Chapter 2 – The Nutrition Care Process

Multiple Choice

An.	Type	Page(s)	Note: Under Type, K = knowledge and A = application.
b	A	15	1. If a person's physician says he is pre-diabetic, the focus of nutrition intervention should be: a. primary prevention strategies. b. early identification and intervention. c. diagnosis and treatment. d. disease management.
d	A	15	2. If a person has been diagnosed with Crohn's disease, the focus of nutrition intervention should be: a. primary prevention strategies. b. early identification and intervention. c. diagnosis and treatment. d. disease management.
c	A	15	3. If a person reports that he/she has significant diarrhea and anemia, the focus of nutrition intervention should be: a. primary prevention strategies. b. early identification and intervention. c. diagnosis and treatment. d. disease management.
a	A	15	4. A person attends a health fair and is told by a dietitian that he/she is at risk for developing heart disease. The focus of nutrition intervention should be: a. primary prevention strategies. b. early identification and intervention. c. diagnosis and treatment. d. disease management.
a	K	14-16	5. Which of the following does not have an impact on someone's ability to maintain optimal nutritional status? a. geographical factors b. human biological factors c. lifestyle factors d. environmental factors
b	K	16	6. Attitudes, knowledge, and behaviors that influence an individual's food and physical activity choices are called: a. food and nutrient factors. b. lifestyle factors. c. environmental factors. d. human biological factors.
c	K	16	7. Social and cultural food preferences and practices are external influences affecting food consumption and are called: a. food and nutrient factors. b. lifestyle factors. c. environmental factors. d. human biological factors.

b K 16 8. The purpose of nutritional care is:
a. to cure the underlying problem or disease.
b. to restore a state of nutritional balance.
c. to impact all of the lifestyle, environmental, and food and nutrient factors.
d. to insure optimum intake.

c K 17-18 9. ADA's _____ Nutrition Care Process and Model promotes _____ nutrition care.
a. new, standardized
b. standardized, general
c. standardized, individualized
d. individualized, standardized

b K 17-18 10. Which of the following is not a benefit of the nutrition care process?
a. outcomes research
b. standardized care
c. promoting the RD as the nutrition expert
d. decreasing the variation in practice

c K 18,19 11. The NCP challenges the dietitian to:
a. learn more terminology.
b. provide standardized care.
c. utilize critical thinking skills.
d. develop the PES statement.

a K 19 12. Observing for non-verbal and verbal cues, determining appropriate data to collect, and distinguishing relevant from non-relevant information are examples of critical thinking skills used in which step of the NCP?
a. nutrition assessment
b. nutrition diagnosis
c. nutrition intervention
d. nutrition monitoring and evaluation

b K 19 13. Finding patterns and relationships among the data and making inferences are examples of critical thinking skills used in which step of the NCP?
a. nutrition assessment
b. nutrition diagnosis
c. nutrition intervention
d. nutrition monitoring and evaluation

c K 19 14. Setting and prioritizing goals is an example of critical thinking skills used in which step of the NCP?
a. nutrition assessment
b. nutrition diagnosis
c. nutrition intervention
d. nutrition monitoring and evaluation

d K 19 15. Defining where the patient is now in terms of expected outcomes and determining factors that help or hinder progress are examples of critical thinking skills used in which step of the NCP?
a. nutrition assessment
b. nutrition diagnosis
c. nutrition intervention
d. nutrition monitoring and evaluation

c K 19 16. A(n) _____ identifies those individuals or groups who would benefit from nutrition care provided by dietetics professionals.
a. social system
b. goal setting system
c. screening and referral system
d. MNT system

b K 19-20 17. A system used to evaluate the effectiveness and efficiency of the entire nutrition care process is termed:
a. nutrition monitoring and evaluation.
b. outcomes management.
c. research and design.
d. the outermost ring of the NCP.

a K 23 18. The characteristic that distinguishes the nutrition diagnosis from any other type of diagnosis is:
a. it is a diagnosis for which nutrition-related activities provide the primary intervention.
b. it is written in another form, i.e., PES.
c. it is designed to nutritionally cure the underlying disease.
d. it is a way of measuring positive outcomes.

