

NUTRITION CARE PROCESS IDNT REFERENCE SHEET CHANGES

Fourth Edition, 2012

This document reflects changes to the IDNT Reference Sheets recommended by the Academy Nutrition Care Process Standardized Language Committee (NCP-SL) that resulted from:

- Individuals or groups in U.S. and internationally suggesting modifications or additions to the standardized language using the Procedure for Nutrition Controlled Vocabulary/Terminology Maintenance/Review available on www.eatright.org/ncp.
- Studies designed to validate nutrition diagnoses content of the nutrition diagnoses. One study examined the content of eight specific diagnoses [Hypometabolism, Inadequate Bioactive Substance Intake, Imbalance of Nutrients, Inconsistent Carbohydrate Intake, Altered Gastrointestinal (GI) Function, Food and Nutrition-Related Knowledge Deficit, Not Ready for Diet/Lifestyle Change, and Undesirable Food Choices] and the other study examined the content of all sixty-two nutrition diagnoses at the time of the study.
- Therefore:
 - 1) Some reference sheets were changed as a result of the content validation research or food and nutrition professional suggestions.
 - 2) Gray shading indicates that although the nutrition diagnosis was part of content validation research, NO CHANGES were recommended based upon the research completed to date.
 - 3) Blue shading indicates that considerations from the research or from member submissions were evaluated by the Academy Nutrition Care Process Standardized Language Committee; however, NO CHANGES were made after review and discussion.

IDNT Terminology Changes Chart

The chart consists of five components—the term, the term number, the change made, the rationale for the change, and the edition in which the review and/or change was completed.

The changes include:

- **Revision of individual Label** for clarity or expansion.
- **Revision of individual Definition** for clarity or expansion.
- **Nutrition assessment and/or monitoring and evaluation changes including**—deletion of individual indicators determined not to be an indicator, addition of individual indicators determined to be an indicator or revision of individual indicators for clarity or expansion
- **Nutrition diagnosis changes including**—deletion of individual etiologies or signs/symptoms determined not to be causes/contributing factors or defining characteristics, addition of individual etiologies or signs/symptoms determined to be causes/contributing factors or defining characteristics, or revision of individual etiologies or signs/symptoms for clarity or expansion.
- **Nutrition intervention changes including**—deletion of the details of the intervention, addition of details of the intervention, or revision of details of the intervention for clarity or expansion.

Further:

- A **notation** is included on the last page of each reference sheet in the IDNT Reference Manual that has been modified indicating the publication year in which it was updated, e.g., Updated: Third Edition: 2011.
- **Editorial changes**, not affecting the content, are not included in this document.
- **Changes to the organization or order and numbering of terms** that do not affect the content are not included in this document.
- **Changes to the descriptions or measures suggested for the terms** that do not affect the content are not included in this document.
- **Page breaks** throughout this document may be irregular. Every attempt has been made to include all of the changes pertaining to a reference sheet within one page. Some pages may be shortened to accommodate placing the changes for one reference sheet on a page.

Questions

- Please contact Donna Pertel, MEd, RD, NCP Business Manager at ncpslpermissions@eatright.org with questions.

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| Nutrition Assessment/Monitoring and Evaluation Term | Number | Change | Rationale | Year |
|-----------------------------------------------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|------|
| Monitoring and Evaluation Terms | All | Revised and combined with the Nutrition Assessment Terms *Change map published in the IDNT, Second Edition and available upon request. | Monitoring outcomes requires assessment of the items | 2009 |
| DOMAIN: Food/Nutrition-Related History | FH | | | |
| Class: Food and Nutrient Intake (1) | | | | |
| Subclass: Energy Intake (1.1) | | | | |
| Energy Intake | FH-1.1.1 | | | |
| Subclass: Food and Beverage Intake (1.2) | | | | |
| Fluid/beverage intake | FH-1.2.1 | REVISED Indicator: Oral fluid amounts (specify, e.g., oz or mL or cups/day) to <i>Oral fluid (specify, e.g., oz or mL or cups/day and type)</i> | Clarify that indicator includes amount and type | 2011 |
| | | REVISED Indicator: Liquid meal replacement or supplement (oz or mL/day) to <i>Liquid meal replacement or supplement (e.g., oz or mL/day and name/description)</i> | Clarify that indicator includes amount and type | 2011 |
| Food intake | FH-1.2.2 | DELETED Indicator: Foods liked (specify foods) | Not and indicator of this term. Food preferences added to Beliefs and attitudes FH-4.2 | 2011 |
| | | DELETED Indicator: Foods disliked (specify foods) | Not and indicator of this term. Food preferences added to Beliefs and attitudes FH-4.2 | 2011 |
| | | ADDED Indicator: Special dietary products or foods (specify, e.g., servings/ day or week, and type, e.g., non-nutritive sweeteners, lactose-free, gluten-free) | Type of food intake. | 2011 |
| Breastmilk/infant formula intake | FH-1.2.3 | ADDED Synonym: Human milk is a synonym of breastmilk. | For clarity. | 2013 |

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| Subclass: Enteral and Parenteral Intake (1.3) | | | | |
| Enteral nutrition intake | FH-1.3.1 | ADDED Indicators: Composition, Concentration, Rate, Volume, Schedule | Individual terms to clarify distinct concepts. | 2013 |
| | | DELETED Indicator: Delivery. | Captured in new terms. | 2013 |
| | | DELETED Indicator: All indicators related to parenteral nutrition. | Enteral and parenteral nutrition assessment separated. | 2011 |
| | | DELETED Indicators: Enteral nutrition; Parenteral nutrition; Discontinuation; Initiation; Rate/schedule; Insert the feeding tube, provide tube site care, administer feedings; Site care | For consistency in terminology. | 2011 |
| | | ADDED Indicator: Formula (includes description, volume, rate/delivery schedule) and Feeding tube flush | For consistency in terminology. | 2011 |
| Parenteral nutrition/IV fluid intake | FH-1.3.2 | ADDED Indicators: Composition, Concentration, Rate, Schedule | Individual terms to clarify distinct concepts. | 2013 |
| | | DELETED Indicator: Volume. | Captured in new terms. | 2013 |
| | | ADDED Reference Sheet | Enteral and parenteral nutrition assessment separated. | 2011 |
| Subclass: Bioactive Substance Intake (1.4) | | | | |
| Alcohol intake | FH-1.4.1 | | | |
| Bioactive substance intake | FH-1.4.2 | REVISED Indicators: Separated Plant stanol esters and Plant sterol esters and Psyllium and β -glucan. | Separated to clarify distinct concepts. | 2013 |
| | | REVISED Definition: Working definition of bioactive substances—physiologically active components of foods that may offer health benefits beyond traditional macro- or micronutrient requirements changed to <i>Working definition of bioactive substances—physiologically active components of foods that may have an effect on health.</i> | Clarify that bioactive substances includes substances that may have positive or negative effect on health. | 2011 |
| | | ADDED Indicator: Food additives (those thought to have an impact on a patient/client's health), specify | Clarify that food additives are included with this term. | 2011 |
| | | ADDED Indicator: Other, specify | Clarify that items, other than those listed, may be considered bioactive. | 2011 |
| | | DELETED Note: Only bioactive substances with an FDA Health Claim based upon Significant Scientific Agreement (SSA) are included above. | Clarify that other items, other than those listed, may be considered bioactive. | 2011 |
| Caffeine intake | FH-1.4.3 | | | |
| Subclass: Macronutrient Intake (1.5) | | | | |
| Fat and cholesterol intake | FH-1.5.1 | | | |
| Protein intake | FH-1.5.2 | | | |

