – 5.8.4	<ul style="list-style-type: none"> Inconsistent CHO intake <i>related to</i> inability to regulate timing of intake <i>as evidenced by</i> reported irregular intake of CHO sources. Inconsistent CHO intake <i>related to</i> hypoglycemia <i>as evidenced by</i> wide variations in documented serum glucose levels. 	<p>Enteral /parenteral nutrition prescription will be consistent with estimated CHO needs.</p>	<ul style="list-style-type: none"> Recommend decrease in fiber intake to _____ grams/day. Monitor and record fiber intake.
Inadequate Fiber Intake NI – 5.8.5	<ul style="list-style-type: none"> Inadequate fiber intake <i>related to</i> overcooking of foods <i>as evidenced by</i> low stool volume. 		<ul style="list-style-type: none"> Monitor foods and beverages brought in by family and friends.
Excessive Fiber Intake NI – 5.8.6	<ul style="list-style-type: none"> Inadequate fiber intake <i>related to</i> food-related knowledge deficit <i>as evidenced by</i> documented fiber intake > 20 grams per day. Excessive fiber intake <i>related to</i> food-related knowledge deficit <i>as evidenced by</i> documented fiber intake > recommended intake for condition. Excessive fiber intake <i>related to</i> disordered eating pattern <i>as evidenced by</i> observed intake of fiber-rich foods at the exclusion of other foods. 		<ul style="list-style-type: none"> Provide nutrition education or counseling to patient/ caregiver.

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Vitamin (5.9) Inadequate Vitamin Intake (Specify) NI – 5.9.1 Excessive Vitamin Intake (Specify) NI – 5.9.2	<ul style="list-style-type: none"> Inadequate vitamin intake <i>related to</i> nutrition-related knowledge deficit <i>as evidenced by</i> serum vitamin deficiency. Inadequate vitamin intake <i>related to</i> economic constraints <i>as evidenced by</i> reported intake of vitamin-rich foods less than recommended amounts. Excessive vitamin intake <i>related to</i> nutrition-related knowledge deficit <i>as evidenced by</i> reported intake of vitamin-rich foods and supplements greater than recommended amounts. Excessive vitamin intake <i>related to</i> accidental overdose from supplemental forms <i>as evidenced by</i> reported intake of vitamin supplements in addition to prescribed parenteral nutrition. 	<p>Biochemical data will be improved/ normalized.</p> <p>Abnormal physical findings will be improved/ eliminated.</p> <p>Menu/food intake selections will be consistent with prescribed diet.</p> <p>Total vitamin intake (from foods and/ or supplements) will be consistent with estimated nutrient needs.</p> <p>Enteral /parenteral nutrition prescription will be consistent with estimated vitamin needs.</p> <p>Known interactions will be minimized.</p>	<ul style="list-style-type: none"> Provide _____ diet. Provide foods rich in vitamin _____ (specify) daily. Recommend vitamin supplement (specify type and amount). Schedule vitamin intake to minimize interactions. Recommend increase vitamin intake (specify type and goal amount). Encourage vitamin-rich foods (specify vitamin) at meals and snacks. Recommend decrease in vitamin intake (specify type and goal amount). Recommend that vitamin supplements be discontinued. Monitor and record vitamin intake. Provide nutrition education or counseling to patient/ caregiver.
Mineral (5.10) Inadequate Mineral Intake (Specify) NI – 5.10.1 Excessive Mineral Intake (Specify) NI – 5.10.2	<ul style="list-style-type: none"> Inadequate mineral intake <i>related to</i> nutrition-related knowledge deficit <i>as evidenced by</i> reported intake of mineral-rich foods less than recommended amounts. Inadequate mineral intake <i>related to</i> nutrient/drug interaction <i>as evidenced by</i> reported intake of foods with known interactions during the same meal. Excessive mineral intake <i>related to</i> nutrition-related knowledge deficit <i>as evidenced by</i> reported intake of mineral-rich foods and supplements greater than recommended amounts. Excessive mineral intake <i>related to</i> overconsumption of iodized salt <i>as evidenced by</i> elevated TSH. 	<p>Biochemical data will be improved/ normalized.</p> <p>Abnormal physical findings will be improved/ eliminated.</p> <p>Menu/food intake selections will be consistent with prescribed diet.</p> <p>Total mineral intake (from foods and/ or supplements) will be consistent with estimated nutrient needs.</p> <p>Enteral /parenteral nutrition prescription will be consistent with estimated mineral needs.</p> <p>Known interactions will be minimized.</p>	<ul style="list-style-type: none"> Provide _____ diet. Provide foods rich in minerals (specify) daily. Recommend mineral supplement (specify type and amount). Schedule mineral intake to minimize interactions. Recommend increase mineral intake (specify type and goal amount). Encourage mineral-rich foods (specify type) at meals and snacks. Recommend decrease in mineral intake (specify type and goal amount). Recommend that mineral supplements be discontinued.. Monitor and record mineral intake. Provide nutrition education or counseling to patient/ caregiver.

