

Nutrition Care Process Tutorial

Module 3: Nutrition Assessment - Overview, Terms, and Use

Academy of Nutrition and Dietetics

Nutrition Care Process Terminology
2023 Edition

- Understand the purpose of Nutrition Assessment
- Understand the components of Nutrition Assessment, including:
 - Nutrition Assessment Terminology
 - Comparative Standards used to evaluate assessment data



NCP Step 1: Nutrition Assessment and Reassessment

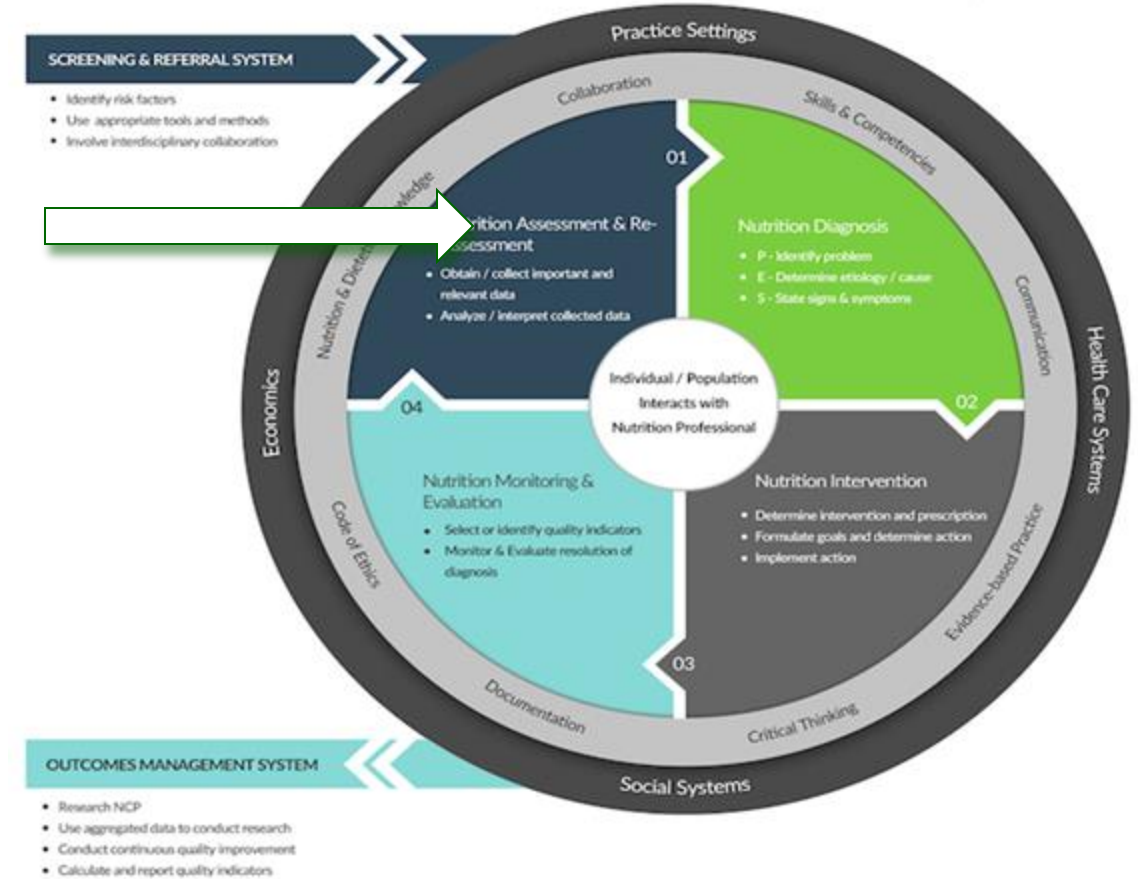
Nutrition Assessment Purpose

- Collect, classify, and synthesize relevant client data
- Use collected data as evidence to identify and prioritize a nutrition related problem(s)

Nutrition Reassessment Purpose

- Identify whether previously collected client data has changed
- Determine if the previously identified nutrition problem has changed using the **Nutrition Status** terms: New, Active, Resolved, and/or Discontinued.