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| Carbohydrate intake | FH-1.5.3 | ADDED Indicator: Insulin-to-carbohydrate ratio (specify) | Indicator of this term. | 2011 |
| Fiber intake | FH-1.5.4 | | | |
| Subclass: Micronutrient intake (1.6) | | | | |
| Vitamin intake | FH-1.6.1 | ADDED Indicator detail: Specify form was added to the detail for Vt. A, D, E, Niacin, B6, Folate. | Form of the vitamin could be specified. | 2011 |
| Mineral/element intake | FH-1.6.2 | ADDED Indicator detail: Specify form was added to the detail for calcium, iron, selenium, potassium chromium. | Form of the mineral could be specified. | 2011 |
| Class: Food and Nutrient Administration (2) | | ADDED Class | Includes items moved from Food/Nutrient Intake that are not related to actual intake. | 2011 |
| Subclass: Diet History (2.1) | | | | |
| Diet order | FH-2.1.1 | REVISED Indicators: ***/shading removed from General, healthful diet, Modified diet, Enteral nutrition order, Parenteral nutrition order. | These terms can be used for NA and NME. | 2013 |
| Diet experience | FH-2.1.2 | REVISED Indicators: ***/shading removed from Previously prescribed diets, Previous diet/nutrition education/counseling, Self-selected diets followed, Dieting attempts. | These terms can be used for NA and NME. | 2013 |
| | | ADDED Indicators: Food allergies and Food intolerance. | Clarify documentation for diets followed due to diagnosed or reported food allergy or food intolerance. | 2013 |
| Eating environment | FH-2.1.3 | ADDED Indicator: Eats alone (specify reason, frequency) | Indicator of this term. | 2011 |
| Enteral and parenteral nutrition administration | FH-2.1.4 | ADDED Indicator: Body position, enteral nutrition. | Document body position during enteral nutrition feeding. | 2013 |
| | | ADDED Reference Sheet | Document EN/PN access. | 2011 |
| Class: Medication and Complementary/Alternative Medicine Use (3) | | REVISED Class Label: Medication and Herbal Supplement Use (3) changed to <i>Medication and Complementary/Alternative Medicine Use (3)</i> | Includes all complementary/alternative medicine used. | 2013 |
| Medications | FH-3.1 | REVISED Label: Medication and herbal supplements changed to <i>Medications</i> . Separated CAM to new reference sheet. | Clarify documentation for medications. | 2013 |
| | | REVISED Indicators: Separated Prescription and Over-the-counter (OTC) medication use. | Clarify documentation for medications. | 2013 |
| | | DELETED Indicator: Herbal/complementary medicine products. | New reference sheet added. | 2013 |
| Complementary/alternative medicine | FH-3.2 | Added Reference Sheet. | | 2013 |
| Class: Knowledge/Beliefs/Attitudes (4) | | | | |
| Food and nutrition knowledge/skill | FH-4.1 | REVISED Label: Food and nutrition knowledge changed to <i>Food and nutrition knowledge/skill</i> . | Clarifies that skills are included in this term. | 2013 |

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| Beliefs and attitudes | FH-4.2 | REVISED Indicator: Preoccupation with food (yes/no) changed to <i>Preoccupation with food/nutrients (yes/no)</i> | Clarify that this indicator includes food and/or nutrients | 2011 |
| | | ADDED Indicator: Food preferences (specify) | Moved from Food intake FH-1.2.2. | 2011 |
| | | ADDED Indicator: Emotions (specify, e.g., anger, guilt, sad, lonely, nervous) | Indicator of this term. | 2011 |
| Class: Behavior (5) | | | | |
| Adherence | FH-5.1 | | | |
| Avoidance behavior | FH-5.2 | | | |
| Bingeing and purging behavior | FH-5.3 | | | |
| Mealtime behavior | FH-5.4 | | | |
| Social network | FH-5.5 | | | |
| Class: Factors Affecting Access to Food and Food/Nutrition-Related Supplies (6) | | | | |
| Food/nutrition program participation | FH-6.1 | | | |
| Safe food/meal availability | FH-6.2 | REVISED Indicator: Separated Procurement of safe food and Identification of safe food. | Separated to clarify distinct concepts. | 2013 |
| Safe water availability | FH-6.3 | | | |
| Food/nutrition-related supplies availability | FH-6.4 | | | |
| Class: Physical Activity and Function (7) | | | | |
| Breast feeding | FH-7.1 | | | |
| Nutrition-related ADLs and IADLs | FH-7.2 | REVISED Indicator: Ability to position self changed to <i>Ability to position self in relation to plate</i> | Clarification of indicator. | 2013 |
| | | REVISED Indicator: Separated Remembers to eat and Recalls eating. | Separated to clarify distinct concepts. | 2013 |
| Physical activity | FH-7.3 | ADDED Indicator: NEAT (Non-exercise activity thermogenesis) (present/absent, level)*** | Indicator of this term. | 2011 |
| Factors affecting access to physical activity | FH-7.4 | ADDED Reference Sheet | | 2013 |
| Class: Nutrition-Related Patient/Client-Centered Measures (8) | | | | |
| Nutrition quality of life | FH-8.1 | | | |

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| DOMAIN: Anthropometric Measurements | AD | | | |
| Body composition/growth/weight history | AD-1.1 | | | |
| DOMAIN: Biochemical Data, Medical Tests and Procedures | BD | | | |
| Acid-base balance | BD-1.1 | | | |
| Electrolyte and renal profile | BD-1.2 | | | |
| Essential fatty acid profile | BD-1.3 | | | |
| Gastrointestinal profile | BD-1.4 | | | |
| Glucose/endocrine profile | BD-1.5 | ADDED Indicator: Pituitary hormone tests--growth hormone (GH) ng/mL, adrenocorticotrophic hormone (ACTH) ng/L, luteinizing hormone (LH) IU/L and follicle-stimulating hormone (FSH) IU/L | Noted in nutrition diagnosis, Impaired nutrient utilization (NC-2.1) but inadvertently omitted on this reference sheet. | 2013 |
| Inflammatory profile | BD-1.6 | | | |
| Lipid profile | BD-1.7 | | | |
| Metabolic rate profile | BD-1.8 | REVISED Indicator: RQ changed to <i>Respiratory quotient, measured.</i> | Clarifies term. | 2013 |
| Mineral profile | BD-1.9 | DELETED Indicator: Other. | Clarify distinct mineral tests. | 2013 |
| | | ADDED Indicators: Boron, serum or plasma; Chromium, serum or urinary; Fluoride, plasma; Manganese, urinary excretion, blood or plasma; Molybdenum, serum; Selenium, serum or urinary excretion | Clarify distinct concepts. | 2013 |
| Nutritional anemia profile | BD-1.10 | | | |
| Protein profile | BD-1.11 | REVISED Indicators: ***/shading removed from Amino acid, other and Antibody level | These terms can be used for NA and NME. | 2013 |
| | | ADDED Indicator: Carbohydrate-deficient transferrin | Noted in nutrition diagnosis, Excessive alcohol intake (NI-4.3) but inadvertently omitted on this reference sheet. | 2013 |
| | | DELETED Indicator Shading: Amino acid, other, specify | Indicator appropriate for NA and ME. | 2011 |
| | | ADDED Indicator: Antibody level, specify*** | Indicator of this term. | 2011 |
| Urine profile | BD-1.12 | | | |
| Vitamin profile | BD-1.13 | | | |
| DOMAIN: Nutrition-Focused Physical Findings | PD | | | |
| Nutrition-focused physical findings | PD-1.1 | REVISED Indicators: ***/shading removed from all. | These terms can be used for NA and NME. | 2013 |
| | | REVISED Indicator: ***/shading removed Overall appearance | Indicator appropriate for NA and ME. | 2011 |

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| DOMAIN: Client history <i>Note: This domain is used for nutrition assessment only.</i> | CH | | | |
| Class: Personal History (1) | | | | |
| Personal data | CH-1.1 | | | |
| Class: Patient/Client/Family Medical /Health History (2) | | | | |
| Patient/client or family nutrition oriented medical/health history | CH-2.1 | ADDED Indicator: Other*** | Indicator of this item. | 2011 |
| Treatments/therapy | CH-2.2 | REVISED Label: Treatments/therapy/ complementary/alternative medicine changed to <i>Treatments/therapy</i> | Complementary/alternative medicine use moved to FH-3.2. | 2013 |
| | | REVISED Indicator: Mechanical ventilation*** changed to <i>Mechanical ventilation/oxygen therapy***</i> | Indicator includes mechanical ventilation and/or oxygen therapy. | 2011 |
| | | ADDED Indicator: Palliative/end-of-life care*** | Indicator of this term. | 2011 |
| Class: Social History (3) | | | | |
| Social history | CH-3.1 | | | |

