


## Nutrition Care Process Model Tutorials

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Nutrition Care Process and Terminology Committee  
Academy of Nutrition and Dietetics

Nutrition Care Process Terminology  
2015 Edition



## Nutrition Assessment: Overview & Definition

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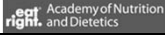
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### Module Objectives

By the end of this module, the participant will:

- Understand a working definition and purpose of nutrition assessment
- Understand the components of nutrition assessment, including
  - Activities of the nutrition and dietetics professional during nutrition assessment
  - Critical thinking skills that are useful during nutrition assessment
  - Sources of data needed for decision making during nutrition assessment

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### Nutrition Assessment

Nutrition Assessment is the first of 4 steps in the Nutrition Care Process

Purpose: to identify one or more nutrition related problem(s) and make decisions about the underlying cause of the problem(s)

Process: Obtaining, verifying, and interpreting data

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### Critical Thinking



Critical thinking skills are needed to:

- Determine appropriate data to collect
- Identify the need for additional data
- Select nutrition assessment tools and procedures that match the situation
- Identify and use the appropriate measurement or data collection tools
- Select appropriate data collection procedures
- Identify the appropriate comparative standards
- Recognize relevant and important data
- Determine the process for validating data (e.g., from patient interview, medical record, surveillance report)

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### Initial Assessment:



During the initial assessment, one should:

- Determine whether nutrition diagnosis (problem) exists
- Identify the need for additional information
- Determine if the patient or group requires nutrition care *at this time*

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### Re-Assessment



During the re-assessment, one should:

- Determine whether the monitoring and evaluation parameters previously identified have changed
- Identify the status of the previous nutrition diagnosis using the following language:
  - no improvement
  - improvement
  - diagnosis no longer appropriate
  - resolved
- Ask if there is a new Nutrition Diagnosis (problem)?
- Determine whether additional data of any kind is needed

If goals were met and no further care is needed, patient can be discharged from care.

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### Nutrition Assessment Data



Nutrition Assessment Data comes from two sources:

1. Health Record System:
  - Laboratory data
  - Medical diagnoses
  - Epidemiological studies
  - Administrative reports
2. Created during assessment, to be added to medical record
  - Nutritional intake
  - Current anthropometric measures
  - Additional client history gathered in interview

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### Nutrition Care Indicators



Nutrition Care Indicators are markers that can be observed and measured

- Food/Nutrition Related History
- Anthropometric measurements
- Biochemical data, Medical tests and Procedures
- Nutrition-Focused Physical Findings
- Client history

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### Nutrition Care Indicators



When assessing a nutrition indicator, compare current data against a

- Nutrition prescription
- Reference standard or comparative standard
  - National Standards for populations such as DRIs, US Dietary Guidelines
  - Guidelines for specific disease conditions, e.g., A.S.P.E.N., E.S.P.E.N., U.S. National Kidney Foundation
  - Institutional Standards, e.g., established guidelines specifying weight change in geriatric clients
  - Regulatory standards that are legal boundaries for specific populations, such as those developed by Joint Commission

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### Comparative Standard



When choosing a Comparative Standard, there are three factors to consider:

1. Practice setting
  - Acute care
  - Long term care community
  - Ambulatory care
  - Public health community
2. Population characteristics
  - Age
  - Gender
3. Disease state and severity
  - Renal disease
  - Diabetes, type and severity
  - Critical illness

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### Comparative Standards



There are a few issues and limitations when using Reference or Comparative Standards during Assessment:

- Accurate measurement for dietary intake is often difficult due to the subjective nature of the assessment tools
- The U.S. Institute of Medicine advises combining dietary intake data with clinical, biochemical, and other supporting information to lend validity to the nutritional assessment.
- The Reference or Comparative Standards are population based and do not represent any one individual.
- It is important to understand the population for whom the standard is developed, e.g., the DRIs are developed for healthy individuals
- The individual or population you are assessing may or may not be healthy

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### Important to Remember:



An assessment of inadequate intake does not always lead to nutrient deficiency

- Inadequate intake should be considered in combination with other factors (such as clinical, biochemical, anthropometric information, medical diagnosis, clinical status)
- Bioactive substances do not have established DRIs because they are not considered essential nutrients
  - Criteria for evaluation of intake must be the patient/client goal or nutrition prescription
  - Practitioners from countries that do not use the DRIs should refer to their own established dietary reference standards

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## Tools for Assessment



### Nutrition Diagnosis Reference Sheets

- Signs
- Symptoms
- Potential etiologies

### Matrices

- Nutrition Assessment
  - Identifies potential Nutrition Diagnoses by looking at a list of signs and symptoms
- Nutrition Diagnosis Etiology
  - Provides options for etiologies in each nutrition diagnosis

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## Summary



- Nutrition assessment and re-assessment is a process of obtaining, verifying, and interpreting data
- Accurate interpretation of data depends on selection of appropriate comparative standard
- Tools are available for clustering data for meaningful decisions
- Domains of nutrition assessment data are:
  - Food/Nutrition Related History
  - Anthropometric measurements
  - Biochemical data, Medical tests and Procedures
  - Nutrition-Focused Physical Findings
  - Client history

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