Nutrition Therapy and Pathophysiology 3rd edition Nelms Solutions Manual

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Chapter 2 – The Nutrition Care Process

Chapter Outline

I. Improving Health and Nutritional Status through Nutrition Care
   A. Health Status
   B. Nutritional Status
   Key Concepts: Health Status and Nutritional Status
      1. Nutrition is important to promote health and prevent and treat disease states.
      2. Adequacy of nutrient intake is important but does not completely describe nutritional status.
      3. Determination of a person's nutritional status is dependent on a wide variety of factors (biological, pathological, behavioral, cognitive, environmental, and systems).

II. Purpose of Providing Nutrition Care
   Key Concept: Nutrition Care
      1. Providing nutrition care can influence and change the factors that contribute to an imbalance in nutritional status and thus restore nutritional health

III. The ADA's Standardized Nutrition Care Process
   A. Standardized Nutrition Language
   B. Use of the NCP to Improve Quality of Care
   Key Concepts: The ADA's Standardized Nutrition Care Process
      1. The 4 steps of the nutrition care process
      2. By using the nutrition care process, dietetics practitioners can demonstrate that nutrition care improves outcomes
   C. Critical Thinking

IV. The Big Picture of Nutrition Care: The Model
   A. Central Core – relationship between patient/client/group and dietetics professional
   B. Two Outer Rings – environmental factors & strengths of the RD
   C. Supportive Systems: Screening and Referral System and Outcomes Management System
   Key Concepts: Nutrition Care Process and Model
      1. Nutrition care is provided within the context of a larger model that includes a central core focused on individual care and positive relationships.
      2. Both external (environmental) and internal (resources of dietetics practitioners) factors influence the type of nutrition care provided
      3. The steps of the NCP are supported by two other systems: the screening and referral system and the outcomes management system. Dietetics practitioners participate in both of these systems, but may not have sole responsibility for accomplishing these tasks.

V. Steps of the NCP
   A. Step 1: Nutrition Assessment
      1. Obtain and Verify Appropriate Data
      2. Cluster and Organize Assessment Data
      3. Evaluate the Data Using Reliable Standards
      4. Key Concepts: NCP Step 1, Nutrition Assessment
   B. Step 2: Nutrition Diagnosis
      1. PES Statements
      2. Criteria for Evaluating PES Statements
      3. Relationship of Nutrition Diagnosis to the Other Steps of the NCP
      4. Key Concepts: NCP Step 2, Nutrition Diagnosis
   C. Step 3: Nutrition Intervention
      1. Prioritize the Nutrition Diagnoses
      2. Identify Goals
      3. Plan the Nutrition Intervention
      4. Implement the Nutrition Intervention
      5. Key Concepts: NCP Step 3, Nutrition Intervention
   D. Step 4: Nutrition Monitoring and Evaluation
      1. Monitor Progress

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2. Measure Outcomes
3. Evaluate Outcomes
4. Key Concepts: NCP Step 4, Nutrition Monitoring and Evaluation

VI. Documentation
VII. Conclusion

Classroom Activities

Activity 2-1
Items needed: A copy of "Nutrition Care Process and Model "Part 1: The 2008 Update," *J Amer Diet Assoc*. 2008; 108: 1113-1117; and "Nutrition Care Process Part II: Using the International Dietetics and Nutrition Terminology to Document the Nutrition Care Process," *J Amer Diet Assoc.* 2008; 108: 1287-1293.

Direct students to read the above articles prior to the first lecture on Chapter 2 – The Nutrition Care Process. Facilitate a class discussion regarding the importance of incorporating the Nutrition Care Process Model (NCPM) into current dietetics practice.

Activity 2-2
Items needed: Box 2.3, Box 2.6, and Box 2.7 from the text.

Using the questions in Box 2.3, evaluate (through class discussion) the PES statements in Box 2.6 and Box 2.7. Direct students to identify specific examples in each PES statement or the provided background information to support their answers.

Questions from Box 2.3:
- Can the dietetics professional impact, improve, or resolve the nutrition problem?
- Is the etiology truly the root cause?
- Is there an intervention that will address the root cause, thus increasing the likelihood that a positive change will result?
- Can an intervention reduce the significance of the signs and symptoms?
- Are the signs and symptoms that are used to describe the problem specific enough to be measured?
- Are the problems clearly and singularly stated?
- Does the assessment data used to identify the nutrition diagnosis support and link to the diagnostic statement, etiology, and signs and symptoms?

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Handout 2: Nutrition Diagnosis and Intervention

STEP 1: Assessment based on International Dietetics and Nutrition Terminology (IDNT)

Nutrition history	Biochemical data	Anthropometric measures	Physical findings	Client history

STEP 2: Nutrition Diagnosis

Identify nutrition diagnosis category to be addressed:

Intake: too much or too little food/nutrient compared to needs	***Clinical:*** medical or physical conditions	***Behavioral-Environmental:*** knowledge, attitudes, beliefs, environment, food access, or food safety

PES statement to describe the problem, its root cause, and assessment data that provide evidence for the nutrition diagnosis:

(P) Problem	***(E) Etiology***	***(S) Signs/Symptoms***
"Nutrition diagnosis" using standard nutrition diagnostic terminology	"related to" contributing risk factors	"as evidenced by" data used to determine the nutrition diagnosis

Examples:

- ***Intake:*** Inadequate energy intake related to nausea and vomiting of pregnancy as evidenced by 8-pound weight loss during first trimester of pregnancy.
- ***Clinical:*** Involuntary weight loss related to impaired self-feeding ability as evidenced by less than 50% of meals eaten and 5% weight loss in 30 days.
- ***Behavioral-Environmental:*** Food and nutrition-related knowledge deficit related to new diagnosis of type 2 diabetes as evidenced by A1C of 8.2% and patient's verbalization of need for diabetes education.

STEP 3: Nutrition Intervention

Nutrition prescription that supports the nutrition diagnosis and identifies evidence-based goals.

Intervention strategies based on standardized domains:

Food/Nutrient Delivery (ND)	Nutrition Education (E)	Nutrition Counseling (C)	Coordination of Nutrition Care (RC)

Examples:

Nutrition Counseling (C)

- Nutrition prescription: 2200 kcal low-fat diet for pregnancy as tolerated divided between six small meals and snacks per day.
- Nutrition intervention: Provide patient with written meal and snack ideas that meet nutrition prescription goals.

Food and Nutrient Delivery (ND) and ***Coordination of Nutrition Care (RC)***

- Nutrition prescription: Regular diet with one can oral nutrition supplement between meals daily.
- Nutrition intervention: Assist patient at meal and snack times to encourage self-feeding; cut food into small pieces and open all food and beverage containers.

Nutrition Education (E)

- Nutrition prescription: 60 grams-per-meal consistent carbohydrate diet
- Nutrition intervention: Educate patient on carbohydrate counting to maintain blood glucose control. Enroll patient in diabetes education classes.

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