Tishk International University
Faculty of Applied Science
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Nutrition for Adolescents and the Elderly– 2ⁿᵈ Grade

Nutritional Assessment Across Life Stages and Nutritional Care Process

NUTRITIONAL ASSESSMENT

Contents:

Nutrition Care Process

NCP across life stages

Learning Outcome

Collect and organize nutrition assessment data

Write correct **PES statements** (Problem–Etiology–Signs/Symptoms)

Create SMART goals and appropriate interventions

Select measurable monitoring indicators and evaluate outcomes

The Nutrition Care Process (NCP)

The Nutrition Care Process (NCP) is a systematic, step-by-step method used by nutrition professionals (especially dietitians) to deliver high-quality, individualized nutrition care in a consistent and evidence-based way.

A systematic problem-solving method that food and nutrition professionals use to think critically and make decisions that address practicerelated problems

WHY WAS THE NCP DEVELOPED ?

Improve the consistency and quality of individualized patient/client care and the predictability of the patient/client outcomes.

Provide structure and terminology for research studies and data collection.
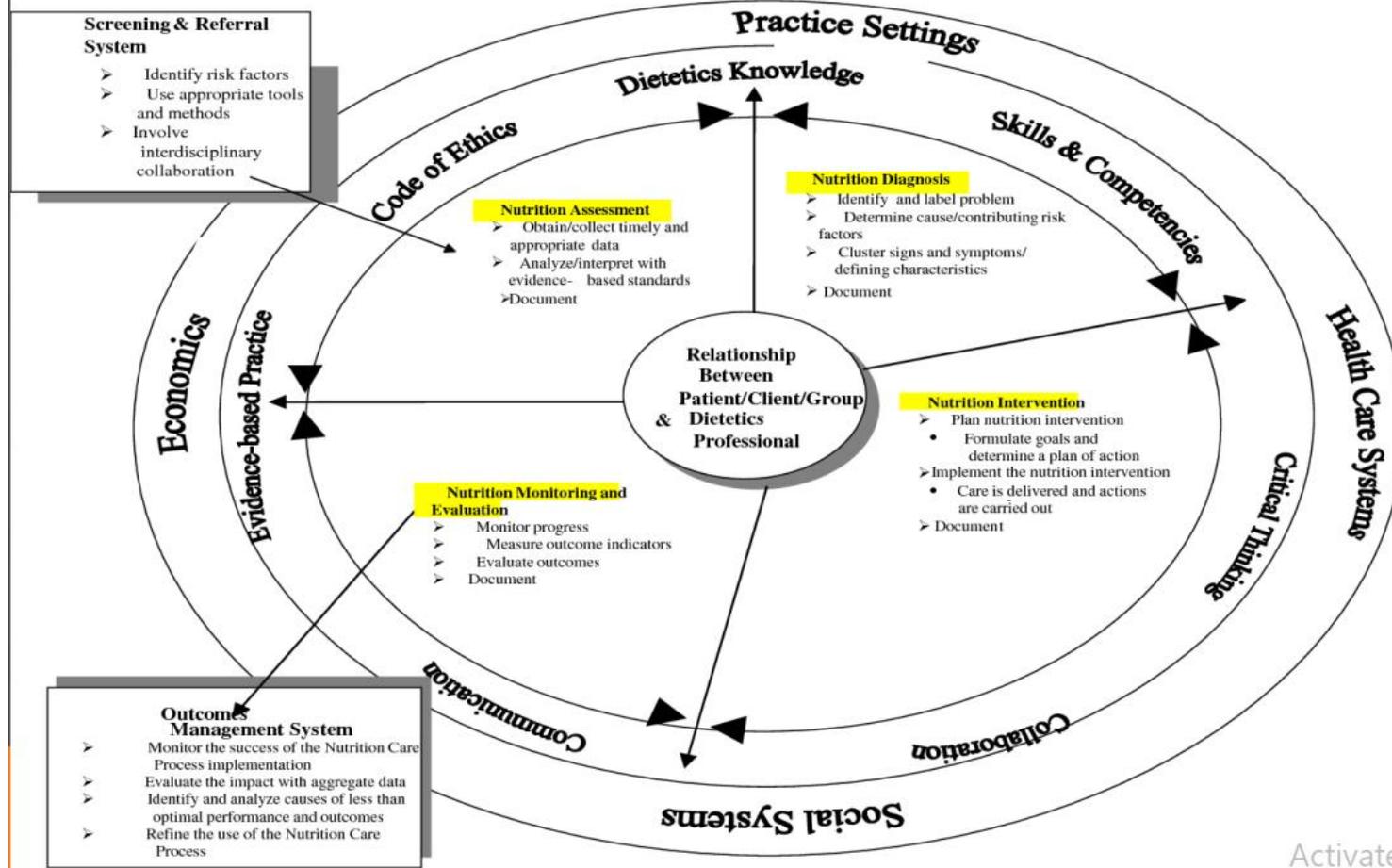• Provide a standardized language.

