NCP-ADIME Skills Development Assignment:

ADIME- **Assessment**: (multiple choice)

1. **Which of the following are examples of anthropometric data?**
   - ~~a. Transferrin-WNL, ferritin-WNL, hemoglobin-WNL, HgA1c-WNL, total cholesterol-High, triglycerides-high, LDL-high, HDL-low~~
   - ~~b. Medical diagnosis of iron deficiency anemia, one tablet Vitron-C daily by mouth, 3+ pitting edema, moderate temporal muscle wasting~~
   - ~~c. Skips breakfast, chickpea salad for lunch, a banana as a snack, and spaghetti with marinara sauce for dinner. Eats according to Hindu food traditions.~~
   - ~~d. Lives in subsidized housing, utilizes EBT card and SNAP benefits for food procurement, full service grocery store within 1/3 mile of home, clinic within 1 mile of home. Patient utilizes public transportation and reports no concerns of neighborhood walkability with both physical ability and safety.~~
   - ~~e. Reports diagnosis of depression stable with citalopram- confirmed by EMR, patient reports getting "triggered" by family, politics, and social medi-coping mechanisms in place via mental health counselor, patient reports "trigger moments" has impact on eating behaviors, has strong relationships with friends, partner and co-workers.~~
   - **f. Weight: 225# (102.27 kg), 72 inches (182.88 cm), BMI 30.5 (obese), triceps thickness 18mm, waist circumference 88cm, wrist circumference 7.0 inches, hip circumference 40 inches, waist-to-hip ratio 0.87 (high)**

2. **Which of the following are examples of biochemical data?**
   - **a. Transferrin-WNL, ferritin-WNL, hemoglobin-WNL, HgA1c-WNL, total cholesterol-High, triglycerides-high, LDL-high, HDL-low**
   - ~~b. Medical diagnosis of iron deficiency anemia, one tablet Vitron-C daily by mouth, 3+ pitting edema, moderate temporal muscle wasting~~
   - ~~c. Skips breakfast, chickpea salad for lunch, a banana as a snack, and spaghetti with marinara sauce for dinner. Eats according to Hindu food traditions.~~
   - ~~d. Lives in subsidized housing, utilizes EBT card and SNAP benefits for food procurement, full service grocery store within 1/3 mile of home, clinic within 1 mile of home. Patient utilizes public transportation and reports no concerns of neighborhood walkability with both physical ability and safety.~~
   - ~~e. Reports diagnosis of depression stable with citalopram- confirmed by EMR, patient reports getting "triggered" by family, politics, and social medi-coping mechanisms in place via mental health counselor, patient reports "trigger moments" has impact on eating behaviors, has strong relationships with friends, partner and co-workers.~~
   - ~~f. Weight: 225# (102.27 kg), 72 inches (182.88 cm), BMI 30.5 (obese), triceps thickness 18mm, waist circumference 88cm, wrist circumference 7.0 inches, hip circumference 40 inches, waist-to-hip ratio 0.87 (high)~~

3. **Which of the following are examples of Clinical Historical data?**
   - ~~a. Transferrin-WNL, ferritin-WNL, hemoglobin-WNL, HgA1c-WNL, total cholesterol-High, triglycerides-high, LDL-high, HDL-low~~
   - **b. Medical diagnosis of iron deficiency anemia, one tablet Vitron-C daily by mouth, 3+ pitting edema, moderate temporal muscle wasting**
   - ~~c. Skips breakfast, chickpea salad for lunch, a banana as a snack, and spaghetti with marinara sauce for dinner. Eats according to Hindu food traditions.~~
   - ~~d. Lives in subsidized housing, utilizes EBT card and SNAP benefits for food procurement, full service grocery store within 1/3 mile of home, clinic within 1 mile of home. Patient utilizes public transportation and reports no concerns of neighborhood walkability with both physical ability and safety.~~
   - e. Reports diagnosis of depression stable with citalopram- confirmed by EMR, patient reports getting "triggered" by family, politics, and social medi-coping mechanisms in place via mental health counselor, patient reports "trigger moments" has impact on eating behaviors, has strong relationships with friends, partner and co-workers.
   - ~~f. Weight: 225# (102.27 kg), 72 inches (182.88 cm), BMI 30.5 (obese), triceps thickness 18mm, waist circumference 88cm, wrist circumference 7.0 inches, hip circumference 40 inches, waist-to-hip ratio 0.87 (high)~~

