

NCPT Tips: Evaluating PES Statements

NCPT is Nutrition Care Process Terminology. Here are two options you can use to evaluate your PES statement.

Option 1: When developing your PES statement, think about the following

- Can the dietitian resolve the nutrition diagnosis?
- If deciding between 2 diagnoses, attempt to select the intake domain first
- Is the (a)etiology the “Root Cause” or the “Real Cause” of the problem?
- Will measuring the “Signs and Symptoms” tell you if the problem is resolved?
- Are the signs and symptoms specific enough that you can **measure** them?

Hints on deciding on the (a)etiology:

1. It is the “cause” of the problem
2. Once you think of the “Cause” ... then ask yourself “but why?” (up to 5 times if needed). Asking yourself why helps you drill down further to get to the real cause.
3. This then usually becomes the basis to your intervention.

Tips:

1. To help delve further when writing the (a)etiology, think of the **cause** (eg frequent consumption of takeaway food) and then a **linking word** (eg due to, associated with, as a consequence of) which helps to think about **why** it’s really happening.
2. When all things are equal and you have a choice between stating the PES statement using two nutrition diagnosis labels in different domains, consider the intake nutrition diagnosis.

Example 1 (better choice)	Example 2
Excessive intake of carbohydrates related to limited choices from vending machines as evidenced by 3-6 soft drinks per day and blood sugar levels of 30mmol/L.	Altered laboratory values related to excessive intake of carbohydrate as evidenced by blood glucose levels of 30mmol/L.

Note: Both accurately describe a situation where the individual is making poor food choices. However, the first directly leads to an intervention targeted at the (a)etiology of making choices from the vending machine.

Option 2: Five simple questions to evaluate your PES statement

<p>1. Can the Dietitian resolve or improve the nutrition diagnosis?</p> <p>a. Can you envision an intervention that would address the (a)etiology and thus resolve or improve the problem?</p> <p>b. If NO, is your intervention targeted at reducing or eliminating the signs & symptoms? (e.g. (A)Etiology = decreased taste perception, Intervention = provide foods with stronger flavours)</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>2. Does your nutrition assessment data support the nutrition diagnosis, (a)etiology, and signs and symptoms?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>3. Is the (a)etiology listed the “root cause”?</p> <p>Ask WHY 5 times (or until you arrive at one that you, the dietitian, can address) (e.g. Undesirable food choices – Why?, Eats in restaurants with limited choices – Why? Doesn't like to eat alone = Root cause)</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>4. Will measuring the Signs and Symptoms tell you if the problem is resolved or improved? (e.g. Dietary intake of 9000KJ compared to requirements of 7500kJ (excessive energy intake) versus blood sugar of 30mmol. You can estimate dietary intake at next visit and it should show change in energy intake)</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>5. Are the Signs and Symptoms specific enough that you can measure/evaluate changes at the next visit to document resolution or improvement of the nutrition diagnosis? (e.g. Dietary intake of 9000kJ” is specific verses “high intake of energy dense foods”)</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Resource adapted from: Academy of Nutrition and Dietetics (2008) *International Dietetics & Nutrition Terminology (IDNT) Reference Manual: Standardized Language for the Nutrition Care Process*, American Dietetic Association, USA