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## Nutrition Care Process Step 2: Nutrition Diagnosis

### The Nutrition Diagnosis Statement (or PES)

The nutrition diagnosis is summarized into a structured sentence named the nutrition diagnosis statement. This statement, also called a PES statement is composed of three distinct components: the problem (P), the etiology (E), and the signs and symptoms (S). The practitioner obtains the etiology and the signs and symptoms during the nutrition assessment phase of the Nutrition Care Process. The nutrition diagnosis is derived from the synthesis of nutrition assessment data, and the wording is obtained from the nutrition diagnosis reference sheets. If the assessment indicates that no nutrition problem currently exists that warrants a nutrition intervention, practitioners may use the words “No nutrition diagnosis at this time” (2).

The generic format for the nutrition diagnosis statement is problem (P) related to etiology (E) as evidenced by signs and symptoms (S).

Where:

<p>The <b>Problem or Nutrition Diagnosis Label</b> describes alterations in the patient/client’s nutritional status that food and nutrition professionals are responsible for treating independently. A nutrition diagnosis allows the food and nutrition professional to identify realistic and measurable outcomes, formulate nutrition interventions, and monitor and evaluate change.</p> <p>Select from terms on pages 225-336 of the <i>IDNT Reference Manual</i>, 3rd edition (or use the</p>	<p>The <b>Etiology</b> (Cause/Contributing Risk Factors) are those factors contributing to the existence or maintenance of pathophysiological, psychosocial, situational, developmental, cultural, and/or environmental problems. It is linked to the nutrition diagnosis label by the words <i>related to</i>. Identifying the etiology will lead to the selection of a nutrition intervention aimed at resolving the underlying cause of the nutrition problem whenever possible.</p> <p>Usually free text in</p>	<p>The <b>Signs/Symptoms</b> (Defining Characteristics) consist of objective (signs) and/or subjective (symptoms) data used to determine whether the patient/client has the nutrition diagnosis specified. It is linked to the etiology by the words <i>as evidenced by</i>. The clear identification of quantifiable data in the signs and symptoms will serve as the basis for monitoring and evaluating nutrition outcomes.</p> <p>Usually free text in EHRs, but can also use some terms from pages 225-336 of the <i>IDNT</i></p>
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<p>Terminology section in the left side bar).</p>	<p>electronic health records (EHRs), but can also use some terms from pages 225-336 of the <i>IDNT Reference Manual</i>, 3rd edition (or use the Terminology section in the left side bar).</p>	<p><i>Reference Manual</i>, 3rd edition (or use the Terminology section in the left side bar) as long as they are quantified.</p>
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A well-written nutrition diagnostic (PES) statement is:

- Simple, clear, and concise
- Specific to the patient/client or group
- Related to a single patient/client nutrition-related problem
- Accurately related to an etiology
- Based on reliable and accurate nutrition assessment data

Specific questions that food and nutrition professionals should use in evaluating the PES they have developed include the following:

<p><b>P</b> – Can the nutrition professional resolve or improve the nutrition diagnosis for this individual, group or population? 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 RD.</p> <p><b>E</b> – Evaluate what you have used as your etiology to determine if it is the “root cause” or the most specific root cause that the RD can address with a nutrition intervention. If as an RD you cannot resolve the problem by addressing the etiology, can the RD intervention at least lessen the signs and symptoms?</p> <p><b>S</b> – Will measuring the signs and symptoms indicate if the problem is resolved or improved? Are the signs and symptoms specific enough that you can monitor (measure/evaluate changes) and document resolution or improvement of the nutrition diagnosis?</p> <p><b>PES Overall</b> – Does the nutrition assessment data support a particular nutrition diagnosis with a typical etiology and signs and symptoms?</p>
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Examples of nutrition diagnosis statements (PES) are:

**Diagnosis or**

**Signs and/or**

<b>Problem</b>		<b>Etiology</b>		<b>Symptoms</b>
Excessive fat intake	<i>Related to</i>	limited access to healthful options— frequent consumption of high-fat fast-food meals	<i>As evidenced by</i>	serum cholesterol level of 230 mg/dL and 10 meals per week of hamburgers/sandwiches and fries
Excessive energy intake	<i>Related to</i>	unchanged dietary intake and restricted mobility while fracture heals	<i>As evidenced by</i>	5 lb weight gain during last 3 weeks due to consumption of 500 kcal/day more than estimated needs
Inadequate* oral food/beverage intake	<i>Related to</i>	lack of GI access	<i>As evidenced by</i>	nothing by mouth (NPO) diet order for 7 days and absence of consistent bowel sounds
Disordered eating pattern	<i>Related to</i>	harmful belief about food and nutrition	<i>As evidenced by</i>	reported use of laxatives after meals and statements that calories are not absorbed when laxatives are used
Swallowing difficulty	<i>Related to</i>	poststroke complications	<i>As evidenced by</i>	results of swallowing tests and reports of choking during mealtimes

\*If a synonym for the term "inadequate" is helpful or needed, an approved alternate is the word "suboptimal." Thus, a dietetics professional could use either the nutrition diagnosis label "Suboptimal Oral Intake" or "Inadequate Oral Intake."

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