Snapshot

NCP Step 1: Nutrition Assessment

Purpose:
The purpose of nutrition assessment is to obtain, verify, and interpret data needed to identify nutrition-related problems, their causes, and significance. It is an ongoing, nonlinear and dynamic process that involves data collection and continual analysis of the patient/client’s status compared to specified criteria. This contrasts with nutrition monitoring and evaluation where food and nutrition professionals use the same data to determine changes in patient/client behavior, nutritional status, and the efficacy of nutrition intervention.

Finding nutrition assessment data:
For individuals, data can come directly from the patient/client through interview, observation and measurements, a medical record, and the referring health care provider. For population groups, data from surveys, administrative data sets, and epidemiological or research studies are used.

Terminology for nutrition assessment is organized in 5 domains (categories):

<table>
<thead>
<tr>
<th>Food/Nutrition-Related History</th>
<th>Anthropometric Measurements</th>
<th>Biochemical Data, Medical Tests, and Procedures</th>
<th>Nutrition-Focused Physical Findings</th>
<th>Client History</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food and nutrient intake, food and nutrient administration, medication, complementary/alternative medicine use, knowledge/beliefs, food and supplies availability, physical activity, nutrition quality of life</td>
<td>Height, weight, body mass index (BMI), growth pattern indices/percentile ranks, and weight history</td>
<td>Lab data (e.g., electrolytes, glucose) and tests (e.g., gastric emptying time, resting metabolic rate)</td>
<td>Physical appearance, muscle and fat wasting, swallow function, appetite, and affect</td>
<td>Personal history, medical/health/family history, treatments and complementary/alternative medicine use, and social history</td>
</tr>
</tbody>
</table>

Use of nutrition assessment data:
Nutrition assessment data, or indicators, are compared to criteria, or relevant norms and standards. These norms and standards may be national, institutional, or regulatory. Nutrition assessment findings are then documented in nutrition diagnosis statements and nutrition intervention goal setting.

Critical thinking skills:
- Determining appropriate data to collect
- Determining the need for additional information
- Selecting assessment tools and procedures that match the situation
- Applying assessment tools in valid and reliable ways
- Distinguishing relevant from irrelevant data
- Distinguishing important from unimportant data
- Validating the data

Term selection and organization:
The taxonomy or classification system guides the food and nutrition professional to logical terminology selection. The terms for nutrition assessment and nutrition monitoring and evaluation are combined because the data points are the same or related; however, the data purpose and use are distinct in these two steps of the Nutrition Care Process.

*Patient/client refers to individuals, groups, populations, family members, and/or caregivers.
Purpose:
The purpose of a nutrition diagnosis is to identify and describe a specific nutrition problem that can be resolved or improved through treatment/nutrition intervention by a food and nutrition professional. A nutrition diagnosis (e.g., inconsistent carbohydrate intake) is different from a medical diagnosis (e.g., diabetes).

Determining a nutrition diagnosis:
Food and nutrition professionals use nutrition assessment data to identify and label the patient/client’s nutrition diagnosis using standard nutrition diagnostic terminology. The eNCPT provides a reference sheet for each nutrition diagnosis that includes its definition, possible etiology/causes, and common signs or symptoms identified in the nutrition assessment step.

Terminology for nutrition diagnosis is organized in 3 domains (categories):

<table>
<thead>
<tr>
<th>Intake</th>
<th>Clinical</th>
<th>Behavioral-Environmental</th>
</tr>
</thead>
<tbody>
<tr>
<td>Too much or too little of a food or nutrient compared to actual or estimated needs</td>
<td>Nutrition problems that relate to medical or physical conditions</td>
<td>Knowledge, attitudes, beliefs, physical environment, access to food, or food safety</td>
</tr>
</tbody>
</table>

Documenting a nutrition diagnosis:
Food and nutrition professionals write a PES (Problem, Etiology, Signs and Symptoms) statement to describe the problem, its root cause, and the assessment data that provide evidence for the nutrition diagnosis.

The format for the PES statement is “[Nutrition diagnosis term (problem)] related to [Etiology] as evidenced by [Signs/Symptoms].”

<table>
<thead>
<tr>
<th>(P) Problem or Nutrition Diagnosis Term</th>
<th>(E) Etiology Cause/Contributing Risk Factors</th>
<th>(S) Signs/Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describes alterations in the patient/client’s nutritional status.</td>
<td>Linked to the nutrition diagnosis term by the words “related to.”</td>
<td>Data or indicators used to determine the patient/client's nutrition diagnosis. Linked to the etiology by the words “as evidenced by.”</td>
</tr>
</tbody>
</table>

No nutrition diagnosis at this time (NO-1.1) may be documented if the assessment indicates that no nutrition problem exists to justify a nutrition intervention or if further nutrition assessment data are needed to identify a nutrition diagnosis.

Guidelines for selecting the nutrition diagnosis and writing a clear PES statement:
Select the most important and urgent problem to be addressed. When writing the PES statement, food and nutrition professionals can ask a series of questions (identified in the critical thinking skills section below) that help clarify the nutrition diagnosis.

Critical thinking skills:

P – Can the nutrition professional resolve or improve the nutrition diagnosis of the patient/client? When all things are equal and there is a choice between stating the PES statement using two nutrition diagnoses from different domains, consider the Intake nutrition diagnosis as the one more specific to the role of the RDN.