NUTRITION CARE PROCESS - CARE PLANNING TOOLS FOR CLINICIANS

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CLINICAL (NC)			
Functional (1) Swallowing Difficulty NC – 1.1 Biting/Chewing (Masticatory) Difficulty NC – 1.2 Breastfeeding Difficulty NC – 1.3 Altered GI Function NC – 1.4	<ul style="list-style-type: none"> Swallowing difficulty <i>related to</i> esophageal tumor <i>as evidenced by</i> observed coughing and choking at meal times. Swallowing difficulty <i>related to</i> stroke <i>as evidenced by</i> abnormal swallowing evaluation. Biting/Chewing (Masticatory) difficulty <i>related to</i> soft tissue disease <i>as evidenced by</i> loose teeth and oral lesions. Biting/Chewing (Masticatory) difficulty <i>related to</i> oral surgery <i>as evidenced by</i> wired jaws. Breastfeeding difficulty <i>related to</i> breast pain <i>as evidenced by</i> documented mastitis. Breastfeeding difficulty <i>related to</i> poor sucking ability <i>as evidenced by</i> diagnosis of cleft palate. Altered GI function <i>related to</i> gastroparesis <i>as evidenced by</i> reported fullness after consuming small amounts of food. Altered GI function <i>related to</i> gastric bypass <i>as evidenced by</i> reported diarrhea after meals. 	<p>Weight will be stabilized at _____ lbs.</p> <p>Growth velocity will be improved.</p> <p>Biochemical data will be improved/ normalized.</p> <p>Intake will be improved to $\geq 75\%$ of meals and/ or snacks.</p> <p>Choking/ coughing/ pouching of food will be minimized/ eliminated.</p> <p>GI symptoms will be improved/ eliminated.</p> <p>Menu/food intake selections will be consistent with prescribed diet.</p> <p>Total intake (from foods and/ or supplements) will be consistent with estimated nutrient needs.</p>	<ul style="list-style-type: none"> Recommend _____ diet with consistency/texture modifications based on tolerance. Provide thickened liquids as ordered. Provide liquids through a straw. Recommend swallowing evaluation. Recommend dental evaluation. Allow patient to eat at their own pace. Serve 6 small feedings. Provide nursing supervision/ assistance at meal times. Monitor foods brought in by family and friends. Monitor and record intake. Provide nutrition education or counseling to patient/ caregiver. Recommend initiation of tube feeding (specify type, amount, schedule, etc.).
Biochemical (2) Impaired Nutrient Utilization NC – 2.1 Altered Nutrition-Related Laboratory Values NC – 2.2 Food- Medication Interaction NC – 2.3	<ul style="list-style-type: none"> Impaired nutrient utilization <i>related to</i> impaired liver function <i>as evidenced by</i> documented steatorrhea. Impaired nutrient utilization <i>related to</i> ileostomy <i>as evidenced by</i> negative nitrogen balance studies. Altered nutrition-related laboratory values <i>related to</i> renal failure <i>as evidenced by</i> abnormal GFR. Altered nutrition-related laboratory values <i>related to</i> liver failure <i>as evidenced by</i> ascites. Food-medication interaction <i>related to</i> combined intake of medication & foods <i>as evidenced by</i> reported intake of Coumadin with inconsistent intake of Vitamin K-rich foods. Food-medication interaction <i>related to</i> combined intake of medications & foods <i>as evidenced by</i> reported intake of Lipitor and grapefruit juice. 	<p>Weight will be stabilized at _____ lbs.</p> <p>Growth velocity will be improved.</p> <p>Biochemical data will be improved/ normalized.</p> <p>Abnormal physical findings/ GI symptoms will be improved/ eliminated.</p> <p>Menu/food intake selections will be consistent with prescribed diet.</p> <p>Total intake (from foods and/ or supplements) will be consistent with estimated nutrient needs.</p> <p>Known interactions will be minimized.</p>	<ul style="list-style-type: none"> Provide _____ diet. Recommend restriction of nutrients based on biochemical data & physical findings. Schedule administration of medications, meals and snacks to minimize known possible interactions. Eliminate foods contraindicated for use with any ordered medications. Monitor foods brought in by family and friends. Monitor and record intake. Provide nutrition education or counseling to patient/ caregiver. Recommend initiation of enteral/ parenteral feedings (specify type, amount, schedule, etc.).

