Nutrition Counseling and Education Skills 8th edition Beto Test Bank

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Advanced Medical Nutrition Therapy, First Edition
Kelly Kane and Kathy Prelack
Chapter 1 Test Bank

Chapter 1 "Nutrition Assessment"

Multiple Choice

1. Nutrition screening differs from nutrition assessment in that:
A. Nutrition screening identifies patients who may have a nutrition diagnosis while nutrition assessment categorizes patients with a medical diagnosis
B. Nutrition screening identifies patients at nutrition risk while nutrition assessment determines a patient's nutritional problems
C. Nutrition screening classifies malnutrition while nutrition assessment determines a patient's nutritional plan
D. Nutrition screening identifies patients who may benefit from nutrition assessment while nutrition assessment classifies a medical risk as high or moderate

<Answer: B>
<Subject: Chapter 1>
<A-Head: Nutrition Screening>
<Complexity: Difficult>

2. Which of the following is the most useful method of determining intake of patients in a hospital environment?
A. Usual diet recall
B. Food frequency questionnaires
C. Food disappearance data
D. Family interview

<Answer: A>
<Subject: Chapter 1>
<A-Head: Food/Nutrition-Related Diet History>
<Complexity: Easy>

3. A 68-year-old woman comes to your office for the first time. She has a BMI of 33 kg/m^2. Her nutrition-focused physical exam is normal. To classify her as obese, what further information do you need?

A. Additional anthropometrics
B. No further information; BMI is sufficient
C. Waist circumference
D. DEXA scan

<Answer: B>
<Subject: Chapter 1>
<A-Head: Calculating BMI>
<Complexity: Moderate>

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4. A 43-year-old patient is critically ill and unconscious. You need an estimate of his height to calculate medication dosage and nutritional needs. Which of the below is **NOT** an example of anthropometric measurements that could be used to estimate height?
A. Knee height
B. Total arm span
C. Half arm span
D. Skinfold thickness

<Answer: D>
<Subject: Chapter 1>
<A-Head: Alternate Measures to Assess Height>
<Complexity: Easy>

5. The nutrition-focused physical exam is a system-based evaluation and examination of bodily regions including all of the following **EXCEPT:**
A. Skin
B. Nails
C. Liver
D. Eyes

<Answer: C>
<Subject: Chapter 1>
<A-Head: Nutrition-Focused Physical Findings>
<Complexity: Easy>

6. In the setting of illness, which might be the most useful to assess baseline nutritional status?
A. Serum albumin and prealbumin
B. Skin evaluation for wounds
C. Presence of temporal muscle wasting
D. Weight after fluid resuscitation

<Answer: C>
<Subject: Chapter 1>
<A-Head: Neck and Upper Body, Musculoskeletal and Lower Extremities>
<Complexity: Difficult>

7. A nutrition screening tool that identifies individuals as “high nutrition risk” who are actually at high nutrition risk can be described as having:
A. High sensitivity
B. High specificity
C. High reliability
D. High validity

<Answer: A>
<Subject: Chapter 1>

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<A-Head: Selecting a Screening Method>
<Complexity: Moderate>

8. Waist circumference measurement contributes to a nutrition assessment because:
A. Waist circumference helps to determine BMI
B. Waist circumference is necessary for a malnutrition diagnosis
C. Waist circumference is associated with cardiometabolic risk
D. Waist circumference classifies obesity

<Answer: C>
<Subject: Chapter 1>
<A-Head: Waist Circumference>
<Complexity: Moderate>

9. Clinical characteristics that the RD can obtain and document to support the diagnosis of malnutrition in adults based on current guidelines include which of the following?
A. Weight loss, albumin, insufficient energy intake
B. Weight loss, albumin, reduced hand grip strength
C. Albumin, insufficient energy intake, reduced hand grip strength
D. Weight loss, insufficient energy intake, reduced hand grip strength