Nutrition Care Process (NCP)

Four steps (ADIME):

- Nutrition Assessment
- Nutrition Diagnosis
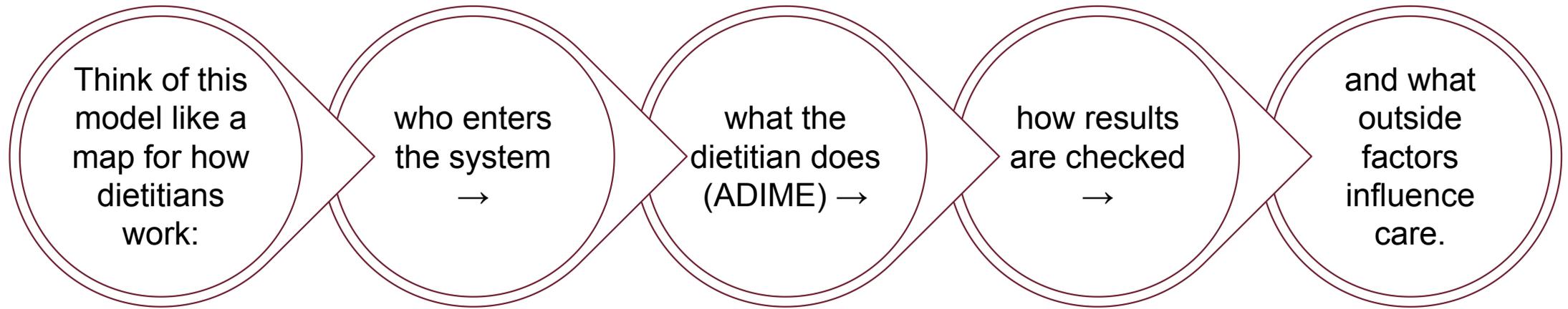- Nutrition Intervention
- Nutrition Monitoring/Evaluation

ADA NUTRITION CARE PROCESS AND MODEL

Nutrition Care Process (NCP Model):

Think of this model like a map for how dietitians work: → who enters the system → what the dietitian does (ADIME) → how results are checked → and what outside factors influence care.

- The model shows how a dietitian provides patient-centered nutrition care using 4 steps (ADIME), while being influenced by real-world factors like **ethics, evidence, skills, the healthcare system, and economics.**

The center: the most important part

- "Relationship between Patient/Client/Group & Dietetics Professional"

This is placed in the middle because everything depends on it.

care is patient-centered dietitian uses **communication and counseling**

decisions are made with the patient, not for the patient

Why it matters: Even the best diet plan fails if the patient cannot follow it, doesn't understand it, or isn't supported.

The inside boxes: the 4 steps (ADIME)

- **These are the actions the dietitian takes for every case.**

A — Nutrition Assessment

Collect and interpret information to understand the nutrition problem.

What is assessed:

- diet intake (24-hr recall, habits)
- weight/BMI & weight change
- lab results (glucose, HbA1c, albumin, lipids, electrolytes)
- medical diagnoses + medications
- symptoms (GI issues, appetite, edema)
- lifestyle/culture/food access

Output: a clear picture of what is happening and why.

NUTRITION ASSESSMENT: CRITICAL THINKING

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

D — Nutrition Diagnosis

Identify the specific nutrition problem the dietitian will treat.

Written as a PES statement:

Problem related to Etiology as evidenced by Signs/Symptoms

Example: Excessive carbohydrate intake related to sugary drinks as evidenced by diet recall and HbA1c 9.2%.

Output: 1–2 priority nutrition diagnoses.