E – Evaluate whether the etiology is the specific “root cause” that can be addressed with a nutrition intervention. If addressing the etiology cannot resolve the problem, can the RDN intervention at least lessen the signs and symptoms?

S – Will measuring the signs and symptoms indicate if the problem is resolved or improved? Are the signs and symptoms specific enough that the RDN can monitor (measure/evaluate changes) and document resolution or improvement of the nutrition diagnosis?

PES Overall – Does the nutrition assessment data support the nutrition diagnosis, etiology, and signs and symptoms?

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**Snapshot**

**NCP Step 3: Nutrition Intervention**

**Purpose:**
The purpose of a nutrition intervention is to resolve or improve the nutrition diagnosis or nutrition problem by provision of advice, education, or delivery of the food component of a specific diet or meal plan tailored to the patient/client’s* needs.

**Determining a nutrition intervention:**
The nutrition diagnosis and its etiology drives the selection of a nutrition intervention. Nutrition intervention strategies are selected to change nutritional intake, nutrition-related knowledge or behavior, environmental conditions, or access to supportive care and services. Nutrition intervention goals provide the basis for monitoring progress and measuring outcomes.

**Terminology for nutrition intervention is organized in 4 domains (categories):**

<table>
<thead>
<tr>
<th>Food and/or Nutrient Delivery</th>
<th>Nutrition Education</th>
<th>Nutrition Counseling</th>
<th>Coordination of Nutrition Care</th>
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<td>Individualized approach for food/nutrient provision.</td>
<td>A formal process to instruct or train a patient/client in a skill or to impart knowledge to help patients/clients voluntarily manage or modify food, nutrition and physical activity choices and behavior to maintain or improve health</td>
<td>A supportive process, characterized by a collaborative counselor-patient relationship, to establish food, nutrition and physical activity priorities, goals, and individualized action plans that acknowledge and foster responsibility for self-care to treat an existing condition and promote health</td>
<td>Consultation with, referral to, or coordination of nutrition care with other health care providers, institutions, or agencies that can assist in treating or managing nutrition-related problems</td>
</tr>
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**Use of nutrition intervention terminology:**
Nutrition intervention is accomplished in two distinct and interrelated steps: planning and implementing.

Planning the nutrition intervention involves:
- a. prioritizing nutrition diagnoses
- b. consulting the Academy’s Evidence-Based Nutrition Practice Guidelines and other practice guidelines
- c. determining patient-focused expected outcomes for each nutrition diagnosis
- d. conferring with patient/client/caregivers
- e. defining a nutrition intervention plan and related strategies
- f. defining time and frequency of care
- g. identifying resources needed.

Implementation is the action phase and involves:
- a. communication of the nutrition care plan
- b. carrying out the plan.

**Critical thinking skills:**
- Setting goals and prioritizing
- Defining the nutrition prescription or basic plan
- Making interdisciplinary connections
- Initiating behavioral and other nutrition interventions
- Matching nutrition intervention strategies with patient/client’s needs, nutrition diagnosis, and values
- Choosing from among alternatives to determine a course of action
- Specifying the time and frequency of care

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**Snapshot**

**NCP Step 4: Nutrition Monitoring and Evaluation**

**Purpose:**
The purpose of nutrition monitoring and evaluation is to determine and measure the amount of progress made for the nutrition intervention and whether the nutrition related goals/expected outcomes are being met. The aim is to promote more uniformity within the dietetics profession in assessing the effectiveness of nutrition intervention.

**Determining what to measure for nutrition monitoring and evaluation:**
Practitioners should select nutrition care indicators that will reflect a change as a result of nutrition care. The monitoring and evaluation phase should be considered during the assessment phase, while determining the Nutrition Diagnosis and the Nutrition Intervention. Additional factors to consider are the medical diagnosis, health care outcome goals, nutrition quality management goals, practice setting, patient/client population, and disease state and/or severity.

**Terminology for nutrition monitoring and evaluation is organized in 4 domains (categories)**:

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**Collection and use of nutrition monitoring and evaluation outcome data:**
This step consists of three components: monitoring, measuring, and evaluating the changes in nutrition care indicators. Practitioners monitor by providing evidence that the nutrition intervention is or is not changing the patient/client’s behavior or status. They measure outcomes by collecting data on the appropriate nutrition outcome indicator(s). Finally, food and nutrition professionals compare the current findings with previous status, nutrition intervention goals, and/or reference standards (i.e., criteria) and evaluate the overall impact of the nutrition intervention on the patient/client’s health outcomes. The use of standardized indicators and criteria increases the validity and reliability of outcome data collection. All these procedures facilitate electronic charting and aggregation of data for reporting outcomes of food and nutrition professional's interventions for patient/client care.

**Critical thinking skills:**
- Selecting appropriate indicators/measures
- Using appropriate reference standards for comparison
- Defining where patient/client is in terms of expected outcomes
- Explaining a variance from expected outcomes
- Determining factors that help or hinder progress
- Deciding between discharge and continuation of nutrition care

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**While the domains, classes, and terms for nutrition assessment and nutrition monitoring and evaluation are combined, there are no nutrition care outcomes associated with the domain entitled Client History. Items from this domain are used for nutrition assessment and reassessment only and do not change as a result of nutrition intervention.**