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Weight (3)			
Underweight NC – 3.1	<ul style="list-style-type: none"> Underweight <i>related to</i> inadequate energy intake <i>as evidenced by</i> documented intake less than estimated needs. 	Weight will be stabilized at _____ lbs.	<ul style="list-style-type: none"> Provide _____ diet. Provide _____ calories daily through (describe route/ process). Recommend increase in calories from _____ to _____.
Involuntary Weight Loss NC – 3.2	<ul style="list-style-type: none"> Underweight <i>related to</i> increased energy needs <i>as evidenced by</i> measured RMR greater than estimated needs. 	BMI will be normalized.	<ul style="list-style-type: none"> Recommend decrease in calories from _____ to _____.
Overweight/ Obesity NC – 3.3	<ul style="list-style-type: none"> Involuntary weight loss <i>related to</i> catabolic illness <i>as evidenced by</i> weight loss > 5% in one month. 	Growth velocity will be improved.	<ul style="list-style-type: none"> Provide patient with food preferences to encourage intake.
Involuntary Weight Gain NC – 3.4	<ul style="list-style-type: none"> Involuntary weight loss <i>related to</i> lack of self-feeding ability <i>as evidenced by</i> observed inability to use standard eating utensils effectively. Overweight <i>related to</i> nutrition-related knowledge deficit <i>as evidenced by</i> observed intake of portions twice the size of those recommended. Obesity <i>related to</i> disordered eating pattern <i>as evidenced by</i> documented overconsumption of calorically-dense foods and beverages. Involuntary weight gain <i>related to</i> paralysis <i>as evidenced by</i> weight gain > 10# in one month. Involuntary weight gain <i>related to</i> fluid retention <i>as evidenced by</i> edema and shortness of breath. 	<ul style="list-style-type: none"> Somatic protein stores will be normalized. Biochemical data will be improved/ normalized. Abnormal physical findings will be improved/ eliminated. Menu/food intake selections will be consistent with prescribed diet. Total intake will be consistent with estimated nutrient needs. ETOH intake will be normalized/ eliminated when contraindicated. Enteral/ parenteral nutrition prescription will be consistent with estimated nutrient needs. Physical activity will be consistent with recommendations. 	<ul style="list-style-type: none"> Weigh on _____ (specify date). Weigh patient every _____ days. Report weight gain/loss of _____ lbs. or more to physician. Recommend between-meal supplement Provide between-meal snack (specify type, amount and times). Serve 6 small feedings. Recommend diet at consistency tolerated by the patient. Encourage nutrition intake at meal times. Have family encourage patient to eat. Eliminate foods at the bedside. Monitor foods brought in by family and friends. Allow patient to eat at their own pace. Provide nursing assistance with feeding to the extent required to assure 75-100% consumption of meal trays. Monitor percentages of food intake at each meal.
			Provide nutrition education or counseling to patient/ caregiver.