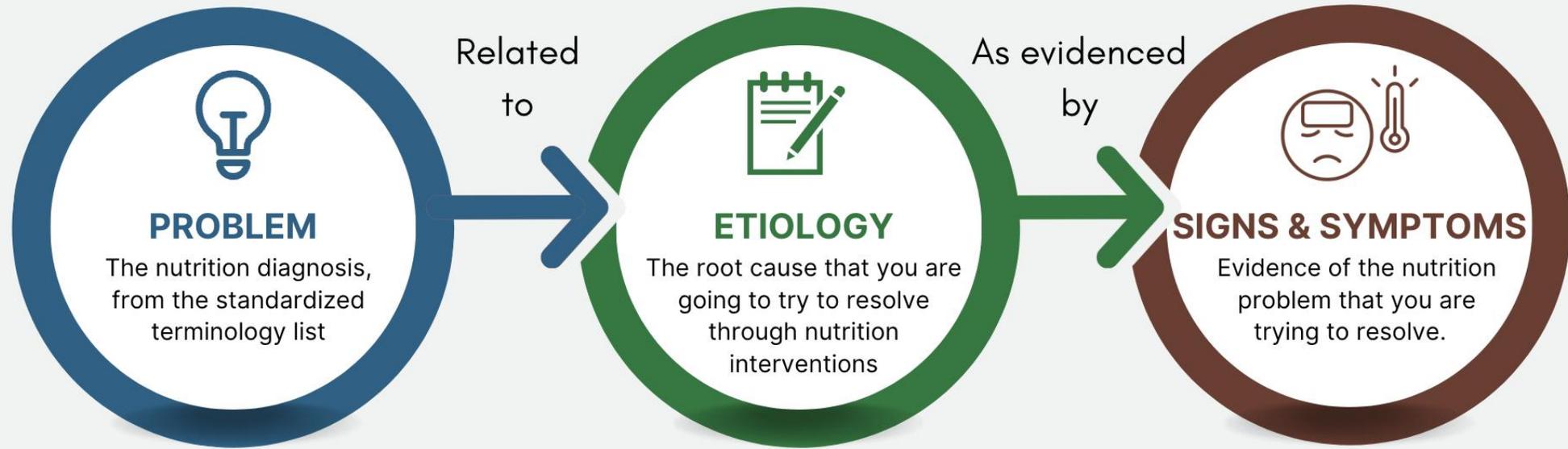# NUTRITION DIAGNOSIS WHAT IS NUTRITION DIAGNOSIS?

Identification and labeling of a nutrition problem that the RD is responsible for treating independently.

Standardized terminology for nutrition diagnosis has been developed to facilitate this step.

It is suggested that the RD use a PES Statement to communicate the nutrition diagnosis (problem, etiology, and signs/symptoms).

Examples:

"inadequate energy intake", "overweight/obesity", "food and nutrition related knowledge deficit", and "limited access to food or water"

Medical Diagnosis	Nutrition Diagnoses (PES)
Diabetes	Excessive carbohydrate intake…
Chronic Kidney Disease	Excessive potassium intake…
Hypertension	Excessive sodium intake…
Cancer (treatment)	Inadequate energy intake…

To make PES statements strong, ensure:
Etiology is something you can intervene on (diet pattern, knowledge, access, habits)
Signs/Symptoms include data: HbA1c, SMBG, BMI, recall, frequency counts (e.g., "cola 1–2/day")

PES Statement for a Diabetic Case:

Problem (P)

- Unstable / high blood sugar

Etiology (E) = Cause

- Not taking medicine regularly (or eating too many sugary/high-carb foods)

Signs & Symptoms (S)

- High blood glucose (example: >200 mg/dL)
  Frequent urination
  Increased thirst
  Fatigue (tiredness)

I — **Nutrition Intervention:**

- Plan and carry out actions that fix the cause (etiology).

- **Types of interventions:**

- meal plan/nutrient Treatment

- Education (plate method, label reading)

- counseling (behavior change, goal setting)

- coordination with doctors/nurses

- **Output: a practical care plan + SMART goals.**

M/E — Monitoring & Evaluation

- Check whether the plan is working and adjust if needed.

- Monitor things like:

- intake (e.g., sugary drinks/week)

- weight changes

- labs (HbA1c, potassium, phosphate, lipids)

- symptoms (edema, appetite, GI)

- behavior change (activity frequency)

Output: decision to continue / modify / stop the plan.

The arrows: it's a cycle, not a one-time step

- The arrows show that ADIME is continuous:

