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Note: The toolkit PDF contains additional files. To access these additional toolkit files, click on the paper clip on the lower left or select View > Navigation panels > Attachments from the menu bar.

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Medical Nutrition Therapy Flowchart of Encounters for Adults with Type 1 and Type 2 diabetes

This document is designed to assist registered dietitians (RD) in completing the Medical Nutrition Therapy Initial and Follow-up Progress Notes for Diabetes Mellitus Type 1 and 2, also located in this toolkit. A more extensive description of each encounter is located in the Medical Nutrition Therapy Encounter Process for Adults with Type 1 and Type 2 diabetes.

The flowchart uses the Nutrition Care Process as a framework and incorporates the “ADIME” format, which includes Nutrition Assessment, Nutrition Diagnosis, Nutrition Intervention, and Nutrition Monitoring and Evaluation. When completing the Medical Nutrition Therapy Initial and Follow-up Progress Notes, use of the most current ADA Standardized Language Manual is also recommended. For more information on the ADA Nutrition Care Process and Standardized Language, see www.eatright.org/ncp.

Referral/Consult Information (< 30 days prior to encounter 1)

Related documents/forms:

- Diabetes Services Order Form (see Appendix 1).

RD to obtain pertinent clinical data from referral source or client medical record/information system.

<ul style="list-style-type: none"> ✓ Laboratory values (e.g., glucose, lipids, renal functions, others as needed). ✓ Other clinical data (e.g., blood pressure level). 	<ul style="list-style-type: none"> ✓ Presenting signs and symptoms.
<ul style="list-style-type: none"> ✓ Physician treatment plan or medication orders and signature. 	<ul style="list-style-type: none"> ✓ Medications (dose, time, frequency), dietary/herbal supplements.
<ul style="list-style-type: none"> ✓ Past medical history (current, pregnant or undergoing cancer therapy, history of eating disorders, heart disease or stroke, co-morbidities, risk factors, family history). 	<ul style="list-style-type: none"> ✓ Physical activity clearance or limitations.

Encounter 1: 15-90 minutes

Related documents/forms:

- Medical Nutrition Therapy Encounter Process for Diabetes Mellitus Type 1 and 2.
- Medical Nutrition Therapy Initial Progress Note for Diabetes Mellitus Type 1 and 2.

RD to obtain clinical data from client medical record/information system and patient/client interview:

Assessment

- Evaluate height, weight, weight history, BMI, waist circumference, biochemical data and physical findings (e.g., blood pressure).
- Document client’s food and nutrition history by obtaining comprehensive diet history including current dietary intake (carbohydrate intake, calories, total fat, and distribution of carbohydrate, sources carbohydrate and fat, cholesterol, fiber, sodium, vitamins and alcohol), physical activity pattern, nutrition and health awareness, food availability and psychosocial or economic issues impacting nutrition therapy.
- Assess prescribed medications and use of over-the-counter supplements that affect nutrition therapy or with potential for food or drug interaction.
- Assess client’s personal needs, willingness to change, and ability to make changes.
- Consider cardiovascular risk factors and co-morbid conditions when determining need for additional modifications in nutrition care plan.

Nutrition Diagnosis

List and prioritize the nutrition diagnosis(es) that includes the problem (P), etiology (E) and signs and symptoms (S). For example, patient/client has an excessive carbohydrate intake related to food and nutrition knowledge deficit as evidenced by postprandial hyperglycemia and elevated A1C.

Nutrition Intervention

- Individualize nutrition prescription (e.g., reduced energy and fat intake, carbohydrate counting, simplified meal plans, healthy food choices, individualized meal planning strategies, exchange lists, insulin-to-carbohydrate ratios and behavioral strategies).
- Implement carbohydrate intake goal to match diabetes therapy (consistent carbohydrate and insulin to carbohydrate matching).
- Describe frequency of SMBG to incorporate information to make changes in diabetes management.
- If weight loss is a goal for persons with diabetes who are overweight or obese, the RD should advise that glycemic control is the primary focus.
- Recommend 90 to 150 minutes of accumulated moderate-intensity aerobic physical activity per week as well as resistance/strength training three times per week.
- Coordinate care with an interdisciplinary team.
- List materials provided and referrals or resources used.