NUTRITION CARE PROCESS - CARE PLANNING TOOLS FOR CLINICIANS

PROBLEM CATEGORIES	SAMPLE NUTRITION DIAGNOSTIC STATEMENTS	POSSIBLE GOALS (OUTCOMES)	POSSIBLE INTERVENTIONS (APPROACHES)
BEHAVIORAL - ENVIRONMENTAL (NB)			
Knowledge and Beliefs (1)			
Food - and Nutrition-Related Knowledge Deficit NB – 1.1	<ul style="list-style-type: none"> Food - and nutrition-related knowledge deficit <i>related to</i> lack of previous information as <i>evidenced by</i> no previous documented MNT. Food - and nutrition-related knowledge deficit <i>related to</i> language barrier as <i>evidenced by</i> reported inability to read materials provided. 	<p>Weight will be stabilized at _____ lbs.</p> <p>BMI will be normalized.</p> <p>Growth velocity will be improved.</p>	<ul style="list-style-type: none"> Provide _____ diet. Encourage nutrition intake at meal times. Have family encourage patient to eat. Monitor foods and supplements brought in by family and friends. Provide foods rich in vitamin _____ (specify) daily. Provide vitamin supplement (specify type and amount). Schedule vitamin intake to minimize interactions.
Harmful Beliefs/ Attitudes About Food - or Nutrition- Related Topics NB – 1.2 (use with caution)	<ul style="list-style-type: none"> Harmful beliefs about nutrition-related topics <i>related to</i> exposure to incorrect information as <i>evidenced by</i> reported avoidance of certain foods Harmful attitudes about nutrition-related topics <i>related to</i> disbelief in science-based information as <i>evidenced by</i> documented intake with an imbalance of nutrients. 	<p>Expected anthropometric outcomes will be achieved.</p> <p>Somatic protein stores will be normalized.</p> <p>Biochemical data will be improved/ normalized.</p>	<ul style="list-style-type: none"> Recommend decrease in vitamin intake (specify type and goal amount). Recommend that vitamin supplement be discontinued.
Not Ready for Diet/Lifestyle Change NB – 1.3	<ul style="list-style-type: none"> Not ready for diet change <i>related to</i> denial of the need as <i>evidenced by</i> negative body language. Not ready for lifestyle change <i>related to</i> lack of social support as <i>evidenced by</i> failure to keep appointments or engage in counseling. 	<p>Expected laboratory outcomes will be achieved.</p> <p>Abnormal physical findings will be improved/ eliminated.</p>	<ul style="list-style-type: none"> Provide foods rich in minerals (specify) daily. Recommend mineral supplement (specify type and amount). Schedule mineral intake to minimize interactions.
Self Monitoring Deficit NB – 1.4	<ul style="list-style-type: none"> Self monitoring deficit <i>related to</i> knowledge deficit as <i>evidenced by</i> reported uncertainty of how to complete monitoring records. 	<p>Agreed upon lifestyle and/or dietary changes can be recalled/ verbalized/ discussed accurately.</p>	<ul style="list-style-type: none"> Recommend decrease in mineral intake (specify type and goal amount). Recommend that mineral supplements be discontinued.
Disordered Eating Pattern NB – 1.5	<ul style="list-style-type: none"> Self monitoring deficit <i>related to</i> lack of interest as <i>evidenced by</i> incomplete monitoring records. Disordered eating pattern <i>related to</i> obsessive desire to be thin as <i>evidenced by</i> BMI < 17.5. Disordered eating pattern <i>related to</i> bulimia nervosa as <i>evidenced by</i> documented weight fluctuation. 	<p>Application of food/ nutrition-related information can be verbalized/ demonstrated accurately.</p> <p>Menu/food intake selections will be consistent with prescribed diet.</p>	<ul style="list-style-type: none"> Recommend increase in bioactive substance (specify) intake to _____/day. Encourage bioactive substance (specify) intake at meals and snacks. Recommend restriction in bioactive substance (specify) intake to _____/day.