4. **Which of the following are examples of Dietary intake data?**
   a. ~~Transferrin-WNL, ferritin-WNL, hemoglobin-WNL, HgA1c-WNL, total cholesterol-High, triglycerides-high, LDL-high, HDL-low~~
   b. ~~Medical diagnosis of iron deficiency anemia, one tablet Vitron-C daily by mouth, 3+ pitting edema, moderate temporal muscle wasting~~
   c. **Skips breakfast, chickpea salad for lunch, a banana as a snack, and spaghetti with marinara sauce for dinner. Eats according to Hindu food traditions.**
   d. ~~Lives in subsidized housing, utilizes EBT card and SNAP benefits for food procurement, full service grocery store within 1/3 mile of home, clinic within 1 mile of home. Patient utilizes public transportation and reports no concerns of neighborhood walkability with both physical ability and safety.~~
   e. ~~Reports diagnosis of depression stable with citalopram- confirmed by EMR, patient reports getting "triggered" by family, politics, and social medi-coping mechanisms in place via mental health counselor, patient reports "trigger moments" has impact on eating behaviors, has strong relationships with friends, partner and co-workers.~~
   f. ~~Weight: 225# (102.27 kg), 72 inches (182.88 cm), BMI 30.5 (obese), triceps thickness 18mm, waist circumference 88cm, wrist circumference 7.0 inches, hip circumference 40 inches, waist-to-hip ratio 0.87 (high)~~

5. **Which of the following are examples of environmental data?**
   a. ~~Transferrin-WNL, ferritin-WNL, hemoglobin-WNL, HgA1c-WNL, total cholesterol-High, triglycerides-high, LDL-high, HDL-low~~
   b. ~~Medical diagnosis of iron deficiency anemia, one tablet Vitron-C daily by mouth, 3+ pitting edema, moderate temporal muscle wasting~~
   c. ~~Skips breakfast, chickpea salad for lunch, a banana as a snack, and spaghetti with marinara sauce for dinner. Eats according to Hindu food traditions.~~
   d. **Lives in subsidized housing, utilizes EBT card and SNAP benefits for food procurement, full service grocery store within 1/3 mile of home, clinic within 1 mile of home. Patient utilizes public transportation and reports no concerns of neighborhood walkability with both physical ability and safety.**
   e. ~~Reports diagnosis of depression stable with citalopram- confirmed by EMR, patient reports getting "triggered" by family, politics, and social medi-coping mechanisms in place via mental health counselor, patient reports "trigger moments" has impact on eating behaviors, has strong relationships with friends, partner and co-workers.~~
   f. ~~Weight: 225# (102.27 kg), 72 inches (182.88 cm), BMI 30.5 (obese), triceps thickness 18mm, waist circumference 88cm, wrist circumference 7.0 inches, hip circumference 40 inches, waist-to-hip ratio 0.87 (high)~~

6. **Which of the following are examples of psychosocial data?**
   a. ~~Transferrin-WNL, ferritin-WNL, hemoglobin-WNL, HgA1c-WNL, total cholesterol-High, triglycerides-high, LDL-high, HDL-low~~
   b. ~~Medical diagnosis of iron deficiency anemia, one tablet Vitron-C daily by mouth, 3+ pitting edema, moderate temporal muscle wasting~~
   c. ~~Skips breakfast, chickpea salad for lunch, a banana as a snack, and spaghetti with marinara sauce for dinner. Eats according to Hindu food traditions.~~
   d. ~~Lives in subsidized housing, utilizes EBT card and SNAP benefits for food procurement, full service grocery store within 1/3 mile of home, clinic within 1 mile of home. Patient utilizes public transportation and reports no concerns of neighborhood walkability with both physical ability and safety.~~
   e. **Reports diagnosis of depression stable with citalopram- confirmed by EMR, patient reports getting "triggered" by family, politics, and social medi-coping mechanisms in place via mental health counselor, patient reports "trigger moments" has impact on eating behaviors, has strong relationships with friends, partner and co-workers.**
   f. ~~Weight: 225# (102.27 kg), 72 inches (182.88 cm), BMI 30.5 (obese), triceps thickness 18mm, waist circumference 88cm, wrist circumference 7.0 inches, hip circumference 40 inches, waist-to-hip ratio 0.87 (high)~~