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| Nutrition Diagnostic Term | Number | Change | Rationale | Year |
|------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|------|
| DOMAIN: INTAKE | NI | | | |
| Class: Energy Balance (1) | | | | |
| Hypermetabolism (Increased energy needs) | NI-1.1 | DELETED Diagnosis | It was determined that this is not a nutrition diagnosis. | 2008 |
| Increased energy expenditure | NI-1.1 | REVISED Alpha-numeric term code: NI-1.2 changed to NI-1.1. | Renumbering of terms in this class due to deleted diagnoses. | 2013 |
| | | REVISED Etiology: Anabolism or growth changed to <i>Physiological causes increasing nutrient needs due to anabolism, growth, maintenance of body temperature</i> | E was revised to include an additional cause/contributing factor. | 2009 |
| | | REVISED Sign/Symptom: Unintentional weight loss of $\geq 10\%$ in 6 months, $\geq 5\%$ in 1 month changed to <i>Unintentional weight loss of $\geq 10\%$ in 6 months, $\geq 5\%$ in 1 month (adults and pediatrics) and $> 2\%$ in 1 week (pediatrics)</i> | S/S was revised to include pediatrics. | 2008 |
| | | ADDED Sign/Symptom: Fever | S/S is a defining characteristic. | 2008 |
| | | REVISED Sign/Symptom: Conditions associated with a diagnosis or treatment, e.g., Parkinson's disease, cerebral palsy, Alzheimer's disease, other dementia changed to <i>Conditions associated with a diagnosis or treatment, e.g., Parkinson's disease, cerebral palsy, Alzheimer's disease, cystic fibrosis, COPD</i> | S/S expanded to include cystic fibrosis and COPD. | 2008 |
| | | ADDED Sign/Symptom: Medications that increase energy expenditure | S/S is a defining characteristic. | 2008 |
| Hypometabolism (Decreased energy needs) | NI-1.3 | DELETED Diagnosis | It was determined that this is not a nutrition diagnosis. | 2008 |

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|---------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| Inadequate* energy intake | NI-1.2 | REVISED Alpha-numeric term code: NI-1.4 changed to NI-1.2. | Renumbering of terms in this class due to deleted diagnoses. | 2013 |
| | | REVISED Label: Includes (*) indicating *If a synonym, or alternate word with the same meaning, for the term inadequate is helpful or needed, an approved alternate is the word suboptimal. | Included to provide alternate terminology for the word "inadequate." | 2009 |
| | | REVISED Etiology: Pathologic or physiological causes that result in increased energy requirements or decreased ability to consume sufficient energy, e.g., increased nutrient needs due to prolonged catabolic illness changed to <i>Pathologic or physiological causes that result in increased energy requirements, e.g., increased nutrient needs due to prolonged catabolic illness.</i> | Decreased ability to consume sufficient energy is separate Etiology. | 2011 |
| | | REVISED Definition: Energy intake that is less than energy expenditure, established reference standards, or recommendations based on physiological needs. Exception: when the goal is weight loss or end of life care changed to <i>Energy intake that is less than energy expenditure, established reference standards, or recommendations based on physiological needs.</i> <i>Note: May not be an appropriate nutrition diagnosis when the goal is weight loss, during end-of-life care, upon initiation of EN/PN, or acute stressed state (e.g., surgery, organ failure).</i> <i>Whenever possible, nutrient intake data should be considered in combination with clinical, biochemical, anthropometric information, medical diagnosis, clinical status, and/or other factors as well as diet to provide a valid assessment of nutritional status based on a totality of the evidence. (Dietary Reference Intakes. Applications in Dietary Assessment. Institute of Medicine. Washington, D.C.: National Academy Press; 2000.)</i> | Clarifies when the nutrition diagnosis may not be appropriate; however, professional judgement is required. Other supporting data are desirable for identifying this nutrition diagnosis. | 2009 |
| | | DELETED Sign/Symptom: ↓Cholesterol | S/S is not a defining characteristic since it is not directly related to energy intake; it is related to malnutrition. | 2008 |
| | | REVISED Sign/Symptom: Weight loss changed to <i>Failure to gain or maintain appropriate weight</i> | Revised S/S for clarity. | 2008 |
| | | ADDED Sign/Symptom: Conditions associated with diagnosis or treatment, e.g., mental illness, eating disorders, dementia, alcoholism, substance abuse, and acute or chronic pain management | S/S is a defining characteristic. | 2008 |
| | | ADDED Sign/Symptom: Medications that affect appetite. | S/S is a defining characteristic. | 2008 |

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| Excessive energy intake | NI-1.3 | REVISED Alpha-numeric term code: NI-1.5 changed to NI-1.3. | Renumbering of terms in this class due to deleted diagnoses. | 2013 |
| | | ADDED Etiology: Failure to adjust for restricted mobility due to recovery from injury, surgical procedure, other | Etiology is a cause or contributing factor. | 2011 |
| | | REVISED Definition: Energy intake(e.g., oral, EN/PN, IV, medications) that exceeds energy expenditure, established reference standards, or recommendations based on physiological needs. Exception: when weight gain is desired changed to <i>Energy intake(e.g., oral, EN/PN, IV, medications) that exceeds energy expenditure, established reference standards, or recommendations based on physiological needs. May not be appropriate nutrition diagnosis when weight gain is desired.</i> | Clarifies when the nutrition diagnosis may not be appropriate, however, professional judgement is required. | 2009 |
| | | REVISED Definition: Energy intake that exceeds energy expenditure, established reference standards, or recommendations based on physiological needs. Exception: when weight gain is desired changed to <i>Energy intake(e.g., oral, EN/PN, IV, medications) that exceeds energy expenditure, established reference standards, or recommendations based on physiological needs. Exception: when weight gain is desired</i> | Revised definition to clarify that energy intake is from all sources including for example, oral, EN/PN, IV and medications not just Excessive Oral Food and Beverage Intake NI-2.2. | 2008 |
| | | DELETED Etiology: Mental illness, depression | Etiology is associated with Excessive Oral Intake NI-2.2. | 2008 |
| | | ADDED Etiology: Calories unaccounted for from IV infusion and/or medications | Etiology is a cause or contributing factor. | 2008 |
| | | DELETED Sign/Symptom: Hyperglycemia | S/S is not a defining characteristic. | 2008 |
| | | DELETED Sign/Symptom: Hypokalemia < 3.5 mEq/L | S/S is not a defining characteristic. | 2008 |
| | | DELETED Sign/Symptom: Hypophosphatemia <1.0 mEq/L | S/S is not a defining characteristic. | 2008 |
| | | REVISED Sign/Symptom: Abnormal liver function tests changed to <i>Abnormal liver function tests after prolonged exposure (3-6 weeks)</i> | Revision for clarity. | 2008 |
| | | REVISED Sign/Symptom: BMI > 25 changed to <i>BMI > 25 (adults), BMI > 95th percentile (pediatrics)</i> | S/S revised to include pediatrics. | 2008 |
| | | DELETED Sign/Symptom: Conditions associate with a diagnosis or treatment of, e.g., obesity, overweight, metabolic syndrome, depression, or anxiety disorder | S/S is associated with Excessive Oral Food and Beverage Intake NI-2.2 and already documented there. | 2008 |
| | | Predicted suboptimal energy intake | NI-1.4 | REVISED Alpha-numeric term code: NI-1.6 changed to NI-1.4. |
| ADDED Diagnosis | It was determined that this is a nutrition diagnosis. | | | 2011 |

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| Predicted excessive energy intake | NI-1.5 | REVISED Alpha-numeric term code: NI-1.7 changed to NI-1.5. | Renumbering of terms in this class due to deleted diagnoses. | 2013 |
| | | ADDED Diagnosis | It was determined that this is a nutrition diagnosis. | 2011 |
| Class: Oral or Nutrition Support Intake (2) | | | | |
| Inadequate* oral intake | NI-2.1 | REVISED Label: Inadequate* oral food/beverage intake changed to <i>Inadequate* oral intake</i> . | Shorten and improved wording for infants on formula. | 2011 |
| | | ADDED Definition Note: This nutrition diagnosis does not include intake via oroenteric tube. | Clarification because 'food/beverage' removed from label. | 2011 |
| | | REVISED Label: Includes (*) indicating *If a synonym, or alternate word with the same meaning, for the term inadequate is helpful or needed, an approved alternate is the word suboptimal. | Provide alternate terminology for the word "inadequate." | 2009 |
| | | REVISED Definition: Oral food/beverage intake that is less than established reference standards or recommendations based on physiological needs. Exception: when the goal is weight loss or during end of life care changed to <i>Oral food/beverage intake that is less than established reference standards or recommendations based on physiological needs. May not be an appropriate nutrition diagnosis when the goal is weight loss, during end-of-life care, upon initiation of feeding, or during combined oral/EN/PN therapy. Whenever possible, nutrient intake data should be considered in combination with clinical, biochemical, anthropometric information, medical diagnosis, clinical status, and/or other factors as well as diet to provide a valid assessment of nutritional status based on a totality of the evidence. (Dietary Reference Intakes. Applications in Dietary Assessment. Institute of Medicine. Washington, D.C.: National Academy Press; 2000.)</i> | Clarifies when the nutrition diagnosis may not be appropriate; however, professional judgement is required. Other supporting data are desirable for identifying this nutrition diagnosis. | 2009 |
| | | ADDED Sign/Symptom: Clinical evidence of vitamin/mineral deficiency | S/S is a defining characteristic. | 2011 |
| | | ADDED Sign/Symptom: Limited food/beverage intake inconsistent with nutrition reference standards for type, variety, diet quality | S/S is a defining characteristic. | 2011 |
| | | ADDED Sign/Symptom: Inappropriate reliance on foods, food groups, supplements or nutrition support | S/S is a defining characteristic. | 2011 |
| | | REVISED Sign/Symptom: Conditions associated with a diagnosis or treatment of catabolic illness such as AIDS, tuberculosis, anorexia nervosa, sepsis or infection from recent surgery, depression, acute or chronic pain changed to <i>Conditions associated with a diagnosis or treatment of catabolic illness such as AIDS, tuberculosis, anorexia nervosa, sepsis or infection from recent surgery, depression, acute or chronic pain, developmental disability, sensory processing issues, prematurity, long-term nutrition support, chronic disease.</i> | Includes developmental disability, sensory processing issues, prematurity, long-term nutrition support, chronic disease. | 2011 |
| | | | | 2008 |