NUTRITION CARE PROCESS - CARE PLANNING TOOLS FOR CLINICIANS

PROBLEM CATEGORIES	SAMPLE NUTRITION DIAGNOSTIC STATEMENTS	POSSIBLE GOALS (OUTCOMES)	POSSIBLE INTERVENTIONS (APPROACHES)
Knowledge and Beliefs (1) – continued Limited Adherence to Nutrition-Related Recommendations NB – 1.6 Undesirable Food Choices NB – 1.7	<ul style="list-style-type: none"> Limited adherence to nutrition-related recommendations <i>related to</i> poor understanding <i>as evidenced by</i> inability to recall agreed upon changes. Limited adherence to nutrition-related recommendations <i>related to</i> unwillingness to apply information <i>as evidenced by</i> failure to complete agreed upon homework. Undesirable food choices <i>related to</i> inadequate access to recommended foods <i>as evidenced by</i> reported inability to apply guidelines previously provided. Undesirable food choices <i>related to</i> misunderstanding of information <i>as evidenced by</i> observed intake inconsistent with US Dietary Guidelines. 	<p>Total intake will be consistent with recommendations.</p> <p>Pattern of eating (meals and/ or snacks) will be consistent with recommendations.</p> <p>Flexibility in food choices is demonstrated.</p> <p>Physical activity will be consistent with recommendations.</p> <p>Recorded data will be consistent with biochemical data, dietary intake and weight status.</p> <p>Agreed upon homework assignments will be completed.</p>	<ul style="list-style-type: none"> Monitor and record food and supplement intake. Provide nutrition education (brief or comprehensive) to patient/ caregiver. Provide nutrition counseling to patient/ caregiver. Make referral to eating disorders specialist. Make referral to exercise specialist. Utilize motivational interviewing techniques. Utilize cognitive restructuring techniques. Provide understandable nutrition-related materials to patient/ caregiver. Establish a schedule for ongoing intervention. Engage patient/ caregiver in goal-setting. Make referrals to applicable agencies for financial/ food assistance. Assist in arrangement of Meals on Wheels for home delivery.

NUTRITION CARE PROCESS - CARE PLANNING TOOLS FOR CLINICIANS

PROBLEM CATEGORIES	SAMPLE NUTRITION DIAGNOSTIC STATEMENTS	POSSIBLE GOALS (OUTCOMES)	POSSIBLE INTERVENTIONS (APPROACHES)
Physical Activity and Function (2) Physical Inactivity NB – 2.1 Excessive physical activity NB – 2.2 Inability or Lack of Desire to Manage Self-Care NB – 2.3 Impaired Ability to Prepare Foods/Meals NB – 2.4 Poor Nutrition Quality of Life NB – 2.5 Self-Feeding Difficulty NB – 2.6	<ul style="list-style-type: none"> Physical inactivity <i>related to</i> lack of a safe environment for activity <i>as evidenced by</i> reported barriers to physical activity. Physical inactivity <i>related to</i> injury <i>as evidenced by</i> documented low muscle strength. Excessive physical activity <i>related to</i> addictive behavior <i>as evidenced by</i> reported daily exercise without rest days. Excessive physical activity <i>related to</i> disordered eating <i>as evidenced by</i> depleted somatic protein stores. Inability to manage self-care <i>related to</i> learning disability <i>as evidenced by</i> observed inability to interpret data and use tools provided. Lack of desire to manage self-care <i>related to</i> lack of readiness for a lifestyle change <i>as evidenced by</i> demonstrated anger regarding the need for self-management/monitoring. Impaired ability to prepare foods/meals <i>related to</i> dementia <i>as evidenced by</i> documented decrease in overall intake. Impaired ability to prepare foods/meals <i>related to</i> physical disability <i>as evidenced by</i> observed inability to purchase and transport foods to home. Poor NQOL <i>related to</i> altered body image <i>as evidenced by</i> reported focus on new medical diagnosis. Poor NQOL <i>related to</i> nutrition-related knowledge deficit <i>as evidenced by</i> reported lack of complete information related to MNT recommendations. Self-feeding difficulty <i>related to</i> limited vision <i>as evidenced by</i> observed failure to recognize foods. Self-feeding difficulty <i>related to</i> reluctance to attempt self feeding <i>as evidenced by</i> documented emotional distress surrounding mealtimes. 	<p>Weight will be stabilized at _____ lbs.</p> <p>BMI will be normalized.</p> <p>Growth velocity will be improved.</p> <p>Biochemical data will be improved/ normalized.</p> <p>Abnormal physical findings will be improved/ eliminated.</p> <p>Physical activity (type, amount and pattern) will be consistent with recommendations.</p> <p>Intake will be improved to $\geq 75\%$ of meals and/ or snacks.</p> <p>Menu/food intake selections will be consistent with recommended nutrient needs.</p> <p>Pattern of eating (meals and/ or snacks) will be consistent with recommendations.</p> <p>Time spent on sedentary activities will be minimized.</p> <p>Agreed upon lifestyle and/or dietary changes can be recalled/ verbalized/ discussed accurately.</p> <p>Application of food/ nutrition-related information can be verbalized/ demonstrated accurately.</p> <p>Recorded data will be consistent with biochemical data, dietary intake and weight status.</p> <p>Agreed upon homework assignments will be completed.</p> <p>NQOL rating will improve.</p>	<ul style="list-style-type: none"> Provide _____ diet. Provide _____ calories daily through (describe route/ process). Recommend increase in calories from _____ to _____. Recommend decrease in calories from _____ to _____. Weigh on _____ (specify date). Weigh patient every _____ days. Report weight gain/loss of _____ lbs. or more to physician. Develop an interdisciplinary plan for care. Make referrals to other health care disciplines (PT, OT, Speech Therapy, Social Service, etc.). Collaborate with other members of the health care team to provide services and monitor outcomes. Establish a schedule for ongoing intervention. Provide adaptive equipment as appropriate to enhance intake. Implement changes in the feeding environment as appropriate to enhance intake. Provide meals in a group setting to inspire social interactions. Engage patient/ caregiver in goal-setting. Make referrals to applicable agencies/ programs for assistance. Assist in arrangement of Meals on Wheels for home delivery. Transfer patient to another facility for specialized care.