A**D**IME- **Diagnosis**:

Objective:
Students will practice writing **Problem-Etiology-Signs/Symptoms (PES) statements** using standardized **Nutrition Diagnostic Terminology** to accurately describe nutrition-related problems.

Instructions:
- Read each of the 10 scenarios provided below.
  - Write a **PES statement** for each scenario following this structure:
    Problem (nutrition diagnosis)
    Etiology (cause or contributing factors)
    Signs/Symptoms (evidence of the nutrition problem)
  - Use **Nutrition Diagnostic Terminology** from the NCP in your statements.

7. **A 78-year-old female has experienced a 6% weight loss in the past month due to a decreased appetite following hospitalization. She reports feeling fatigued and weak, consuming only 50% of her meals.**

   Problem: Inadequate energy intake
   Etiology: Decreased ability to consume sufficient energy
   Signs/Symptoms: 6% weight loss in the past month; decreased appetite; consuming only 50% of meals

   Write out the PES statement: Inadequate energy intake related to decreased ability to consume sufficient energy (physiologic-metabolic etiology) as evidenced by 6% weight loss in the past month, decreased appetite and consuming 50% of meals.

   Alternative PES Statement: Unintended weight loss related to decreased ability to consume sufficient energy (physiologic-metabolic etiology) as evidenced by 6% weight loss in the past month, decreased appetite and consuming 50% of meals.

8. **A 45-year-old male with dysphagia following a stroke has difficulty swallowing solid foods and avoids meals due to fear of choking. He has been relying on protein shakes and reports a significant decrease in food intake over the past 2 weeks.**

   Problem: Swallowing difficulty
   Etiology: Motor causes, e.g., neurological disorder such as stroke; altered swallow
   Signs/Symptoms: Difficulty swallowing solid foods, meal avoidance, decreased food intake

   Write out the PES statement: Swallowing difficulty related to motor causes, e.g., neurological disorder such as stroke; altered swallow (physiologic-metabolic etiology) as evidenced by difficulty swallowing solid foods, meal avoidance and decreased food intake.

9. **A 30-year-old female has a diet high in saturated fats and fast food consumption. Her blood lipid panel shows elevated LDL cholesterol levels, and she reports frequent consumption of fried foods and processed meats.**

   Problem: Intake of types of fats inconsistent with needs (saturated)
   Etiology: Food and nutrition related knowledge deficit concerning type of fat (e.g., fats added to food)
   Signs/Symptoms: Patient reported diet history of diet high in saturated fats, frequent consumption of fried foods and processed meats, elevated LDL cholesterol levels

   Write out the PES statement: Intake of fats inconsistent with needs (saturated) related to food and nutrition related knowledge deficit concerning type of fat, e.g., fats added to food (knowledge etiology) as evidenced by client reported diet history high in saturated fats, frequent consumption of fried foods and processed meats, elevated LDL cholesterol levels.

10. **A 23-year-old college student is newly diagnosed with Type 2 diabetes and expresses uncertainty about proper carbohydrate management. He frequently consumes sugar-sweetened beverages and large portions of high-carbohydrate foods without understanding their impact on blood glucose levels.**

    Problem: Food and nutrition related knowledge deficit
    Etiology: Recent medical diagnosis or change in health or disease status
    Signs/Symptoms: Patient reported uncertainty about carbohydrate management and not understanding carbohydrate impact on blood glucose levels.