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|--------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------|
| Excessive oral intake | NI-2.2 | REVISED Label: Inadequate* oral food/beverage intake changed to <i>Inadequate* oral intake</i> . | Food/beverage removed to shorten and improved wording for infants on formula. | 2011 |
| | | ADDED Definition Note: This nutrition diagnosis does not include intake via oroenteric tube. | Clarification because 'food/beverage' removed from label. | 2011 |
| | | ADDED Etiology: Decreased ability to consume sufficient energy, e.g., increased nutrient needs due to prolonged catabolic illness | Etiology is a cause or contributing factor. | 2011 |
| | | ADDED Etiology: Limited food acceptance due to physiological or behavioral issues, aversion, or harmful beliefs/attitudes | Etiology is a cause or contributing factor. | 2011 |
| | | REVISED Etiology: Mental illness, depression changed to <i>Psychological causes such as depression and disordered eating</i> | Consistency in phrasing among other diagnoses. | 2011 |
| | | REVISED Definition: Oral food/beverage intake that exceeds estimated energy needs, established reference standards, or recommendations based on physiological needs. Exception: when weight gain is desired changed to <i>Oral food/beverage intake that exceeds estimated energy needs, established reference standards, or recommendations based on physiological needs. Note: May not be an appropriate nutrition diagnosis when weight gain is desired.</i> | Clarifies when the nutrition diagnosis may not be appropriate, however, professional judgement is required. | 2009 |
| | | REVISED Definition: Oral food/beverage intake that exceeds energy expenditure, established reference standards, or recommendations based on physiological needs. Exception: when weight gain is desired changed to <i>Oral food/beverage intake that exceeds estimated energy needs, established reference standards, or recommendations based on physiological needs. Exception: when weight gain is desired.</i> | Definition revised to say "estimated energy needs" instead of energy expenditure since this is more accurate. | 2008 |
| | | ADDED Etiology: Mental illness, depression | Etiology is a cause or contributing factor. | 2008 |
| | | DELETED Sign/Symptom: Variable high blood glucose levels | S/S is not a defining characteristic. | 2008 |
| | | DELETED Sign/Symptom: Abnormal Hgb A1C | S/S is not a defining characteristic. | 2008 |
| | | DELETED Sign/Symptom: Resting metabolic rate measurement reflecting excess intake, e.g., respiratory quotient >1.0 | S/S is not a defining characteristic. | 2008 |
| DELETED Sign/Symptom: Evidence of acanthosis nigricans | S/S is not a defining characteristic. | 2008 | | |

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| Inadequate*enteral (EN) nutrition infusion | NI-2.3 | REVISED Label: Inadequate* intake from enteral/parenteral nutrition changed to <i>Inadequate*enteral (EN) nutrition infusion</i> | Diagnoses for EN/PN separated. | 2011 |
| | | REVISED Definition: Enteral or parenteral infusion that provides fewer calories or nutrients compared to established reference standards or recommendations based on physiological needs changed to <i>Enteral infusion that provides fewer calories or nutrients compared to established reference standards or recommendations based on physiological needs.</i> | Diagnoses for EN/PN separated. | 2011 |
| | | DELETED Etiology and Sign/Symptom references to PN. | Diagnoses for EN/PN separated. | 2011 |
| | | REVISED Label: Includes (*) indicating *If a synonym, or alternate word with the same meaning, for the term inadequate is helpful or needed, an approved alternate is the word suboptimal. | Included to provide alternate terminology for the word "inadequate." | 2009 |
| | | REVISED Definition: Enteral or parenteral infusion that provides fewer calories or nutrients compared to established reference standards or recommendations based on physiological needs. Exception: when recommendation is for weight loss or during end of life care changed to <i>Enteral or parenteral infusion that provides fewer calories or nutrients compared to established reference standards or recommendations based on physiological needs. Note: May not be an appropriate nutrition diagnosis when recommendation is for weight loss, during end-of-life care, upon initiation of feeding, or during acute stressed states (e.g., surgery, organ failure). Whenever possible, nutrient intake data should be considered in combination with clinical, biochemical, anthropometric information, medical diagnosis, clinical status, and/or other factors as well as diet to provide a valid assessment of nutritional status based on a totality of the evidence. (Dietary Reference Intakes. Applications in Dietary Assessment. Institute of Medicine. Washington, D.C.: National Academy Press; 2000.)</i> | Clarifies when the nutrition diagnosis may not be appropriate, however, professional judgement is required. Other supporting data are desirable for identifying this nutrition diagnosis. | 2009 |
| | | DELETED Sign/Symptom: Cholesterol < 160 mg/dL (4.16 mmol/L) | S/S is not a defining characteristic. | 2008 |
| | | REVISED Sign/Symptom: Vitamin K—Prolonged prothrombin time (PT), partial thromboplastin time (PTT) changed to <i>Vitamin K—international normalized ratio (INR).</i> | INR is used in practice rather than PTT. | 2008 |

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| Excessive enteral (EN) nutrition infusion | NI-2.4 | REVISED Label: Excessive intake from enteral/parenteral nutrition changed to <i>Excessive enteral (EN) nutrition infusion</i> | Diagnoses for EN/PN separated. | 2011 |
| | | REVISED Definition: Enteral or parenteral infusion that provides more calories or nutrients compared to established reference standards or recommendations based on physiological needs changed to <i>Enteral infusion that provides more calories or nutrients compared to established reference standards or recommendations based on physiological needs.</i> | Diagnoses for EN/PN separated. | 2011 |
| | | DELETED Etiology references to PN. | Diagnoses for EN/PN separated. | 2011 |
| | | DELETED Sign/symptom: Elevated liver enzymes | S/S is indicator related to PN. Moved to NI-2.7. | 2011 |
| | | REVISED Sign/symptom: Estimated intake from enteral or parenteral nutrients that is consistently more than recommended intake for carbohydrate, protein, and fat (e.g., 36 kcal/kg for well, active adults, 25 kcal/kg or as measured by indirect calorimetry for critically ill adults, 0.8 g/kg protein for well adults, 1.5 g/kg protein for critically ill adults, 4 mg/kg/minute of dextrose for critically ill adults, 1.2 g/kg lipid for adults, or 3 g/kg for children)* changed to <i>Estimated intake from enteral or parenteral nutrients that is consistently more than recommended intake for carbohydrate, protein, and fat—especially relate to patient/client's ability to consume an oral diet that meets needs at this point in time.</i> | Diagnoses for EN/PN separated. | 2011 |
| | | | | 2008 |