- you assess → diagnose → intervene → evaluate

- then you reassess based on results and repeat

- **That's why it is called a process (ongoing), not a single event.**

Nutrition Referral

Nutrition Assessment

Nutrition Diagnosis

Nutrition Monitoring & Evaluation

Nutrition Intervention
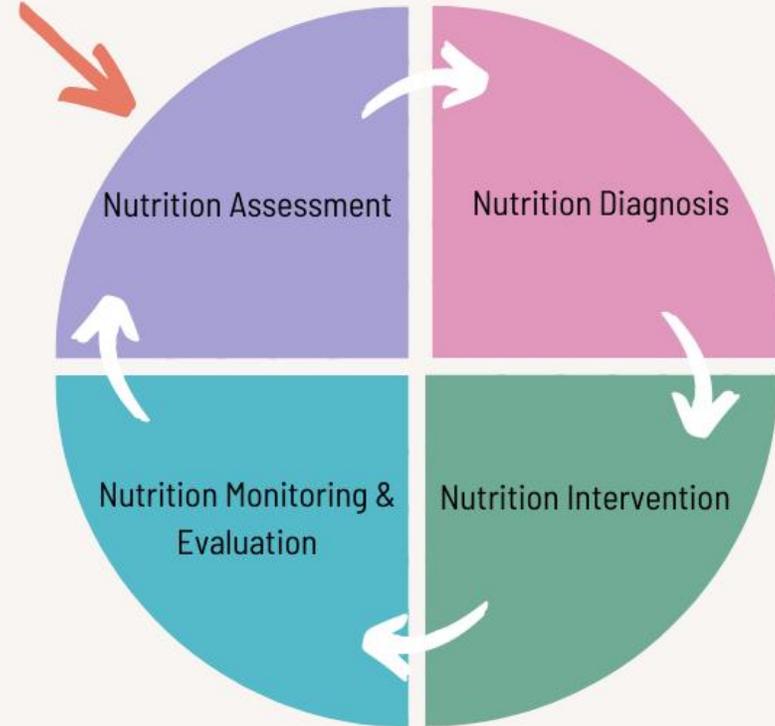
The outer rings: what influences Nutrition Care

These are the "real-world forces" that affect how ADIME is done.

Practice Settings
- Where care is provided (hospital, outpatient clinic, community, ICU, schools).
- Each setting has different times, resources, and rules.

Health Care System
- Hospital policies, referral systems, documentation requirements, insurance, and availability of labs.

Economics
- Patient's budget, food prices, availability of supplements, and cost of special diets.

Social Systems / Community
- Culture, traditions, family support, food environment, education level, access to healthy food.

Code of Ethics
- Ensures privacy, respect, professionalism, doing what is best for the patient.

Evidence-Based Practice
- Using scientific guidelines + clinical experience + patient preference.

Skills & Competencies
- Dietitian's ability to assess, counsel, educate, and communicate effectively.

Means:
- The dietitian may know the "perfect" plan, but the plan must fit the patient's real life, culture, money, and healthcare system.

The side boxes: how patients enter and how services improve

Screening & Referral System (Entry)

- This is how a patient gets identified and sent to the dietitian, for example:
- malnutrition screening in hospital
- doctor refers diabetic patient for diet education
- community screening finds anemia cases
- **Means: helps identify who needs nutrition care.**

Outcome Management System (Service improvement)

- This is the "big picture" evaluation:
- Are patients improving overall?
- Are interventions effective?

What can the clinic/hospital improve?

- improves quality of nutrition services at the organization level.

A very easy way to remember the whole model

- People enter → dietitian uses ADIME → results are checked → system learns and improves.

- And all of it happens while guided by:

- **ethics + evidence + skills + resources + community and healthcare system.**

A simple care study in NCP

- **A patient with diabetes is referred:**

- Screening/referral: doctor refers due to HbA1c 9.2%

- Assessment: diet high in sugary drinks, large rice portions

- Diagnosis (PES): excessive carb intake related to sugary drinks…

- Intervention: stop sugary drinks, plate method, SMART goals

- Monitoring: glucose log + follow-up in 4 weeks

- Outcome system: clinic checks if nutrition education reduces HbA1c across patients

The Nutrition Care Process (NCP): LIFE STAGES

The NCP is a systematic approach to providing high-quality, individualized nutrition care with four steps:

Nutrition Assessment

Nutrition Diagnosis

Nutrition Intervention

Nutrition Monitoring & Evaluation

What changes by life stage?

Across the lifespan, nutrition care shifts based on:

Growth & development demands (infancy, childhood, adolescence)

Reproductive demands (preconception, pregnancy, lactation)

Performance and chronic disease risk (adults)

Preserving function & preventing malnutrition (older adults)

NCP by life stage
(Assessment → Diagnosis → Intervention → Monitoring)

Assignment:

- Preconception → Pregnancy → Lactation (breastfeeding) → Infancy (0–6 months) → Complementary feeding (6–23 months) → Toddler (12–24 months) → Early childhood (2–5 years) → School-age (6–12 years) → Adolescence (13–18 years) → Adulthood (19–59 years) → Older adulthood (60+).

- One case per each life stage by using NCP