    Write out the PES statement: Food and nutrition related knowledge deficit related to recent medical diagnosis or change in health or disease status (physiologic-metabolic etiology) as evidenced by patient reported uncertainty about carbohydrate management and not understanding carbohydrate impact on blood glucose levels.

    Additional PES Statement: Excessive carbohydrate intake related to physiological causes requiring modified carbohydrate intake, e.g., diabetes mellitus (physiologic-metabolic etiology) as evidenced by frequent consumption of sugar-sweetened beverages and large portions of high-carbohydrate foods.

11. **A 12-year-old female gymnast is engaging in high-intensity training but eating less than recommended to maintain energy balance. She reports feeling tired during workouts, and her weight has decreased despite stable physical activity.**

    Problem: Increased energy expenditure
    Etiology: Voluntary physical activity/movement
    Signs/Symptoms: high-intensity training, weight decrease, appetite decrease, tired during workouts

    Write out the PES statement: Increased energy expenditure related to voluntary physical activity/movement (physical function etiology) as evidenced by high-intensity training and decreased weight despite stable physical activity.

    Second PES Statement: Inadequate energy intake related to psychological causes such a disordered eating (psychological etiology) as evidenced by eating less than recommended and weight decrease.

12. **A 55-year-old male with irritable bowel syndrome (IBS) complains of frequent bloating, gas, and abdominal pain after consuming certain trigger foods like dairy and high-FODMAP items**.

    Problem: Unbalanced diet pattern
    Etiology: Physiological causes, e.g., pain, discomfort, functional issues in the GI tract
    Signs/Symptoms: Frequent bloating, gas, and abdominal pain after consuming high-FODMAP foods.

    Write out the PES statement: Unbalanced diet pattern related to physiological causes, e.g., pain, discomfort, functional issues in the GI tract (physiologic-metabolic etiology) as evidenced by frequent bloating, gas, and abdominal pain after consuming high-FODMAP foods.

13. **A 40-year-old male reports consuming 4-5 servings of refined carbohydrates per meal. His recent bloodwork shows elevated fasting blood glucose levels, and he admits to frequent snacking on sugary foods.**

    Problem: Excessive carbohydrate intake
    Etiology: Food and nutrition related knowledge deficit concerning appropriate amount of carbohydrate intake
    Signs/Symptoms: consuming 4-5 servings of refined carbohydrates per meal, elevated fasting blood glucose levels, frequent snacking of sugary foods

    Write out the PES statement: Excessive carbohydrate intake related to food and nutrition related knowledge deficit concerning appropriate amount of carbohydrate intake (knowledge etiology) as evidenced by the consumption of 4-5 servings of refined carbohydrates per meal, elevated fasting blood glucose levels, and frequent snacking of sugary foods.

14. **A 70-year-old female in a long-term care facility has difficulty meeting her nutrient needs due to poor appetite and difficulty chewing. She has lost muscle mass and has low serum albumin levels, suggesting protein-energy malnutrition.**

    Problem: Chronic disease or condition related malnutrition (undernutrition)
    Etiology: Physiological causes resulting in diminished intake
    Signs/Symptoms: Loss of muscle mass, low serum albumin levels and poor appetite

    Write out the PES statement: Chronic disease or condition related malnutrition (undernutrition) related to physiological causes resulting in diminished intake (physiologic-metabolic etiology) as evidenced by loss of muscle mass, low serum albumin levels and poor appetite.

15. **A 35-year-old male with chronic constipation consumes mostly refined grains and processed foods, with less than 10 grams of fiber daily. He reports struggling with bowel movements, requiring frequent use of laxatives.**

    Problem: Inadequate fiber intake
    Etiology: Food and nutrition related knowledge deficit concerning desirable quantities of fiber
    Signs/Symptoms: Patient reported diet history of consuming less than 10 grams of fiber daily and the consumption of high quantities of refined grains and processed foods.

