Critical Care Problem, Etiology, and Sign/Symptom (PES) Statements

Nutrition support expert PES statement recommendations for a critically ill client scenario:

*Patient is admitted to the critical care unit during the evening while the dietitian is away and the patient care team has initiated enteral nutrition. When the dietitian arrives in the morning they assess the patient and determine that they have no nutrition problem except for the fact that they require enteral nutrition support.*

**Recommendations to Create the Best PES Statement for Critically Ill Well –Nourished Patients**

1. Reduce repetition
2. Ensure the signs and symptoms relate to the nutrition diagnosis.
3. Whenever possible, the intervention should address the etiology. When an etiology cannot be changed by nutrition intervention, as in this case of mechanical ventilation, then the intervention should mitigate the signs and symptoms.

**Example Best PES Statements:**

**Inadequate enteral nutrition infusion** related to recent initiation of enteral nutrition with ICU admission/mechanical ventilation as evidenced by enteral nutrition providing 40% of energy/protein requirements.

**Inadequate enteral nutrition infusion** related to schedule for infusion interrupted as evidenced by RN chart documentation showing enteral nutrition was held for 4hrs/day for procedure, and enteral nutrition providing 30% of estimated requirements.

**Predicted Inadequate Energy Intake** related to medical intervention that is predicted to decrease ability to consume sufficient energy as evidenced by mechanical ventilation therapy, and need for NPO status.

**Inadequate energy intake** related to decreased ability to consume sufficient energy as evidenced by mechanical ventilation, current NPO status and enteral nutrition providing 50% of energy requirements.