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| Less than optimal enteral nutrition composition or modality | NI-2.5 | REVISED Label: Less than optimal enteral nutrition changed to <i>Less than optimal enteral nutrition composition or modality</i> | Relabeled for clarification. | 2013 |
| | | REVISED Label: Inappropriate Infusion of Less than Optimal Enteral or Parenteral Nutrition changed to <i>Less than Optimal Enteral Nutrition</i> | Diagnosis relabeled. | 2011 |
| | | DELETED Label note: Use with caution—only after discussion with other health team members | Diagnosis relabeled. | 2011 |
| | | DELETED Etiology reference to PN. | Diagnoses for EN/PN separated. | 2011 |
| | | DELETED Sign/symptom :Abnormal liver function tests in patient/client on long-term (more than 3-6 weeks) nutrition support. | S/S is indicator related to PN. Moved to NI-2.7. | 2011 |
| | | ADDED Sign/symptom: Formula composition or type that is inconsistent with evidence-based practice | S/S is indicator of this diagnosis. | 2011 |
| | | ADDED Sign/symptom: Verbalizations or written responses that are inaccurate or incomplete | S/S is indicator of this diagnosis. | 2011 |
| | | DELETED Sign/symptom :Complications such as fatty liver in the absence of other causes | S/S is indicator related to PN. Moved to NI-2.7. | 2011 |
| | | ADDED Sign/symptom: Resolving or improved GI function | S/S is indicator of this diagnosis. | 2011 |
| | | ADDED Sign/symptom: Conditions associated with a diagnosis or treatment, e.g., major elective surgery, trauma, burns, head and neck cancer, and critically ill patients, acute lung injury, acute respiratory distress syndrome, treatments/therapy requiring interruption of infusion, transfer of nutrition care to a new setting or level of care, end of life care. | S/S is indicator of this diagnosis. | 2011 |
| | | | | 2008 |
| Inadequate* parenteral nutrition infusion | NI-2.6 | ADDED Diagnosis | Diagnoses for EN/PN separated. | 2011 |
| Excessive parenteral nutrition infusion | NI-2.7 | ADDED Diagnosis | Diagnoses for EN/PN separated. | 2011 |
| Less than optimal parenteral nutrition composition or modality | NI-2.8 | REVISED Label: Less than optimal enteral nutrition changed to <i>Less than optimal enteral nutrition composition or modality</i> | Relabeled for clarification. | 2013 |
| | | ADDED Diagnosis | Diagnoses for EN/PN separated. | 2011 |
| Limited food acceptance | NI-2.9 | ADDED Sign/Symptom: erratic appetite | S/S is a defining characteristic | 2013 |
| | | ADDED Diagnosis | It was determined that this is a nutrition diagnosis. | 2011 |

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| Class: Fluid Intake (3) | | | | |
| Inadequate* fluid intake | NI-3.1 | ADDED Sign/Symptoms: ↓ Urine volume, ↑ Urine specific gravity Hyperglycemia in diabetic patient/client, tachycardia and normal or hypotensive blood pressure, fever, increased respirations, flattened neck veins, increased insensible loss | S/S are defining characteristics. | 2013 |
| | | REVISED Sign/Symptom: Conditions associated with a diagnosis or treatment, e.g., Alzheimer's disease or other dementia resulting in decreased recognition of thirst, diarrhea changed to Conditions associated with a diagnosis or treatment, e.g., dementia resulting in decreased recognition of thirst, dehydration, diabetes mellitus, alterations in renal function, diarrhea, vomiting, ileostomy, colostomy, infection | Revised for clarity and expansion. | 2013 |
| | | REVISED Label: Includes (*) indicating *If a synonym, or alternate word with the same meaning, for the term inadequate is helpful or needed, an approved alternate is the word suboptimal. | Included to provide alternate terminology for the word "inadequate." | 2009 |
| | | REVISED Definition: Lower intake of fluid-containing foods or substances compared to established reference standards or recommendations based on physiological needs changed to <i>Lower intake of fluid-containing foods or substances compared to established reference standards or recommendations based on physiological needs. Note: Whenever possible, nutrient intake data should be considered in combination with clinical, biochemical, anthropometric information, medical diagnosis, clinical status, and/or other factors as well as diet to provide a valid assessment of nutritional status based on a totality of the evidence. (Dietary Reference Intakes. Applications in Dietary Assessment. Institute of Medicine. Washington, D.C.: National Academy Press; 2000.)</i> | Other supporting data are desirable for identifying this nutrition diagnosis. | 2009 |
| | | REVISED Sign/Symptom: Insufficient intake of fluid compared to requirements changed to <i>Insufficient intake of fluid compared to requirements (e.g., per body surface area)</i> | Added example for clarity. | 2008 |
| Excessive fluid intake | NI-3.2 | ADDED Sign/Symptom: ↓ Urine specific gravity | S/S is a defining characteristic. | 2013 |
| | | REVISED Sign/Symptom: Fluid intake in excess of recommended intake changed to <i>Excessive intake of fluid compared to requirements (e.g., per body surface area)</i> | Added example for clarity. | 2008 |

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| Class: Bioactive Substances (4) | | | | |
| Suboptimal bioactive substance intake | NI-4.1 | ADDED Sign/Symptom: Verbalizes inaccurate or incomplete knowledge about bioactive substances | S/S is a defining characteristic. | 2013 |
| | | REVISED Label: Inadequate bioactive substance intake changed to <i>Suboptimal bioactive substance intake</i> . | Bioactive substances are not included as part of the Dietary Reference Intakes, and therefore there are no established minimum requirements so it was determined that “suboptimal” was a better label. | 2011 |
| | | REVISED Definition note: Working definition of bioactive substances—physiologically active components of foods that may have an effect on offer health benefits beyond traditional macro- or micronutrient requirements changed to <i>Working definition of bioactive substances—physiologically active components of foods that may have an effect on health</i> . | Clarify that bioactive substances includes substances that may have positive or negative effect on health. | 2011 |
| | | ADDED Sign/Symptom: Other substances (for which scientific evidence exists and a recommended intake level has been established) | Clarify that items, other than those listed, may be considered bioactive. | 2011 |
| | | REVISED Label: Includes (*) indicating *If a synonym, or alternate word with the same meaning, for the term inadequate is helpful or needed, an approved alternate is the word suboptimal. | Included to provide alternate terminology for the word “inadequate.” | 2009 |
| | | REVISED Definition: Lower intake of bioactive substances compared to established reference standards or recommendations based on physiological needs. *Bioactive substances are the physiologically active components of foods changed to <i>Lower intake of bioactive substances compared to established reference standards or recommendations based on physiological needs</i> . <i>Note: Bioactive Substances are not included as part of the Dietary Reference Intakes, and therefore there are no established minimum requirements or tolerable upper limits. However, RDs can assess whether estimated intakes are adequate or excessive using the patient/client goal or nutrition prescription for comparison. Working definition of bioactive substances—physiologically active components of foods that may offer health benefits beyond traditional macro- or micro-nutrient requirements. There is not scientific consensus about a definition for bioactive substances/components.</i> | Includes more complete working definition. Other supporting data are desirable for identifying this nutrition diagnosis. | 2009 |
| | | ADDED: Definition of bioactive substances. | Definition added for clarity. | 2008 |
| | | DELETED Sign/Symptom: Lack of available foods/products with bioactive substance in markets. | S/S removed as this is an etiology and is already noted. | 2008 |
| | | DELETED Sign/Symptom: Discomfort or pain associated with intake of foods rich in bioactive substances, e.g., soluble fiber, β-glucan, soy protein. | S/S is not a defining characteristic. | 2008 |

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| Excessive bioactive substance intake | NI-4.2 | ADDED Sign/Symptom: Verbalizes inaccurate or incomplete knowledge about bioactive substances | S/S is a defining characteristic. | 2013 |
| | | REVISED Definition note: Working definition of bioactive substances—physiologically active components of foods that may have an effect on offer health benefits beyond traditional macro- or micronutrient requirements changed to <i>Working definition of bioactive substances—physiologically active components of foods that may have an effect on health.</i> | Clarify that bioactive substances includes substances that may have positive or negative effect on health. | 2011 |
| | | REVISED Etiology: Food- and nutrition-related knowledge deficit concerning recommended bioactive substance intake changed to <i>Food- and nutrition-related knowledge deficit concerning recommended bioactive substance intake including food additives</i> | E includes lack of labeling as cause or contributing risk factor. | 2011 |
| | | REVISED Etiology: Contamination, misname, mislabel changed to <i>Contamination, misname, mislabel or lack of labeling.</i> | E includes lack of labeling as cause or contributing risk factor. | 2011 |
| | | ADDED Etiology: Lack of or limited access to appropriate foods, e.g., inadequate markets with labeled food. | E is cause or contributing risk factor. | 2011 |
| | | REVISED Sign/Symptom: Constipation or diarrhea related to estimated intake higher than recommended changed to <i>Constipation, diarrhea, nausea, stomach pain, gas, cramps or bloating, vomiting, heartburn.</i> | S/S includes related concepts to original S/S. | 2011 |
| | | ADDED Sign/Symptom: Headache/migraine | S/S is a defining characteristic. | 2011 |
| | | ADDED Sign/Symptom: Hives, flushing | S/S is a defining characteristic. | 2011 |
| | | ADDED Sign/Symptom: Irritability or nervousness | S/S is a defining characteristic. | 2011 |
| | | ADDED Sign/Symptom: Other substances (for which scientific evidence exists and a recommended intake level has been established) | Clarify that items, other than those listed, may be considered bioactive. | 2011 |
| | | ADDED Sign/Symptom: Intake of food additives for which patient/client is intolerant, e.g., yellow 5, 6, safole, FD&C Red #4, carmine, MSG, sulfites | S/S is a defining characteristic. | 2011 |
| | | REVISED Sign/Symptom: Conditions associated with a diagnosis or treatment, e.g., cardiovascular disease, elevated cholesterol, hypertension changed to <i>Conditions associated with a diagnosis or treatment, e.g., cardiovascular disease, elevated cholesterol, hypertension, asthma</i> | S/S includes asthma. | 2011 |
| | | REVISED Definition: Higher intake of bioactive substances compared to established reference standards or recommendations based on physiological needs. *Bioactive substances are the physiologically active components of foods changed to <i>Higher intake of bioactive substances compared to established reference standards or recommendations based on physiological needs. Working definition of bioactive substances—physiologically active components of foods that may offer health benefits beyond traditional macro- or micro-nutrient requirements. There is not scientific consensus about a definition for bioactive substances/components.</i> | Includes more complete working definition of bioactive substances. | 2009 |
| | | ADDED: Definition of bioactive substances. | Definition added for clarity. | 2008 |

