PES Statements

The myth, the man, the legend

ADIME

Four steps to the Nutrition Care Process:

- Assessment
- Diagnosis (PES)
- Intervention
- Monitoring & Evaluation

Assessment

Obtain, verify, and interpret data to identify nutrition-related problems, causes, and significance.

Examples of assessment tools used at NMH:

- Weight, height, BMI, lab values, medical records

Diagnosis

Identify and describe a specific nutrition problem that can be resolved or improved.

- PES statements
- Different from a medical diagnosis

Intervention

To resolve or improve the identified nutrition problem by planning and implementing appropriate interventions.

Four categories of intervention:

- Food and/or nutrient delivery
- Nutrition education
- Nutrition counselling
- Coordination of nutrition care

Monitoring & Evaluation

Determine the amount of progress made and determine whether goals/expected outcomes are met.

- Determined using the same types of tools found in “Assessment”
- Eg. anthropometric measurements, lab values

PES Statements: Problem

P: Problem or Diagnosis

- What is the nutrition problem that the intervention will address?

To improve your diagnosis, ask yourself:

1. Can the diagnosis be corrected or improved during your time with the patient/client?

PES Statements: Etiology

E: Etiology

- What is the underlying cause of the problem?

To help identify the etiology, ask yourself:

1. Is there an intervention that can address the etiology?

PES Statements: Signs/Symptoms

S: Signs/Symptoms

- What is the evidence to support the nutrition diagnosis?

To help identify signs/Symptoms, ask yourself:

1. Are the signs/symptoms specific and measurable? Can the signs/symptoms help identify when the problem is resolved or improved?

PES Statements: Purpose

Remember why we are writing PES statements:

PES statements are designed to identify a nutrition diagnosis that is specific and measurable. They are an important tool to communicate with the healthcare team and fellow dietitians.

PES Statements: Example

P: Limited food acceptance

E: Physiological causes (eg. pain), self-limitation of foods/food groups due to preference

S: Weight loss, clinical evidence of deficiency

PES Statements: Example

P: Swallowing difficulty

or, Biting/chewing difficulty

E: Mechanical causes (inflammation, surgery, eosophageal tumors)

Motor causes (stroke, cerebal palsy, MS)

S: abnormal swallow study, dry mucosal membranes, prolonged feeding time

PES Statements: Example

P: Altered GI function

E: Alteration of GI tract structure, compromised endocrine function

S: fatty stools, weight loss, wasting due to malnutrition

PES Statements: Example

P: Not ready for diet/lifestyle change

E: denial of need to change, demoralization from previous failures at change

S: negative body language, defensiveness/hostility/resistance to change.

PES Statements: Example

P: Malnutrition: Inadequate intake of protein and/or energy over a prolonged period of time.

E: Physiological causes increasing nutrient needs d/t disease, altered GI function, food insecurity, cultural or religious beliefs, knowledge deficit regarding healthy food intake, psychological (depression, etc)

S: Consider anthropometrics (weight, BMI, weight loss, IBW), physical findings (muscle loss), nutrition related history (PO intake, appetite, beliefs/concerns about food)

PES Statements: Example

P: Less than optimal enteral (or parenteral) nutrition composition or modality: The nutrient components or delivery is inconsistent with evidenced-based practices.

E: May include: Changes in the patients clinical status, changes in course of disease, end-of-life care if patient or family does not desire nutrition support.

S: Biochemical Data (electrolytes), Anthropometrics (weight changes), physical findings (Edema, nausea/vomiting/diarrhea), nutrition related history (enteral nutrition infusion that provides too much/little nutrition), client history (improved GI function, change in code status)

PES Statements: Examples

P: Altered nutrition-related laboratory values: Changes d/t body composition, medications or genetics or changes in ability to eliminate byproducts of digestive and metabolic processes.

E: Kidney, liver, cardiac, endocrine, neurologic and pulmonary dysfunction, prematurity.

S: Biochemical (AST, ALT, T. Bili (liver); BUN, CR, K, Phos, GFR (kidney); pO2, pCO2 (pulmonary), plasma glucose/HgbA1C), Anthropometrics (rapid weight changes), Physical findings (Jaundice, edema, ascites, clubbing, nausea, vomiting), History (estimated/reported nutrient intake too high/low, lack of knowledge/information), Client hx (renal/liver disease dx, alcoholism, diabetes).

PES Statements: Example

P: Predicted suboptimal nutrient intake: Future energy intake that is anticipated based on observation or experience that will be less than the estimated energy expenditure, DRIs, or recommendations for physiological needs.

E: May include: scheduled procedure, medical interventions that can decrease food intake, stressful life event (death in family, divorce, etc).

S: Anthropometrics (population-based anthropometric data from studies), Physical findings (Population-based data on acute and chronic disease prevalence indicating suboptimal energy intake), Nutrition-related history (history of suboptimal energy intake, Projected change in ability to consume sufficient energy, medications with known side effects that can reduce energy intake), Client history (scheduled procedure, client report of recent or anticipated life stress or change).

PES Statements: Example

P: Predicted food-medication interaction: Undesirable/harmful interactions between food and over-the-counter medications or prescribed medications, herbs or dietary supplements that diminishes, enhances or alters the effect of nutrients/medications.

E: Ingestion or administration of medication and food that results an interaction.

S: Biochemical (altered lab values), Anthropometrics (weight gain), Physical findings (changes in appetite, taste, GI function), Nutrition hx (Inconsistent intake, fish oils and prolonged bleeding, coumadin and vitamin-K, high-fat and statins, Iron supplements and constipation.