<Answer: D>
<Subject: Chapter 1>
<A-Head: Identifying Malnutrition>
<Complexity: Moderate>

10. The expected relationship between body mass index and body fat may be confounded in the setting of:
A. Thinness
B. Obesity
C. Weight loss
D. Edema

<Answer: D>
<Subject: Chapter 1>
<A-Head: Calculating BMI>
<Complexity: Difficult>

11. The most common component of the nutrition-focused physical exam used by RDs is:
A. Visual inspection
B. Palpation
C. Percussion
D. Auscultation

<Answer: A>

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<Subject: Chapter 1>
<A-Head: Techniques of NFPE>
<Complexity: Easy>

12. One difference between the Malnutrition Screening Tool (MST) and the Malnutrition Universal Screening Tool (MUST) is:
A. The MST assesses unintentional weight loss and the MUST does not
B. The MST assesses BMI and the MUST does not
C. The MST assesses the presence of acute disease and the MUST does not
D. The MST assesses change in appetite while the MUST does not

<Answer: D>
<Subject: Chapter 1>
<A-Head: Nutrition Screening Tools>
<Complexity: Difficult>

13. Dry weight is:
A. Weight when thirsty
B. Weight after 10% of excess body fluid has been removed
C. Weight at which the patient has hypertension or hypotension
D. Weight prior to fluid retention

<Answer: D>
<Subject: Chapter 1>
<A-Head: Calculating Dry Weight for Chronic Fluid Overload>
<Complexity: Moderate>

14. The technology used most commonly in the clinical setting to assess body composition is:

A. Magnetic resonance imaging
B. Computed tomography
C. Bioelectrical impedance analysis
D. Dual energy X-ray absorptiometry

<Answer: C>
<Subject: Chapter 1>
<A-Head: Imaging Technologies>
<Complexity: Easy>

15. In the NFPE, an assessment of overall appearance evaluates all of the following except:
A. Level of consciousness
B. Body habitus
C. Past medical history
D. Facial expression

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<Answer: C>
<Subject: Chapter 1>
<A-Head: Components of NFPE>
<Complexity: Easy>

16. Measurements of functional status include assessment of all of the following except:
A. Hand grip strength
B. Timed gait
C. Stair steps
D. Memory test

<Answer: D>
<Subject: Chapter 1>
<A-Head: Functional Assessment>
<Complexity: Easy>

True/False

1. Self-reported height is the most commonly used height surrogate in the clinical setting.

<Answer: True>
<Subject: Chapter 1>
<A-Head: Alternate Measures to Assess Height>
<Complexity: Easy>

2. Since ideal body weight (IBW) was validated in the acutely ill adult population, percent IBW is an appropriate component in determining nutritional status.

<Answer: False>
<Subject: Chapter 1>
<A-Head: Applications of IBW>
<Complexity: Moderate>

3. Conditions that require special assessment of body weight measurements include amputations, obesity, and chronic fluid retention.

<Answer: False>
<Subject: Chapter 1>
<A-Head: Body Weight Modifications for Special Circumstances>
<Complexity: Moderate>

4. The oral cavity is an important region to evaluate during an NFPE since the high turnover of cells allows for early detection of nutrient deficiencies.

<Answer: True>

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<Subject: Chapter 1>
<A-Head: Components of the NFPE>
<Complexity: Moderate>

5. Observation of food intake through calorie counts obtained in the inpatient hospital setting is highly correlated with usual intake.

<Answer: False>
<Subject: Chapter 1>
<A-Head: Dietary Recall Methods/Methods of Obtaining Intake Data>
<Complexity: Moderate>

6. A change in skin turgor is one way to assess hydration status.

<Answer: True>
<Subject: Chapter 1>
<A-Head: Dietary Recall Methods/Methods of Obtaining Intake Data>
<Complexity: Easy>

Short answer

1. You have been asked to develop a nutrition screening tool for your hospital, which is a high acuity trauma facility. You are considering the following screening tools: NRS-2002, MUST, SNAQ© and MST. Which tool is best suited for your hospital and why? Be sure to include the rationale for your decision as well as the limitations of your tool.

