

Introduction to Nutrition CARE Process

Introduction to the Nutrition CARE Process

Designed as a step-by-step framework for dietitians, nutritionists, and health-care teams to assess, plan, implement, and evaluate nutrition care.

1. What is the Nutrition CARE Process?

Element	Meaning	Primary Question
C – Collect	Gather comprehensive data about the client/patient.	What information do we need to understand the person’s nutritional status?
A – Analyze	Interpret the collected data to identify problems, risks, and strengths.	What nutrition-related issues are present?
R – Report	Document findings, diagnoses, and priorities in a clear, standardized format.	How will we communicate the assessment to the care team and the client?
E – Evaluate	Review outcomes, adjust the plan, and close the loop.	Did the interventions achieve the desired results?

The CARE process aligns with the **Nutrition Care Process (NCP)** used by the Academy of Nutrition and Dietetics and other professional bodies worldwide.

2. Step-by-Step Breakdown

2.1 Collect (C)

Data Category	Typical Sources	Key Variables
Anthropometric	Height, weight, BMI, waist circumference, skinfolds	Growth percentiles (pediatrics), body composition
Biochemical	Lab tests, biomarkers	Glucose, lipid profile, electrolytes, vitamin/mineral levels
Clinical	Medical history, medication list, physical exam	Disease states, surgical history, allergies

Introduction to Nutrition CARE Process

Data Category	Typical Sources	Key Variables
Dietary	24-h recall, food frequency questionnaire, food diary	Energy intake, macro-/micronutrient distribution, eating patterns
Environmental / Psychosocial	Interviews, socioeconomic surveys	Access to food, cultural preferences, support systems, stressors

Tips for effective collection

- Use validated tools (e.g., ASA24, Mini Nutritional Assessment).
 - Prioritize culturally appropriate language.
 - Document the date and context of each data point.
-

2.2 Analyze (A)

1. Identify Nutrition-Related Problems

- Use the **PEM (Problem-Etiology-Manifestation)** format.
- Example: *Inadequate protein-energy intake (Problem) ? limited financial resources, poor appetite (Etiology) ? weight loss, low BMI (Manifestation).*

2. Prioritize Issues

- Apply the **ABCD** hierarchy:
 - **A** – Acute, life-threatening (e.g., severe malnutrition).
 - **B** – High risk of complications (e.g., uncontrolled diabetes).
 - **C** – Chronic, stable conditions (e.g., overweight).
 - **D** – Maintenance or health promotion.

3. Set Nutrition Diagnosis

- Follow the standardized terminology from the **International Dietetics and Nutrition Terminology (IDNT)**.
 - Example: *"Inadequate oral intake related to decreased appetite as evidenced by 5-kg weight loss over 4 weeks."*
-

Introduction to Nutrition CARE Process

2.3 Report (R)

- **Structure the Nutrition Care Document**

1. **Client Profile** – Brief demographic and clinical snapshot.
2. **Nutrition Diagnosis** – PEM statement(s).
3. **Goals & Expected Outcomes** – SMART criteria (Specific, Measurable, Achievable, Relevant, Time-bound).
4. **Intervention Plan** – Detailed actions (see Section 4).
5. **Monitoring & Evaluation Schedule**