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| Excessive alcohol intake | NI-4.3 | REVISED Sign/symptom: *1 drink = 5 oz wine, 12 oz beer, 1.0 oz distilled alcohol changed to *1 drink = 5 oz wine, 12 oz beer, 1.5 oz distilled alcohol. | S/S revised for accuracy. | 2009 |
| | | DELETED Sign/Symptom: Unexplained falls | S/S is not a defining characteristic. | 2008 |
| Class: Nutrient (5) | | | | |
| Increased nutrient needs (specify) | NI-5.1 | DELETED Sign/Symptom: Food- and nutrition-related knowledge deficit concerning sufficient nutrient intake. | S/S is not a defining characteristic. | 2011 |
| | | ADDED Sign/Symptom: Low percent body fat and muscle mass | S/S is a defining characteristic. | 2011 |
| | | ADDED Sign/Symptom: Athletes or active individuals engaged in intense physical activity | S/S is a defining characteristic. | 2011 |
| | | DELETED Sign/Symptom: Fever | Fever is a defining characteristic of Increased Energy Expenditure NI-1.2 and it was added there to the S/Ss. | 2008 |

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| Malnutrition | NI-5.2 | REVISED Definition: Inadequate intake of protein and/or energy over prolonged periods of time resulting in loss of fat stores and/or muscle wasting including starvation-related malnutrition, chronic disease-related malnutrition and acute disease or injury-related malnutrition changed to <i>Inadequate intake of protein and/or energy over prolonged periods of time resulting in loss of fat stores and/or muscle stores including starvation-related malnutrition, chronic disease or condition-related malnutrition and acute disease or injury-related malnutrition.</i> | For consistency with Academy/ASPEN collaboration efforts. For additional information visit http://www.eatright.org/coverage/ . | 2013 |
| | | REVISED Etiology: Lack of or limited access to food, e.g., economic constraints, restricting food given to elderly and/or children changed to <i>Lack of or limited access to food, e.g., economic constraints, restricting food given to elderly and/or children, neglect or abuse</i> | E revised for expansion. | 2013 |
| | | REVISED Sign/Symptom: BMI < 18.5 indicates underweight; BMI for older adults (older than 65 years) < 23; BMI < 5th percentile in children changed to <i>BMI < 18.5 indicates underweight; BMI for older adults (older than 65 years) < 22; BMI < 5th percentile in children</i> | For consistency with Academy/ASPEN collaboration. | 2013 |
| | | REVISED Sign/Symptom: Weight loss, adults, of > 20% in 1 year, > 10% in 6 months, > 7.5% in 3 months, > 5% in 1 month, > 1 to 2% in 1 week changed to <i>Unintended weight loss, adults, of > 20% in 1 year, > 10% in 6 months, > 7.5% in 3 months, > 5% in 1 month, > 1 to 2% in 1 week</i> | For consistency with Academy/ASPEN collaboration. | 2013 |
| | | REVISED Sign/Symptom: Underweight with muscle wasting changed to <i>Underweight with loss of fat and/or muscle</i> | For consistency with Academy/ASPEN collaboration. | 2013 |
| | | REVISED Sign/Symptom: Localized or generalized fluid accumulation changed to <i>Localized or generalized fluid accumulation (extremities, vulvar/scrotal, acites)</i> | For consistency with Academy/ASPEN collaboration. | 2013 |
| | | REVISED Sign/Symptom: Change in functional indicators, e.g., i.e., grip strength or other measures of physical activity function and/or strength changed to <i>Change in functional indicators, i.e., grip strength</i> | For consistency with Academy/ASPEN collaboration. | 2013 |
| | | REVISED Sign/Symptom: Estimated energy intake from diet less than estimated or measured RMR changed to <i>Estimated energy intake < 50-75% of estimated or measured RMR</i> | For consistency with Academy/ASPEN collaboration. | 2013 |
| | | REVISED Definition: Inadequate intake of protein and/or energy over prolonged periods of time resulting in loss of fat stores and/or muscle wasting changed to <i>Inadequate intake of protein and/or energy over prolonged periods of time resulting in loss of fat stores and/or muscle wasting including starvation-related malnutrition, chronic disease-related malnutrition and acute disease or injury-related malnutrition.</i> | For consistency with ADA/ASPEN collaboration efforts. For additional information visit ADA's web page at: http://www.eatright.org/coverage/ . | 2011 |
| | | REVISED Etiology: Physiological causes increasing nutrient needs due to prolonged catabolic illness, acute or chronic or injury/trauma changed to <i>Physiological causes increasing nutrient needs due to illness, acute or chronic or injury/trauma</i> | E eliminates "prolonged catabolic" to clarify that any illness may be included. | 2011 |

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| Malnutrition, cont. | NI-5.2 | REVISED Etiology: Cultural practices that affect the ability to access food changed to <i>Cultural practices or religious that affect the ability to access food</i> | E includes religious practices also. | 2011 |
| | | ADDED Sign/symptom: Malnutrition can occur at any weight/BMI | For consistency with ADA/ASPEN collaboration efforts. For additional information visit ADA's web page at: http://www.eatright.org/coverage/ . | 2011 |
| | | REVISED Sign/symptom: BMI < 18.5 indicates underweight; BMI for older adults (older than 65 years) < 23 changed to <i>BMI < 18.5 indicates underweight; BMI for older adults (older than 65 years) < 23; BMI < 5th percentile in children</i> | Added BMI parameter for pediatrics. | 2011 |
| | | REVISED Sign/symptom: Weight loss, adults > 10% in 6 months, > 5% in 1 month changed to <i>Weight loss, adults, of > 20% in 1 year, > 10% in 6 months, > 7.5% in 3 months, > 5% in 1 month, > 1-2% in 1 week</i> | For consistency with ADA/ASPEN collaboration efforts. For additional information visit ADA's web page at: http://www.eatright.org/coverage/ . | 2011 |
| | | DELETED Sign/symptom: Uncomplicated malnutrition: Thin, wasted appearance; severe muscle wasting; minimal body fat; sparse, thin, dry, easily pluckable hair; dry, thin skin; obvious bony prominences, temporal wasting; lowered body temperature, blood pressure, heart rate; changes in hair or nails consistent with insufficient protein intake | For consistency with ADA/ASPEN collaboration efforts. | 2011 |
| | | DELETED Sign/symptom: Disease/trauma related malnutrition: Thin to normal appearance, with peripheral edema, ascites, or anasarca; edema of the lower extremities; some muscle wasting with retention of some body fat; dyspigmentation of hair (flag sign) and skin | For consistency with ADA/ASPEN collaboration efforts. | 2011 |
| | | DELETED Sign/symptom: Delayed wound healing | For consistency with ADA/ASPEN collaboration efforts. | 2011 |
| | | ADDED Sign/symptom: Loss of subcutaneous fat, e.g., orbital, triceps, fat overlying the ribs and/or muscle wasting, e.g., wasting of the temples (temporalis muscle), clavicles (pectoralis & deltoids), shoulders (deltoids), interosseous muscles, scapula (latissimus dorsi, trapezius, deltoids), thigh (quadriceps) and calf (gastrocnemius). | For consistency with ADA/ASPEN collaboration efforts. | 2011 |
| | | ADDED Sign/symptom: Localized or generalized fluid accumulation | For consistency with ADA/ASPEN collaboration efforts. | 2011 |
| | | ADDED Sign/symptom: Unable or unwilling to eat sufficient energy/protein to maintain a healthy weight | For consistency with ADA/ASPEN collaboration efforts. | 2011 |
| | | Estimated intake of high-quality protein less than estimated requirements | For consistency with ADA/ASPEN collaboration efforts. | 2011 |
| | | ADDED Sign/symptom: Change in functional indicators, e.g., grip strength or other measures of physical activity and/or strength | For consistency with ADA/ASPEN collaboration efforts. | 2011 |