    Write out the PES statement: Inadequate fiber intake related to food and nutrition related knowledge deficit concerning desirable quantities of fiber (knowledge etiology) as evidenced by patient reported diet history of consuming less than 10 grams of fiber daily and the consumption of high quantities of refined grains and processed foods.

16. **A single mother with low income expresses difficulty affording fresh fruits and vegetables and relies on low-cost, processed foods. She reports struggles with meal planning due to limited financial resources.**

    Problem: Food Insecurity
    Etiology: Social-personal factors e.g., limited access to financial resources
    Signs/Symptoms: Difficulty affording fresh fruits and vegetables and reliance on low-cost processed foods

    Write out the PES statement: Food insecurity related to social-personal factors e.g., limited access to financial resources (social personal etiology) as evidenced by difficulty affording fresh fruits and vegetables and reliance on low-cost processed foods.

ADIME- **Intervention:**

17. **(Scenario 1 from above) A 78-year-old female has experienced a 6% weight loss in the past month due to a decreased appetite following hospitalization. She reports feeling fatigued and weak, consuming only 50% of her meals.**

    Rewrite your PES Statement here: Inadequate energy intake related to decreased ability to consume sufficient energy (physiologic-metabolic etiology) as evidenced by 6% weight loss in the past month, decreased appetite and consuming 50% of meals.

    Create an intervention:

    SMART Goal 1: Patient will consume 75%-100% of all meals.
    When will you follow up on this: Will reassess in 14 days, at nutrition reassessment appointment.

    SMART Goal 2: Patient will avoid any additional weight loss.
    When will you follow up on this: Will reassess in 14 days, at nutrition reassessment appointment.

18. **(Scenario 2 from above) A 45-year-old male with dysphagia following a stroke has difficulty swallowing solid foods and avoids meals due to fear of choking. He has been relying on protein shakes and reports a significant decrease in food intake over the past 2 weeks.**

    Rewrite your PES Statement here: Swallowing difficulty related to motor causes, e.g., neurological disorder such as stroke; altered swallow (physiologic-metabolic etiology) as evidenced by difficulty swallowing solid foods, meal avoidance and decreased food intake.

    Create an intervention: (*hint: you are not a speech pathologist- keep the patient as safe as possible until he can be evaluated)*

    SMART Goal 1: Patient will attend SLP evaluation appointment scheduled at 0900 on 09/08/2025.
    When will you follow up on this: Will reassess at 1300 on 09/08/2025, following SLP appointment.

    SMART Goal 2: Patient will consume 75%-100% of *Ensure Plus* (350 kcal, 16 g PRO, 47 g CHO) as tolerated, TID to provide additional kcals, protein, and micronutrients needed to help meet estimated nutrition needs until evaluation with SLP is complete and safe IDDSI level is identified.[3]
    When will you follow up on this: Will reassess at 1300 on 09/08/2025, following SLP appointment.

    SMART Goal 3: Patient will attempt to eat at least 2 soft or pureed meals/day, as tolerated, until SLP appointment on 09/08/2025.
    When will you follow up on this: Will reassess at 1300 on 09/08/2025, following SLP appointment.

ADI**ME**- **Monitoring and Evaluation:**

19. **(Scenario 1 from above)** A 78-year-old female has experienced a 6% weight loss in the past month due to a decreased appetite following hospitalization. She reports feeling fatigued and weak, consuming only 50% of her meals. **Update:** The aforementioned female has gained 5# x 2 weeks, reports her appetite has returned to baseline, no reports of fatigue, and consuming 75-100% of her meals. She is worried about her weight gain and thinks she needs to diet since she felt "prettier" after her weight loss during her hospitalization. She reports she is going to return to her 50% meal completion pattern because she can "afford to lose a few".

    Were the goals met? What is the evidence?

    Yes, the patient met both goals. The first goal was for the patient to consume 75-100% of all meals, and the patient reports she is consuming 75-100% of her meals, which indicates the first goal was met.

    The second goal was for the patient to avoid any additional weight loss and that goal has also been met as the patient has gained 5-lbs in 2 weeks. This indicates that the second goal was met.