Nutrition Monitoring and Evaluation

- Check indicators to monitor under each of the four categories of nutrition outcomes, based on signs and symptoms from PES statement(s) (e.g., Readiness to change, Body Mass Index, Total fat, etc.).
- Criteria to which the indicator is compared (i.e., nutrition prescription/goal or a reference standard).
- Specify next appointment.

Within 3 to 6 months of diagnosis**Encounter 2-3: 45 - 90 minutes**

Related documents/forms:

- Medical Nutrition Therapy Encounter Process for Diabetes Mellitus Type 1 and 2.
- Medical Nutrition Therapy Follow-up Program Note for Diabetes Mellitus Type 1 and 2.

RD to obtain clinical data from client medical record information system and client interview:

Assessment

- Reassess weight, BMI, waist circumference, biochemical data and other clinical data (e.g., SMBG, A1C) and medication changes.
- Obtain history of diet history and evaluate client's adherence to meal plan (e.g., reduced energy and fat intake, carbohydrate counting, simplified meal plans, healthy food choices, individualized meal planning strategies, exchange lists, insulin-to-carbohydrate ratios and behavioral strategies, physical activity pattern (refer to food and activity records).
- Compare to expected outcomes and goals.
- Determine adherence or barriers to learning or implementing behavioral changes and progress toward barriers to biochemical, anthropometric, physical exam findings and food and nutrition goals. Identify any positive or negative outcomes.

Nutrition Diagnosis

Based on outcome data from initial encounter list and prioritize new or existing nutrition diagnosis (P) that includes the problem (P), etiology (E) and signs and symptoms (S).

Nutrition Intervention

- Reinforce or modify nutrition prescription and assist patient/client in setting goals that are focused on the etiology of the problem(s).
- Reinforce goals for physical activity.
- As glycemic control is achieved, address additional nutrition intervention such as fiber, glycemic index, fat and protein.
- Include a statement of specific expected outcomes, amount of change (if applicable) and timeline for each.
- List materials provided and referrals or resources used (e.g., Label Reading, Shopping Tips, Cooking Tips).
- Request follow-up laboratory tests if needed.
- Coordinate care with an interdisciplinary team.

Nutrition Monitoring and Evaluation

- Check any new indicators to monitor under each of the four categories of nutrition outcomes, based on signs and symptoms from PES statement(s).
 - Criteria to which the indicator is compared (i.e., nutrition prescription/goal or a reference standard).
 - Specify next appointment.
-

Annual Follow up

Encounter: 45 - 90 minutes

Related forms:

- Medical Nutrition Therapy Encounter Process for Diabetes Mellitus Type 1 and 2.
 - Medical Nutrition Therapy Follow-up Progress Note for Diabetes Mellitus Type 1 and 2.
-

RD to obtain clinical data from client medical record or information system and client interview:

Assessment

- Reassess weight, BMI, waist circumference, biochemical data and other clinical data (e.g., SMBG, A1C, lipids, blood pressure) and medication changes.
 - Obtain brief diet history and evaluate client's adherence to meal plan (e.g., reduced energy and fat intake, carbohydrate counting, simplified meal plans, healthy food choices, individualized meal planning strategies, exchange lists, insulin-to-carbohydrate ratios and behavioral strategies), physical activity pattern (refer to food and activity records).
 - Compare to expected outcomes and goals.
 - Determine adherence or barriers to learning, implementing behavioral changes and progress or barriers to biochemical, anthropometric, physical exam findings and food and nutrition goals. Identify any positive or negative outcomes.
-