NUTRITION CARE PROCESS - CARE PLANNING TOOLS FOR CLINICIANS

PROBLEM CATEGORIES	SAMPLE NUTRITION DIAGNOSTIC STATEMENTS	POSSIBLE GOALS (OUTCOMES)	POSSIBLE INTERVENTIONS (APPROACHES)
Food Safety and Access (3) Intake of Unsafe Food NB – 3.1 Limited Access to Food NB – 3.2	<ul style="list-style-type: none"> Intake of unsafe food <i>related to</i> lack of knowledge about proper food handling as <i>evidenced by</i> observation of unsafe food preparation practices. Intake of unsafe food <i>related to</i> inadequate food storage as <i>evidenced by</i> reported storage of perishable foods at room temperature. Limited access to food <i>related to</i> lack of financial resources as <i>evidenced by</i> observed limited supply of food in home. Limited access to food <i>related to</i> failure to participate in applicable assistance programs as <i>evidenced by</i> a lack of documented use of available funds/programs to obtain food. 	<p>Weight will be stabilized at _____ lbs.</p> <p>BMI will be normalized.</p> <p>Growth velocity will be improved.</p> <p>Biochemical data will be improved/ normalized.</p> <p>Expected laboratory outcomes will be achieved.</p> <p>Abnormal physical findings will be improved/ eliminated.</p> <p>Agreed dietary/ food-handling changes can be recalled/ verbalized/ discussed accurately.</p> <p>Application of food safety-related information can be verbalized/ demonstrated accurately.</p> <p>Menu/food intake selections will be free of unsafe food items.</p> <p>Total intake will be consistent with recommendations.</p> <p>Storage and preparation of foods in the home will reflect safe food-handling practices.</p>	<ul style="list-style-type: none"> Provide _____ diet. Provide _____ calories daily through (describe route/ process). Recommend increase in calories from _____ to _____. Recommend decrease in calories from _____ to _____. Weigh on _____ (specify date). Weigh patient every _____ days. Report weight gain/loss of _____ lbs. or more to physician. Provide education on applicable food safety topics to patient/ caregiver. Develop an interdisciplinary plan for care. Make referrals to other health care disciplines (PT, OT, Speech Therapy, Social Service, etc.). Collaborate with other members of the health care team to provide services and monitor outcomes. Establish a schedule for ongoing intervention. Engage patient/ caregiver in goal-setting. Make referrals to applicable agencies/ programs for assistance. Assist in arrangement of Meals on Wheels for home delivery.