a K 23 19. Which of the following is not one of the domains of the nutrition diagnostic terminology?
a. psycho-social
b. clinical
c. intake
d. behavioral-environmental

d A 23 20. If your patient has been falling victim to fad diets, the nutrition diagnosis would likely fall under which domain?
a. psycho-social
b. clinical
c. intake
d. behavioral-environmental

b A 23-25 21. If the nutrition diagnosis is “evident protein-energy malnutrition,” the etiology could be which of the following?
a. decreased albumin
b. Crohn’s disease-related malabsorption
c. depleted somatic protein stores
d. decreased height and weight

b A 23-25 22. Which of the following is a correctly written nutrition Dx?
a. CVD related to obesity as evidenced by excessive sodium in diet
b. Difficulty swallowing related to ALS as evidenced by failing MBS
c. High-fat foods related to decreased access to healthy meals as evidenced by observing intake
d. Stroke related to HTN as evidenced by abnormal CT

c A 24-25 23. If the nutrition diagnosis is “hypermetabolism,” the signs and symptoms could include which of the following?
a. trauma
b. surgery
c. negative nitrogen balance
d. stress

b K 27 24. Science-based values intended to control or improve specific health conditions are called:
a. expected outcomes.
b. ideal goals.
c. monitoring parameters.
d. evaluation parameters.

c A 27-28 25. Which of the following statements is not true about the nutrition intervention and nutrition monitoring and evaluation steps of the NCP?
a. Prioritizing nutrition diagnoses is important.
b. Goals need to be client focused and individualized.
c. The dietitian can assume that implementation has begun upon nutrition-related orders (e.g. diet changes, supplements).
d. Gathering of additional information may be necessary to monitor progress.

Case Study Multiple Choice

Ms. S is a 40 yo F admitted to the hospital with nausea and vomiting. She had a Roux en Y gastric bypass 2 mo ago. She reports that her symptoms have been persistent for 2 weeks and she cannot keep any food down, not even Gatorade. She reports not taking any vitamin and mineral supplements recommended by the RD because "they taste bad."

HT: 5'4" WT: 200# UBW: 245#

Usual intake: Diet: NPO

AM	toast with butter
Noon	half a tuna sandwich
Snack	Nutri-Grain® bar
PM	mashed potatoes with gravy
Snack	ice cream

d A 15-16 26. Which of the following nutrition assessment factors are **not** affecting Ms. S's case?
a. human biological factors
b. lifestyle factors
c. food and nutrient factors
d. system factors

a A 21-22 27. Data from which of the following nutrition assessment domains would **not** be collected during your initial interview with Ms. S?
a. biochemical data, medical tests, and procedures
b. food/nutrition-related history
c. client history
d. anthropometric measurements

b A 22 28. Identifying Ms. S's calorie and protein needs based on recommendations for post-gastric bypass surgery involves which domain of the nutrition assessment terminology?
a. biochemical data, medical tests, and procedures
b. comparative standards
c. client history
d. anthropometric measurements

a	A	22-23	29. After you interview Ms. S and prioritize her problems, you determine that the nutrition diagnosis for her would come from which domain? a. intake b. clinical c. behavioral-environmental
d	A	23-25	30. Which of the following is a potential "etiology" for the nutrition diagnosis's PES statement? Keep in mind the domain that you have chosen in question 29. a. lack of nutrition education b. psychological effects of surgery c. harmful beliefs about food d. altered function of the GI tract
a	A	28-29,31	31. Which of the following would be an appropriate monitoring and evaluation parameter for your next visit to Ms. S? a. tolerance of diet b. weight change c. assessment of biochemical parameters d. assessment of knowledge

Matching

An.	Page(s)		
b	15	1. expected outcomes	a. a supportive system that helps identify those persons who would benefit from nutrition care
i	15	2. ideal goals	b. the desired change(s) to be achieved over time as a result of nutrition intervention
j	15	3. nutrition assessment	c. the identification and descriptive labeling of an actual occurrence of a nutrition problem that dietetics professionals are responsible for treating independently
c	15	4. nutrition diagnosis	d. an active commitment to measuring and recording the appropriate outcome indicators relevant to a nutrition diagnosis
f	15	5. nutrition intervention	e. a uniform terminology that is used to describe practice
d	15	6. nutrition monitoring and evaluation	f. a specific set of activities and associated materials used to address a (nutrition-related) problem
h	15	7. outcome measures	g. a system that evaluates the effectiveness and efficiency of the entire NCP
g	15	8. outcomes management system	h. data used to evaluate the success of interventions
a	15	9. screening and referral system	i. science-based values intended to control or improve specific health conditions
e	15	10. standardized language	j. a systematic process of obtaining, verifying, and interpreting data in order to make decisions about the nature and cause of nutrition-related problems

b	22	1.	Anthropometric Measurements
c	22	2.	Biochemical Data, Medical Tests, and Procedures
e	22	3.	Client History
i	27	4.	Coordination of Nutrition Care
f	27	5.	Food and/or Nutrient Delivery
a	22	6.	Food/Nutrition-Related History
h	27	7.	Nutrition Counseling
g	27	8.	Nutrition Education
d	22	9.	Nutrition-Focused Physical Findings