    Do you have a new PES Statement with her current status?

    New PES Statement: Disordered eating pattern related to weight regulation/preoccupation (beliefs-attitudes etiology) as evidenced by patient reporting the need to diet and return to 50% meal completion pattern to lose weight.

    Create an intervention for your new PES statement:

    SMART Goal 1: Patient will schedule and attend psychiatrist appointment in the next seven days.
    When will you follow up on this: In 2 weeks, at nutrition reassessment appointment.

    SMART Goal 2: Patient will attend disordered eating group nutrition education classes (designed exclusively for women ≥65 years of age) at least once per week or per psychiatrist recommendations.
    When will you follow up on this: In 2 weeks, at nutrition reassessment appointment.

20. **(Scenario 2 from above)** A 45-year-old male with dysphagia following a stroke has difficulty swallowing solid foods and avoids meals due to fear of choking. He has been relying on protein shakes and reports a significant decrease in food intake over the past 2 weeks. **Update:** the speech pathologist evaluated the patient and admitted him to her services. Upon evaluation, she upgraded his diet to a Level 6 Foods (Soft & Bite-sized), Level 0 (thin liquids). He is relieved with this change but is running out of ideas on what to eat at home. His intake did improve to 100% of his meals. His weight is stable. While he is no longer avoiding foods due to fear, he is getting sick of canned foods. He wants to only eat smoothies because he "doesn't want to deal with the salt in the canned vegetables".

    Were the goals met? What is the evidence?

    Goal #1 was met (patient will attend SLP evaluation appointment) as the patient attended SLP evaluation and received diagnosis/IDDSI diet modification recommendation.

    I do not have enough evidence to suggest that goal #2 (patient consumes 75-100% of *Ensure Plus* TID) was achieved nor do I have enough evidence to suggest that goal #3 (patient will attempt to eat at least 2 soft or pureed meals/day, as tolerated, until SLP appointment) was achieved. However, these two goals are now irrelevant as the patient received a diagnosis from the SLP and will now follow an IDDSI Level 6 Foods (Soft & Bite-Sized), IDDSI level 0 (Thin Liquids) dietary pattern. His weight has also remained stable. Additionally, he is currently consuming 100% of his meals.

    Do you have a new PES Statement with his current status?

    Limited food and nutrition related skill related to new skill requirement due to recent medical diagnosis (knowledge etiology) as evidenced by patient reported uncertainty of what foods to make/cook at home that follows SLP recommended IDDSI Level 6 Foods (Soft & Bite-Sized), Level 0 (Thin Liquids) dietary pattern.

    Create an intervention for your new PES statement:

        SMART Goal 1: Patient will attend IDDSI Level 6 Foods (Soft & Bite-Sized), Level 0 (Thin Liquids) cooking education classes (either virtually or in-person) at least once in the next month.
        When will you follow up on this: In 4 weeks, at nutrition reassessment appointment.

        Smart Goal 2: Patient will pick 3 new recipes to make from the Dorset HealthCare University free e-book *Modify your style-tips for dysphagia cooks at home* at least once per week.[3]
        When will you follow up on this: In 4 weeks, at nutrition reassessment appointment.

        SMART Goal 3: Patient will consume 75-100% of all meals.
        When will you follow up on this: In 4 weeks, at nutrition reassessment appointment.

References

1. Academy of Nutrition and Dietetics. eNCPT. 2025. Accessed September 4, 2025. https://www.ncpro.org/modules/portal/publications.cfm

2. Abbott. Ensure® Plus Nutrition Shake. 2025. Accessed September 5, 2025. https://www.abbottnutrition.com/our-products/ensure-plus-nutrition-shake

3. NHS Dorset HeatlCare University. Modify your style – tips for dysphagia cooks at home. Accessed September 5, 2025. https://connect.humber.nhs.uk/wp-content/uploads/2025/04/Dysphagia-Recipe-Book-Dorset-HealthCare-University-NHS-Foundation-Trust.pdf