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| Malnutrition, cont. | NI-5.2 | DELETED Sign/symptom: Chronic or acute disease or trauma, geographic location and socioeconomic status associated with altered nutrient intake of indigenous phenomenon | For consistency with ADA/ASPEN collaboration efforts. | 2011 |
| | | DELETED Sign/symptom: Severe protein and/or nutrient malabsorption (e.g., extensive bowel resection) | For consistency with ADA/ASPEN collaboration efforts. | 2011 |
| | | DELETED Sign/symptom: Enlarged fatty liver | For consistency with ADA/ASPEN collaboration efforts. | 2011 |
| | | ADDED Sign/symptom: Anorexia nervosa, benign esophageal stricture, and anything that results in limited access to food (associated with starvation-related malnutrition) | For consistency with ADA/ASPEN collaboration efforts. | 2011 |
| | | ADDED Sign/symptom: Organ failure, malignancies, rheumatoid diseases, gastrointestinal diseases, sarcopenic obesity, malabsorptive syndromes, and other etiologies including but not limited to diabetes, congestive heart failure and chronic obstructive pulmonary disease (associated with chronic disease-related malnutrition) | For consistency with ADA/ASPEN collaboration efforts. | 2011 |
| | | ADDED Sign/symptom: Major infections such as; sepsis, pneumonia, peritonitis, and wound infections, major burns, trauma, closed head injury, acute lung injury, adult respiratory distress syndrome, and selected major surgeries (associated with acute disease or injury-related malnutrition) | For consistency with ADA/ASPEN collaboration efforts. | 2011 |
| | | ADDED Sign/symptom: Existing medical diagnosis of malnutrition including starvation-related malnutrition, chronic disease-related malnutrition and acute disease or injury-related malnutrition. | For consistency with ADA/ASPEN collaboration efforts. | 2011 |
| | | REVISED Label: Evident protein-energy malnutrition changed to <i>Malnutrition</i> | L revised for clarity. | 2009 |
| | | DELETED Sign/symptom: Albumin notations removed and (*) inserted indicating * In the past, hepatic transport protein measures (e.g. albumin and pre-albumin) were used as indicators of malnutrition. The sensitivity of these as nutrition indicators has been questioned. An ADA evidence-analysis project is evaluating the body of science. | S/S is not a defining characteristic. | 2009 |
| | | REVISED Sign/symptom: BMI < 18.5 indicates underweight changed to <i>BMI < 18.5 indicates underweight; BMI for older adults (older than 65 years) < 23</i> | Expanded to include special parameter for >65. | 2009 |
| | | REVISED Sign/symptom: Weight loss of > 10% in 6 months changed to <i>Weight loss, adults, of > 10% in 6 months, 5% in 1 month</i> | Expanded to include parameter for % change in one month. | 2009 |
| | | REVISED Sign/symptom: Normal or slightly underweight, stunted growth in children changed to <i>Growth, pediatrics, not gaining weight as expected and/or a shift downward in their growth percentiles, crossing two or more percentiles on their growth charts.</i> | S/S is more accurate. | 2009 |
| | | | | 2008 |

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| Inadequate* protein-energy intake | NI-5.3 | ADDED Etiology: Decreased ability to consume sufficient protein and/or energy | E is cause or contributing factor. | 2011 |
| | | REVISED Etiology: Cultural practices that affect ability to access food changed to <i>Cultural or religious practices that affect ability to access food</i> | E includes religious practices also. | 2011 |
| | | REVISED Sign/symptom: Weight loss of 7% during past 3 months, in adults, any weight loss in children changed to <i>Weight loss of 5%->7% during past in 3 months, >5% in one month, 1-2% in 1 week in adults, any weight loss or failure to gain weight in children</i> | S/S includes more specific weight loss or failure parameters for adults and pediatrics. | 2011 |
| | | DELETED Sign/symptom: Normal or slightly underweight | S/S more accurately covered in revised S/S above. | 2011 |
| | | REVISED Label: Includes (*) indicating *If a synonym, or alternate word with the same meaning, for the term inadequate is helpful or needed, an approved alternate is the word suboptimal. | Included to provide alternate terminology for the word "inadequate." | 2009 |
| | | REVISED Definition: Inadequate intake of protein and/or energy compared to established reference standards or recommendations based on physiological needs of short or recent duration changed to <i>Inadequate intake of protein and/or energy compared to established reference standards or recommendations based on physiological needs of short or recent duration. Note:Whenever possible, nutrient intake data should be considered in combination with clinical, biochemical, anthropometric information, medical diagnosis, clinical status, and/or other factors as well as diet to provide a valid assessment of nutritional status based on a totality of the evidence. (Dietary Reference Intakes. Applications in Dietary Assessment. Institute of Medicine. Washington, D.C.: National Academy Press; 2000.)</i> | Other supporting data are desirable for identifying this nutrition diagnosis. | 2009 |
| | | | | 2008 |
| Decreased nutrient needs (specify) | NI-5.4 | | | 2008 |

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| Imbalance of nutrients | NI-5.5 | REVISED Definition: An undesirable combination of ingested nutrients, such that the amount of one nutrient ingested interferes with or alters absorption and/or utilization of another nutrient changed to <i>An undesirable combination of nutrients, such that the amount of one nutrient interferes with or alters absorption and/or utilization of another nutrient</i> | Removed the word “ingested” from definition as etiologies and signs/symptoms include parenteral issues. | 2009 |
| | | ADDED Etiology: Insufficient electrolyte replacement when initiating feeding (PN/EN including oral) | E added as this is a cause or contributing factor. | 2008 |
| | | ADDED Sign/Symptom: Severe hypophosphatemia (↑carbohydrate) | S/S added to be consistent with etiology. | 2008 |
| | | ADDED Sign/Symptom: Severe hypokalemia (↑ protein) | S/S added to be consistent with etiology. | 2008 |
| | | ADDED Sign/Symptom: Severe hypomagnesemia (↑carbohydrate) | S/S added to be consistent with etiology. | 2008 |
| | | ADDED Sign/Symptom: Refeeding syndrome | S/S is a defining characteristic. | 2008 |

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|--------------------------------------------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| Sub-Class: Fat and Cholesterol (51) | | | | |
| Inadequate* fat intake | NI-5.6.1 | ADDED Sign/Symptoms: Verbalizes inaccurate or incomplete knowledge and Cultural or religious practices that affect intake | S/S are defining characteristics. | 2013 |
| | | REVISED Label: Includes (*) indicating *If a synonym, or alternate word with the same meaning, for the term inadequate is helpful or needed, an approved alternate is the word suboptimal. | Included to provide alternate terminology for the word "inadequate." | 2009 |
| | | REVISED Definition: Lower fat intake compared to established reference standards or recommendations based on physiological needs. Exception: when the goal is weight loss or during end-of-life care changed to <i>Lower fat intake compared to established reference standards or recommendations based on physiological needs. Note: May not be an appropriate nutrition diagnosis when the goal is weight loss or during end-of-life care. Whenever possible, nutrient intake data should be considered in combination with clinical, biochemical, anthropometric information, medical diagnosis, clinical status, and/or other factors as well as diet to provide a valid assessment of nutritional status based on a totality of the evidence. (Dietary Reference Intakes. Applications in Dietary Assessment. Institute of Medicine. Washington, D.C.: National Academy Press; 2000).</i> | Clarifies when the nutrition diagnosis may not be appropriate, however, professional judgement is required. Other supporting data are desirable for identifying this nutrition diagnosis. | 2009 |
| | | ADDED Etiology: Alteration in gastrointestinal tract structure and/or function | E added as this is a cause or contributing factor. | 2009 |
| | | ADDED Sign/Symptom: Impaired growth | S/S is a defining characteristic according to the DRI discussion related to EFAD. | 2008 |
| | | REVISED Sign/Symptom: Rough, scaly skin consistent with essential fatty acid deficiency changed to <i>Scaly skin and dermatitis consistent with essential fatty acid deficiency</i> | Revised S/S clarified to include dermatitis associated with EFAD. | 2008 |
| | | REVISED Sign/Symptom: Intake of essential fatty acid-containing foods consistently providing less than 10% of energy changed to <i>Intake of essential fatty acids less than 10% of energy (primarily associated with PN)</i> | Revised S/S for clarity. | 2008 |