Nutrition Diagnosis

- Based on outcome data from the initial encounter, identify and prioritize new or existing nutrition diagnosis(es) that includes the problem (P), etiology (E) and signs and symptoms (S).
-

Nutrition Intervention

- Reinforce or modify nutrition prescription and assist patient/client in setting goals that are focused on the etiology of the problem(s).
 - Reinforce goals for physical activity.
 - Include statement of specific expected outcomes, amount of change (if applicable) and timeline for each.
 - List materials provided and referrals or resources used (e.g., Label Reading, Shopping Tips, Cooking Tips).
 - Request follow-up laboratory tests if needed.
 - Coordinate with an interdisciplinary team.
-

Nutrition Monitoring and Evaluation

- Check any new indicators to monitor under each of the four categories of nutrition outcomes, based on signs and symptoms from PES statement(s).
 - Criteria to which the indicator is compared (i.e., nutrition prescription/goal or a reference standard).
 - Specify next appointment.
-

Medical Nutrition Therapy Diabetes Mellitus Follow Up Progress Note

Name _____

MR # _____

Nutrition Re-Assessment

Previous Diagnoses

_____ _____ _____ <input type="checkbox"/> Resolved (nutrition problem no longer exists) <input type="checkbox"/> Improvement shown (nutrition problem still exists) <input type="checkbox"/> Unresolved no improvement shown <input type="checkbox"/> No longer appropriate (change in condition)	_____ _____ _____ <input type="checkbox"/> Resolved (nutrition problem no longer exists) <input type="checkbox"/> Improvement shown (nutrition problem still exists) <input type="checkbox"/> Unresolved no improvement shown <input type="checkbox"/> No longer appropriate (change in condition)	_____ _____ _____ <input type="checkbox"/> Resolved (nutrition problem no longer exists) <input type="checkbox"/> Improvement shown (nutrition problem still exists) <input type="checkbox"/> Unresolved no improvement shown <input type="checkbox"/> No longer appropriate (change in condition)	_____ _____ _____ <input type="checkbox"/> Resolved (nutrition problem no longer exists) <input type="checkbox"/> Improvement shown (nutrition problem still exists) <input type="checkbox"/> Unresolved no improvement shown <input type="checkbox"/> No longer appropriate (change in condition)
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Refer to ADA International Dietetics & Nutrition Terminology Reference Manual for appropriate meanings of the indicators below. Note Assessment items below are indicated by ADA Diabetes Type 1 and 2 Evidence-based Nutrition Practice Guidelines.

Food/Nutrition-Related History

Energy Intake

Total Energy Intake _____

Fluid/beverage intake

Oral Fluids Amounts _____

Food-derived fluids _____

Liquid meal replacement or supplement _____

Food intake

Amount of food _____

Types of food/meals _____

○ Chooses foods/portions per plan _____

○ Substitutes sucrose for other carbohydrate foods _____

Meal/snack pattern _____

○ Spaces meals and snacks appropriately _____

○ Follows meal plan when going out _____

Diet quality index _____

Food variety _____

Carbohydrate intake

Total carbohydrate _____g/day _____ % of kcal

○ Consistent in timing _____

○ Consistent in amount _____

Sugar _____

Glycemic load ○ High ○ Moderate ○ Low

Insulin-to-carbohydrate ratio _____

Fat and cholesterol intake

Total fat _____g/day _____ % of kcal

Saturated fat _____

Trans fatty acids _____

Omega-3 fatty acids _____

○ Plant sources _____

○ Fish sources _____

Dietary cholesterol _____

Follows cardioprotective nutrition guidelines _____

Protein intake

Total protein _____g/day _____ % of kcal

Fiber intake

Total fiber _____

Soluble fiber _____

Food Plan

Type

Carbohydrate counting

Plate method

Exchanges

Basic guidelines

None

Time following

<25%

25-50%

50-75%

75-100%

Usual food intake focusing on carbohydrate timing and amount