<Answer:

- Can justify SNAQ, NRS-2002, MUST

Screening Tool	**NRS-2002**	**MUST**	**SNAQ©**	**MST**
Pro	• Comprehensive • Developed for use in acute care settings	• Comprehensive • Presence of an acute illness that may affect dietary intake	• Developed for use during admission to acute care facility • Assesses need for supplemental or enteral nutrition	

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Con	• Relates nutritional status to existing disease state (most patients have acute not chronic disease)	• Developed for use in the community setting	• Abbreviated	• Abbreviated • Developed based on general medical and surgical inpatients>

<Subject: Chapter 1>
<A-Head: Nutrition Screening Tools>
<Complexity: Difficult>

2. Discuss risk factors for malnutrition.
<Subject: Chapter 1>
<A-Head: The Purpose of Nutrition Assessment>
<Complexity: Difficult>

3. Describe the six components (ABCDEF) of the nutrition assessment.

<Answer: A – Anthropometry and Body Composition - standard measures of height, weight, and body composition

B – Biochemical - use of laboratory tests of patients' blood, urine, feces, and tissue samples

C – Clinical - nutrition-focused past medical history and clinical diagnoses, as well as a nutrition-focused physical exam

D – Dietary - information regarding food and nutrient intake

E – Energy - estimation of energy requirements and comparison to current intake

F –Functional Status - Assessing for declines in function measured via muscle strength and/or physical performance>

<Subject: Chapter 1>
<A-Head: The Purpose of Nutrition Assessment>
<Complexity: Moderate>

4. A patient has a height of 5′9″ and a weight of 126 lbs. Six months ago, he weighed 150 lbs.
a. Calculate the patient's current BMI, percent usual body weight, and percent weight loss.

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<Answer: BMI 18.3; 84% UBW; 16% weight loss>
<Subject: Chapter 1>
<A-Head: Assessing Weight>
<Complexity: Moderate>

5. Identify factors that might be included in a nutrition-focused past medical history.
<Answer:
a. Demographic data including age, sex, occupation, family history, education level
b. Chief complaint including history of present illness, recent diet and/or weight changes, UBW, appetite changes, GI symptoms
c. Past medical/surgical history including previous acute or chronic illnesses, allergies, eating disorders, psychosocial health, and/or cognitive disabilities
d. Medication history including medications with nutrition interactions, and herbal and dietary supplements
e. Family medical history such as history of cardiovascular disease, diabetes mellitus, cancer
f. Social history including socioeconomic status, social and medical support, relevant cultural and religious beliefs, and/or living situation>
<Subject: Chapter 1>
<A-Head: Client History>
<Complexity: Difficult>

6. Contrast the cardiometabolic risk associated with android versus gynoid body type.

<Answer: Abdominal obesity is associated with significantly greater health risks than fat deposited below the abdomen. For those with an android ("apple") body shape, increased waist measurement has been shown to be an independent risk factor for type 2 diabetes mellitus, hypertension, and cardiovascular disease—even for individuals who are of normal weight by BMI standards. This risk has not been demonstrated for those with a gynoid ("pear") shape, indicating fat deposits below the waist.>
<Subject: Chapter 1>
<A-Head: Waist Circumference>
<Complexity: Easy>

7. Describe the consequences of malnutrition.
<Answer:
- Inferior outcomes
- Contributor to increased morbidity and mortality
- Increased lengths of stay and rates of readmission
- Decreased function and quality of life
- Higher healthcare costs
- Development of pressure injuries
- Increased rates of infection, impaired wound healing, surgical complications
- Increased ventilatory requirements>

.
<Subject: Chapter 1>

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<A-Head: Consequences>
<Complexity: Moderate>

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