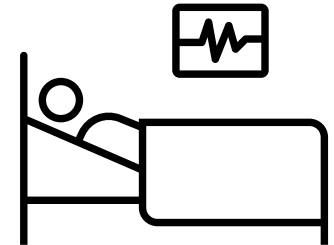
THE NUTRITION CARE PROCESS MODEL



Sources of Nutrition Assessment Data

➤ Primary sources of Nutrition Assessment Data:

- Screening / referral forms
- Client interviews
- Medical / health records
- Healthcare team
- Family members / caregivers
- Community-based surveys and focus groups
- Statistical reports, administrative data, client-related outcomes, or experience measures
- Epidemiological studies
- Malnutrition Screening Tool (MST) Score



Nutrition Assessment Terminology

Nutrition Assessment Data is categorized into the following nine Domains:

1. Food/Nutrition-Related History (FH)
2. Anthropometric Measurements (AD)
3. Biochemical Data, Medical Tests, and Procedures (BD)
4. Physical Exam Findings (PD)
5. Client History (CH)
6. Assessment, Monitoring, and Evaluation Tools (AT)
7. Etiology Category (EY)
8. Comparative Standards (CS)
9. Progress Evaluation (EV)

Nutrition Assessment Domains Explained

Food/Nutrition-Related History (FH)	Food and nutrient intake, food and nutrient administration, medication and complementary/alternative medicine supplement use, knowledge/beliefs/attitudes, behavior, food and supply availability, physical activity and function, and nutrition related client centered measures
Anthropometric Measurements (AD)	Body height, body weight, body frame, body weight change, body mass, growth pattern indices, and body compartment estimates
Biochemical Data, Medical Tests, and Procedures (BD)	Lab data (eg, electrolytes, glucose) and tests (eg, gastric emptying time, resting metabolic rate)
Physical Exam Findings (PD)	Findings from a physical exam, interview, or the health record.

Nutrition Assessment Domains Explained - Continued

Client History (CH)	Personal health, family and social history
Assessment, Monitoring and Evaluation Tools (AT)	Tools used for health or disease status or risk assessment, reassessment, and monitoring and evaluation
Etiology Category (EY)	Categories to communicate the type of nutrition diagnosis etiology
Comparative Standards (CS)	What indicator data are compared against, can include reference standards, recommendations, and/or goals
Progress Evaluation (EV)	Evaluation of progress toward a nutrition related goal(s) and resolution of a nutrition diagnosis(es)

Nutrition Assessment

Critical Thinking



COLLECT RELEVANT DATA

Use important and relevant data showing the nutrition diagnoses exist.

Examples: Use total energy intake as evidence for inadequate energy intake and percentage of food consumed for inadequate oral intake.



IDENTIFY NEED FOR ADDITIONAL INFORMATION

Obtain or order data or request additional data to support a nutrition diagnosis.

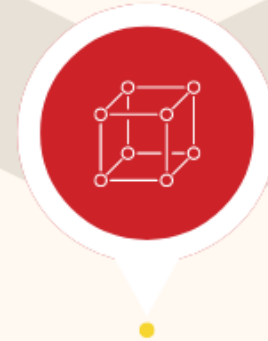
Examples: Request ferritin for improved evaluation of iron status. Await post-dialysis data.



SELECT TOOLS/PROCEDURES

Valid and reliable tools and guidelines that fit the client population are recommended.

Examples: Use a tool (eg, subjective global assessment, mini-nutritional assessment long form) to identify malnutrition and guidelines for a nutrition-focused physical exam.



APPLY TOOLS/PROCEDURES

Tools/procedures should not be altered; doing so can negatively affect the findings.

Example: Follow guidelines and instructions for measuring hand-grip strength.



VALIDATE DATA

For accurate interpretation of findings, compare them to standards and norms and determine if they make sense for the reference population.

Examples: Compare lab data to the established reference range. Use growth charts suitable for a child's age.

Quality Documentation Using the NCPT: Nutrition Assessment

Quality Documentation

1. Nutrition problem states: “inadequate energy intake” and in the nutrition assessment (NA) the comparative standard is stated: Estimated Energy Needs - 2000 kcal/d (25 kcal/kg)
2. Nutrition diagnosis states: “inadequate fluid intake” and NA contains a diet recall that summarizes the estimated fluid intake in 24 hours to be 75% of needs. Estimated fluid requirements are noted in comparative standards.
3. Abnormal labs related to the nutrition diagnosis are listed in the nutrition assessment.

Poor Documentation

1. Nutrition problem states: “inadequate energy intake” and the estimated energy needs and current intake are not listed.
2. Nutrition diagnosis states: “inadequate fluid intake” and NA contains a diet recall without a summary of the fluids in 24 hours and comparative standards only lists energy needs.
3. The nutrition assessment includes abnormal labs from several years ago but does not contain lab data that would indicate this is still relevant

Nutrition Assessment Summary



NA is the first step of the NCP



Data collected during NA is used for all other steps of the NCP



NA ultimately leads to the identification of a nutrition problem (also known as a Nutrition Diagnosis)



New information or assessment data may provide reason for reassessment, change in nutrition diagnosis or nutrition intervention.

Proceed to Module 4