Module Objectives

By the end of this module, the participant will:

• Understand the components of the nutrition assessment and nutrition diagnosis that are needed for determining the Nutrition Prescription
• Understand the process of developing the Nutrition Prescription

Nutrition Prescription

In the Nutrition Intervention step the Nutrition Prescription:

• Is determined using the assessment data, the PES statement, current evidence, policies and procedures, and the patient/client values and preferences.
• Provides the context in which the Nutrition Intervention is implemented
Critical Thinking in Nutrition Intervention

- Setting goals and prioritizing
- Defining the nutrition prescription or basic plan
- Making interdisciplinary connections
- Initiating behavioral and other nutrition interventions
- Matching nutrition intervention strategies with patient/client needs, nutrition diagnosis, and values
- Choosing from among alternatives to determine a course of action
- Specifying the time and frequency of care

PES Statement

The Etiology drives the intervention

Problem related to Etiology as evidenced by Signs and Symptoms

Nutrition Prescription

Selection of the nutrition prescription

- is based on the etiology
- is aimed at resolving the underlying cause of the nutrition problem
- is targeted at minimizing the signs/symptoms of the nutrition problem
Nutrition Prescription Focus
PES Statement:
Swallowing difficulty related to post stroke complications as evidenced by results of swallowing tests and reports of choking during mealtimes
Nutrition Prescription must focus on reducing or minimizing signs and symptoms because it is impossible to resolve the etiology of “post stroke complications”

Nutrition Prescription Example
Nutrition Prescription
Based on the results of the swallowing tests, the nutrition prescription will be either a texture modified diet (ND 1.2.1), or one of the Liquid Consistency diets (ND 1.2.1.4, ND 1.2.1.5, ND 1.2.1.6, or ND 1.2.1.7)

Nutrition Prescription Focus
PES Statement:
Excessive Energy Intake related to unchanged dietary intake and restricted mobility while fracture heals as evidenced by 5 lbs. weight gain during last 3 weeks due to patient report of consumption of 500 kcal/day more than estimated needs
In this PES Statement, the RDN can focus on only a part of the etiology. While the RDN cannot change the issue of the restricted mobility and what has already happened with the unchanged dietary intake, s/he can plan an intervention aimed at reducing the signs and symptoms.
Nutrition Prescription Example

Nutrition Prescription

For this patient, the nutrition intervention will be aimed at the unchanged dietary intake and reducing the 5 lbs. weight gain. The nutrition prescription is a decreased energy diet (ND 1.2.2.2).

Nutrition Prescription Focus

PES Statement:

Disordered Eating Pattern related to unsupported beliefs/attitudes about food or nutrition-related topics as evidenced by reported use of laxative after meals and statements that calories are not absorbed when laxatives are used

In this PES Statement, the RDN can focus on the etiology and plan an intervention that will reduce the signs and symptoms of laxative use.

Nutrition Prescription Example

Nutrition Prescription

For this patient the nutrition intervention will aimed the changing the etiology unsupported beliefs/attitudes about food or nutrition-related topics (NB-1.2).

The nutrition prescription will focus on Cognitive-Behavioral Therapy (C-1.1) and the RDN will consider the Health Belief Model (C-1.2) and Transtheoretical model/stages of change (C-1.4) to determine the content and timing of the intervention.
Summary

The Nutrition Prescription development

• is based on the underlying cause of the nutrition problem in conjunction with the goals of the patient.
• must be agreed upon by the RDN and the patient (and caregiver).

Summary

In the next module, we will discuss the Nutrition Prescription for the two case examples introduced in the Nutrition Assessment modules.