

NCP 2023 Tutorial

Module 6 Transcript

Hello, this is Ashley Carnahan. Thank you for joining me for Nutrition Care Process Module 6: Nutrition Monitoring and Evaluation.

The objectives of Module 6: Nutrition Monitoring and Evaluation are for the RDN to understand the components of this evaluation and monitoring step and what critical thinking skills need to be utilized in order for this set step to be completed successfully and the sources of data needed for decision making for this to go through the Nutrition Care Process. We will also discuss the domains and classes of Nutrition Monitoring and Evaluation terms.

The purpose of nutrition monitoring and evaluation is to make progress towards resolution of the identified nutrition problem by evaluating the signs and symptoms in the interventions that have taken place. Are they improving or not improving? This is the purpose of this critical step.

Activities that take place during the Nutrition Care Process, Monitoring and Evaluation step are some of the following examples. When RDN recommends a cardio protective diet, this is what they may be monitoring that may determine if their cholesterol values have decreased since the previously recommended cardioprotective diet. For example, has the LDL Cholesterol level decreased in six months? During the reassessment phase the RDN would determine if the LDL Cholesterol has progressed toward this normal range by taking labs and re evaluating if that cardio protective diet is still needed and recommended.

Nutrition care indicators or outcomes are terms used to identify data elements in an initial nutrition assessment that are evaluated to measure change based on the RDN nutrition intervention. Current client data can be compared against the Nutrition Prescription or recommendations, the reference standard or comparative standard, for example, the national standards such as DRIs or USDA Dietary Guidelines or guidelines for specific disease states or institution, and of course, regulatory standards.

Nutrition assessment data is categorized in the following eight domains. Food Nutrition Related History, Anthropometric Measurements, Biochemical Data, Medical Tests and Procedures, Physical Exam Findings, Assessment Monitoring and Evaluation Tools, Etiology Category, Comparative Standards, and Progress Evaluation.

Nutrition Assessment Domains Explained. Here are some explains of what you would look for in each nutrition assessment domain category. Food and nutrition related history. What type of diet would this patient follow? Food and nutrient administration. Do they need things like enteral tube feeding or TPN to meet their nutrition needs? Complementary or alternative medicine. Vitamin and herb supplements taken regularly or medications that are indicative of their nutrition recommendations. Knowledge, beliefs, attitudes on their diet or food behavior. Do they have adequate food supply? Is their physical activity and function within normal limits and nutrition related client centered measures. The next would be Anthropometric Measurements. This is when the RDN would look for height, weight, body frame, any type of weight change to help with the assessment and also the monitoring and evaluation piece. You would always want to re-evaluate any type of weight change on a follow up visit with that client or patient. Biochemical Data, Medical Tests, and Procedures. This is lab data. Electrolytes such as Glucose and other tests, Gastric Emptying Studies, and any other tests that would related to your interventions or recommendations as a clinician. And last, Physical Exam Findings. Are they malnourished or at high risk for malnutrition? These are all things that are very important in the monitoring and evaluation step that need to in the assessment to be addressed in the end.

This could include things like food and nutrient intake, what specific diet the patient is following, is there enteral or TPN administration needed medication or vitamins and herbs taken regularly, knowledge and beliefs and attitudes about their food or diet behavior, food and supply availability. Are they able to afford food? Are they able to consume when hungry and food and nutrition related client centered measures. The Anthropometric Measurements are also a very important indicator. The Dietitian could look for height, weight, body frame, body weight change, body mass, growth pattern and body compartment estimates. Food Assessment domains explained.

Nutrition Assessment Domains Explained Continued. Assessment, Monitoring and Evaluation tools. These are tools used for health or disease status or risk assessment, reassessment and monitoring and evaluation. This is an example of potentially an MST score or a risk level defined by a dietitian. Etiology categories. These are used to communicate the type of nutrition diagnosis etiology. Comparative Standards. What indicator data are compared against can include reference standards, recommendations and or goals. You may have laboratory assessments in this category. Progress Evaluation. Evaluation of progress toward nutrition related goals and resolution of nutrition diagnosis or diagnosis. These are things like where a clinician may look for weight changes or intake progress or skin healing.

The RDN will use critical thinking skills in the Nutrition Monitoring and Evaluation

stage of the Nutrition Care Process. It will use appropriate reference standards to identify if the goal is being met or not being met. They will do this by evaluating progress, tracking the progress towards the goal. They would use terms such as new, achieved, discontinued, not achieved, some progress toward goal, some digression away from goal. They would explain variances from expected outcomes and seek the reasons why the nutritious status and or care plan outcomes are not being met. Are weight trends increasing due to need for dialysis or are weight trends increasing because they have fluid overload from a chronic condition? The common factors that help or hinder progress. What barriers are affecting the client or patient's goals from not being met? Continue or discontinue care, determine if the client can meet the expectations or have they been met and the profession professional goals have been successful. This is the full realm of nutrition and monitoring evaluation.

Some examples of quality documentation is using specific criteria for each indicator that is documented. For example, BMI will increase to healthy range of 18 to 25 within six months in nutrition reassessment. The status of the nutrition diagnosis is addressed in the PES statement using the progress evaluation terms. For example, altered nutrition related laboratory values (decreased serum magnesium) related to severe illness related to pediatric malnutrition (physiologic metabolic etiology) as evidenced by serum magnesium 1.1- active nutrition diagnosis. A poor documentation example would be criteria for each indicator is missing in the documentation. For example, BMI will increase. In a nutrition reassessment, the status of the nutrition diagnosis and progress evaluation terms are missing from the PES statement. Example: predicted excessive energy intake related to reduced physical activity (behavior etiology) as evidenced by estimated energy intake more than estimated needs at new lower physical activity level. The status of nutrition diagnosis: on-going.

Nutrition Monitoring and Evaluation summary. Nutrition Monitoring and Evaluation sets the stage for reassessment in the next cycle of the Nutrition Care Process. During this step, goal progress is evaluated and documented, and the nutrition diagnosis is reevaluated as needed. During the Nutrition Monitoring and Evaluation phase, the RDN monitors and evaluates the client's progress toward consistent terms or indicators against criteria carefully selected by the RDN. During this step, the RDN determines whether care needs to be continued or discontinued.

Proceed to Module 7.