

## NUTRITIONAL ASSESSMENT

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### OBJECTIVES/RATIONALE

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To determine a client's nutritional status a nutritional assessment must be completed. The student will assess and evaluate nutritional practices.

TEKS: 121.24 1H, 2C, 6A, 6D, 7D, 7E

TAKS ELA 1, 3, 4, 5, 6  
Mathematics 1, 2  
Science 1, 2

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### KEY POINTS

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#### *Teacher Note*

*It is recommended to invite a dietician to prepare the students for the nutritional assessment.*

- I. Nutritional status
  - A. Malnutrition – Any condition caused by excess or deficient food energy or nutrient intake and imbalance of nutrients.
  - B. Under nutrition – deficiency of energy or nutrients
  - C. Over nutrition- excess energy or nutrients.
  - D. Chronic vs. Acute
- II. Nutritional assessment
  - A. Historical data
    - 1. Health history
    - 2. diet history
    - 3. drug history
    - 4. socioeconomic background
    - 5. religious/cultural background
  - B. Anthropometric data
    - 1. Relates to the measuring of the physical characteristics of the body. The measurements should be within given standards for height, age and sex.
    - 2. Physical examination
      - a. Look for abnormalities in hair, skin, gingiva, tongue, eyes, posture, etc.
      - b. By itself the physical exam only, reveals what might be a problem with an individual's nutrition.
    - 3. Laboratory test
      - a. Samples of body tissue or fluids are taken and analyzed to compare with standards.

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### ACTIVITIES

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- I. Perform a nutritional assessment of a client at a clinical site. Present following **Case Study Guidelines**.
- II. Invite a dietician to demonstrate a nutritional assessment.

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**MATERIALS NEEDED**

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Assignment of clinical site and client appropriate for nutritional assessment

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**ASSESSMENT**

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**Case Study Guidelines**

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**ACCOMMODATIONS**

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For reinforcement, the student will perform a nutritional assessment for a family member.

For enrichment, the students will prepare, implement, and evaluate a therapeutic care plan.

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**REFLECTIONS**

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## CASE STUDY GUIDELINES

NAME OF DISEASE/CONDITION \_\_\_\_\_

1. **PATHOPHYSIOLOGY/ETIOLOGY**: What is the cause of the disease/ Condition? Is it acute or chronic? Is it caused by a specific pathogen? How is it transmitted? What is the incubation period? Describe any anatomical/pathophysiological changes associated with it.
2. **SIGNS & SYMPTOMS**: List the common signs and symptoms associated with this disease/condition.
3. **DIAGNOSIS**: How was the diagnosis made? What were the findings on the History & Physical Exam? Laboratory tests? Radiology/Nuclear medicine tests? Any other diagnostic procedures used?
4. **MEDICAL/SURGICAL TREATMENT**: How was this condition treated By the physician(s)? Medications? Surgical intervention? Chemotherapy? Radiation? P.T./O.T.? Exercise? Respiratory therapy? Counseling? Dietary requirements/restrictions? Other methods of treatment?
5. **PROGNOSIS**: What is the probable outcome of this disease/condition? What course has it presently taken? Is there any lasting damage/body alterations?
6. **PSYCHOLOGICAL/SOCIAL**: How will (has) this disease/condition affect(ed) the patient's mental or psychological outlook? Will it affect body image? Lifestyle? Social life? Ability to work and/or take care of the home and family? Will it affect relationships with others? What about leisure time – will it be altered or affected?

THIS REPORT MUST BE WRITTEN IN COMPLETE SENTENCES USING CORRECT SPELLING AND PROPER GRAMMAR. HANDWRITING MUST BE NEAT AND LEGIBLE MAKE SURE THAT YOU COMPLETELY AND CLEARLY COVER EACH TOPIC.

ATTACH SHEET LISTING AT LEAST 3 REFERNCES, INCLUDING AUTHOR, TITLE, PUBLISHER, YEAR, AND PAGES USED.

### GRADING:

1. PATHOPHYSIOLOGY/ETIOLOGY (15 POINTS)
2. SIGNS & SYMPTOMS (10 POINTS)
3. DIAGNOSIS (15 POINTS)
4. TREATMENT (15 POINTS)
5. PROGNOSIS (15 POINTS)
6. PSYCHOLOGICAL (15 POINTS)
7. WRITTEN REPORT (10 POINTS)
8. REFERENCES (5 POINTS)