Assessment

a. food and nutrient intake, medication/herbal supplement intake, knowledge/beliefs/attitudes and behaviors, food and supply availability, physical activity, and nutrition quality of life
b. height, weight, body mass index (BMI), growth pattern indices/percentile ranks, and weight history
c. lab data and tests
d. physical appearance, muscle and fat wasting, swallow function, appetite, and affect
e. personal history, medical/health/family history, treatments and complementary/alternative medicine use, and social history

Intervention

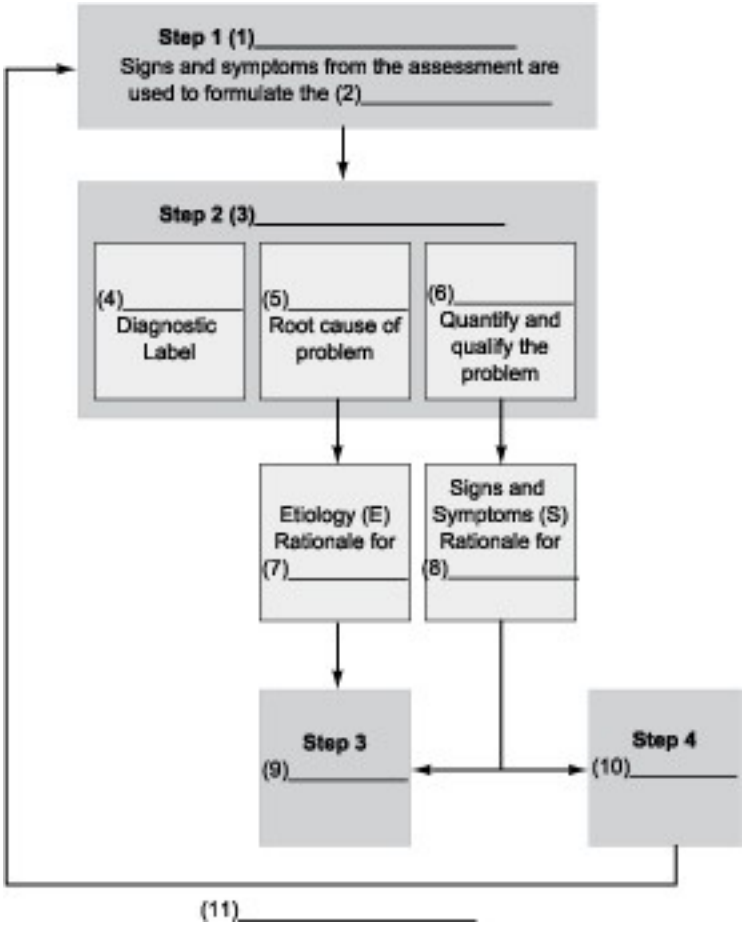
f. an individualized approach for food/nutrient provision including meals and snacks, enteral/parenteral feeding, supplements, assistance, environment, and medication management
g. a formal process to instruct or train a patient/client in a skill or to impart knowledge
h. a supportive, collaborative process; positive relationships that foster responsibility for self-care
i. consultation with or referral to other health care providers that assists in treating nutrition-related problems

Discussion

Page(s)		
19-20	1.	Describe, in detail, the benefits of the nutrition care process in terms of outcomes management. Be sure to include benefits relating to the profession as a whole as well.
17-19	2.	Describe how the dietitian's knowledge, skills, and evidence-based practice impact all aspects of the nutrition care process.
21-31	3.	Give an example scenario of a patient you would see in the hospital. Conceptually, go through the 4 NCP steps and describe the information obtained in each step. In addition, provide a nutrition diagnosis for your patient with the PES components.
21-31	4.	Give an example scenario of a patient you would see in your office for a private nutrition counseling session. Conceptually, go through the 4 NCP steps and describe the information obtained in each step. In addition, provide a nutrition diagnosis for your patient with the PES components.
21-31	5.	Give an example scenario of a group you would see in the community for nutrition education. Conceptually, go through the 4 NCP steps and describe the information obtained in each step. In addition, provide a nutrition diagnosis for this group based on the needs of the group with the PES components.

Figure Identification

Instructions: Complete the diagram to demonstrate the relationships among the steps of the NCP.



Answers:

1. Nutrition Assessment
2. PES Statement
3. Nutrition Diagnosis
4. Problem (P)
5. Etiology (E)
6. Signs and Symptoms (S)
7. intervention
8. Ideal goals and outcomes
9. Nutrition Intervention
10. Nutrition Monitoring and Evaluation
11. Reassessment