



## Nutrition Diagnosis PES Statement

A nutrition problem or nutrition diagnosis is identified and described using a PES statement.

The nutrition diagnosis can be resolved or improved through treatment/nutrition intervention by a food or nutritional professional.

**The PES statement has a distinct format:**

**Problem “related to” Etiology “as evidenced by” Signs and Symptoms**

*The following are samples only. A nutrition diagnosis in the form of a PES statement is to be created for each person that is appropriate to their assessment.*

### **Domain: Intake**

- Excessive oral food and beverage intake related to large portion sizes as evidenced by BMI of 40 kg/m<sup>2</sup> and estimated energy intake above estimated needs
- Inadequate oral food and beverage intake related to dysphagia as evidenced by weight loss of 10# in 30 days and estimated energy intake below 50% of estimated needs
- Increased nutrient needs (protein) related to impaired skin integrity as evidenced by multiple pressure injuries, low BMI
- Increased nutrient needs (protein) related to increased metabolic demand with aging in order to prevent loss of lean body mass as evidenced by age 80 years old.
- Inadequate oral/food beverage intake related to decline of appetite, nausea, vomiting as evidenced by patient’s report and observed untouched lunch tray at bedside
- Inadequate intake from enteral nutrition related to intolerance of enteral nutrition at goal rate as evidenced by Nausea and vomiting and tolerated volume meeting < 50% of patients estimated needs

**Domain: Clinical**

- Swallowing difficulty related to TBI as evidenced by patient history of dysphagia and patient's report
- Obesity related to history of excessive energy intake as evidenced by BMI of 40.1 kg/m<sup>2</sup> and food and nutrition history obtained
- Chewing difficulty related to tooth decay and tooth pain as evidenced by patient report and need for soft food at this time

**Domain: Behavioral-Environment**

- Self-feeding difficulty related to dementia as evidenced by reliance on staff for assistance with eating
- Limited food acceptance related to self-limitation of food/food group due to food preferences/questionable food allergies as evidenced by reported diet history
- Inability to manage self-care related to impaired cognitive ability as evidenced by need to reside in long term care facility
- Physical inactivity related to clinical condition limiting physical abilities as evidenced by observation of sedentary lifestyle and diagnosis of arthritis

**Reference:**

[Electronic Nutrition Care Process Terminology \(eNCPT\)](#)