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|---------------------------|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------|
| Excessive fat intake | NI-5.6.2 | ADDED Etiology: Physiological causes decreasing total fat needs or recommendations | E is a cause or contributing factor. | 2013 |
| | | ADDED Signs/Symptoms: Verbalizes inaccurate or incomplete knowledge and Verbalizes unsupported beliefs and attitudes | S/S are defining characteristics. | 2013 |
| | | REVISED Sign/Symptom: Conditions associated with a diagnosis or treatment, e.g., hyperlipidemia; cystic fibrosis; angina; arterosclerosis; pancreatic; liver; and biliary diseases; post-transplantation changed to <i>Conditions associated with a diagnosis or treatment, e.g., hyperlipidemia; cystic fibrosis; angina; arterosclerosis; pancreatic; liver; and biliary diseases; post-transplantation, chyle fluid leak</i> | S/S revised for expansion of examples. | 2013 |
| | | DELETED Sign/Symptom: Triene:Tetraene ratio > 0.4 | S/S is not a defining characteristic. A ratio > 0.4 occurs in EFAD. | 2008 |
| | | DELETED Sign/Symptom: Evidence of skin lesions | S/S is not a defining characteristic. | 2008 |
| | | DELETED Sign/Symptom: Inadequate intake of essential lipids | S/S is not a defining characteristic. | 2008 |

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|---------------------------------------------------------------------|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------|
| Less than optimal intake of types of fats (specify) | NI-5.6.3 | REVISED Label: Inappropriate intake of fats (specify) changed to <i>Less than optimal intake of types of fats (specify)</i> | Inappropriate was considered too value-laden. | 2013 |
| | | REVISED Sign/Symptom: Frequent consumption of fats that are undesirable for condition (e.g., saturated fat, trans fat, cholesterol, n-6 fatty acids) changed to <i>Frequent consumption of fats that are undesirable for condition (e.g., saturated fat, trans fat, cholesterol, n-6 fatty acids, long-chain fatty acids)</i> | Clarified with expansion of examples. | 2013 |
| | | ADDED Sign/Symptoms: Verbalizes inaccurate or incomplete knowledge and Verbalizes unsupported beliefs and attitudes | S/S are defining characteristics. | 2013 |
| | | REVISED Sign/Symptom: Conditions associated with a diagnosis or treatment of diabetes, cardiac diseases, obesity, liver or biliary disorders change to <i>Conditions associated with a diagnosis or treatment of diabetes, cardiac diseases, obesity, liver or biliary disorders, chyle fluid leak</i> | S/S revised for expansion of examples. | 2013 |
| | | REVISED Label: Inappropriate intake of food fats (specify) changed to <i>Inappropriate intake of fats (specify)</i> | Removed the word "food" from the label since diagnosis could apply to e.g. to EN/PN, breastmilk, formula. | 2009 |
| | | REVISED Definition: Intake of wrong type or quality of food fats compared to established reference standards or recommendations based on physiological needs changed to <i>Intake of wrong type or quality of fats compared to established reference standards or recommendations based on physiological needs.</i> | Removed the word "food" in the definition. | 2009 |
| | | REVISED Etiology: Food- and nutrition-related knowledge deficit concerning type of fat (e.g., fats added to food) changed to <i>Food- and nutrition-related knowledge deficit concerning type of fat (e.g., fats added to food, formula/breastmilk)</i> | Clarified that the etiology includes issues in pediatrics. | 2009 |
| | | REVISED Sign/symptom: Estimated intake of monounsaturated, polyunsaturated, Ω -3 fatty acids less than recommended changed to <i>Estimated intake of monounsaturated, polyunsaturated, Ω-3 fatty acids, or DHA/ARA less than recommended or in suboptimal ratio.</i> | Clarified that s/s do include issues in pediatrics and may include improper ratios of fats or fatty acids. | 2009 |
| | | DELETED Sign/Symptom: Evidence of xanthomas | Xanthomas not associated with a specific type of fat. | 2008 |
| | | REVISED Sign/Symptom: Evidence of skin lesions changed to <i>Evidence of dermatitis</i> | S/S revised for clarity. | 2008 |
| DELETED Sign/Symptom: Desire to implement a Mediterranean-type diet | S/S is not a defining characteristic. | 2008 | | |

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|--------------------------------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------|
| Sub-Class: Protein (52) | | | | |
| Inadequate* protein intake | NI-5.7.1 | ADDED Sign/Symptom: Verbalizes inaccurate or incomplete knowledge | S/S is a defining characteristic | 2013 |
| | | ADDED Etiology: Decreased ability to consume sufficient protein | E is cause or contributing factor. | 2011 |
| | | REVISED Label: Includes (*) indicating *If a synonym, or alternate word with the same meaning, for the term inadequate is helpful or needed, an approved alternate is the word suboptimal. | Included to provide alternate terminology for the word "inadequate." | 2009 |
| | | REVISED Definition: Lower intake of protein compared to established reference standards or recommendations based on physiological needs changed to <i>Lower intake of protein compared to established reference standards or recommendations based on physiological needs.</i> <i>Note: Whenever possible, nutrient intake data should be considered in combination with clinical, biochemical, anthropometric information, medical diagnosis, clinical status, and/or other factors as well as diet to provide a valid assessment of nutritional status based on a totality of the evidence. (Dietary Reference Intakes. Applications in Dietary Assessment. Institute of Medicine. Washington, D.C.: National Academy Press; 2000.)</i> | Other supporting data are desirable for identifying this nutrition diagnosis. | 2009 |
| | | REVISED Etiology: Food- and nutrition-related knowledge deficit concerning amount of dietary protein changed to <i>Food- and nutrition-related knowledge deficit concerning amount of protein</i> | Removed the word "dietary" from the etiology since nutrition diagnosis may be used for EN/PN. | 2009 |
| | | ADDED Sign/symptom: Edema, failure to thrive (infants/children), poor musculature, dull skin, thin and fragile hair | Other supporting data are desirable for identifying this nutrition diagnosis. | 2009 |
| | | | | 2008 |
| Excessive protein intake | NI-5.7.2 | ADDED Etiology: Food and nutrition-related knowledge deficit | E is a cause or contributing factor. | 2013 |
| | | ADDED Sign/Symptoms: Verbalizes inaccurate or incomplete knowledge and Verbalizes unsupported beliefs and attitudes | S/S are defining characteristics. | 2013 |
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|----------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------|
| Less than optimal intake of types of proteins or amino acids (specify) | NI-5.7.3 | REVISED Label: Inappropriate intake of proteins or amino acids (specify) changed to <i>Less than optimal intake of types of proteins or amino acids (specify)</i> | Inappropriate was considered value-laden. | 2013 |
| | | REVISED Label: Inappropriate intake of amino acids (specify) changed to <i>Inappropriate intake of proteins or amino acids (specify)</i> | Clarify that L includes proteins as well as amino acids. | 2011 |
| | | REVISED Definition: Intake of a type of amino acids compared to established reference standards or recommendations based on physiological needs changed to <i>Intake of a amount of a specific type of protein or amino acids compared to established reference standards or recommendations based on physiological needs.</i> | Clarify D to include proteins as well as amino acids. | 2011 |
| | | ADDED Etiology: Celiac disease, dermatitis herpetiformis | E is cause or contributing factor. | 2011 |
| | | ADDED Etiology: Cultural or religious practices that affect the ability to regulate types of protein or amino acids consumed | E is cause or contributing factor. | 2011 |
| | | ADDED Etiology: Food- and nutrition-related knowledge deficit concerning an appropriate amount of a specific types of proteins or amino acids | E is cause or contributing factor. | 2011 |
| | | ADDED Etiology: Food and nutrition compliance limitations, e.g., lack of willingness or failure to modify protein or amino acid intake in response to recommendations from a dietitian, physician, or caregiver | E is cause or contributing factor. | 2011 |
| | | ADDED Sign/symptom: Positive autoantibody levels (Anti-Ttg antibodies, EmA IgA Tissue Transglutaminase (tTG) and IgA Endomysial Antibodies (EMA)) | S/S is defining characteristic. | 2011 |
| | | ADDED Sign/symptom: Positive small bowel biopsy for celiac disease | S/S is defining characteristic. | 2011 |
| | | ADDED Sign/symptom: Weight loss, inability to gain weight, delayed growth | S/S is defining characteristic. | 2011 |
| | | ADDED Sign/symptom: Diarrhea in response to certain types of carbohydrates | S/S is defining characteristic. | 2011 |
| | | ADDED Sign/symptom: Abdominal pain, distention, constipation, reflux, GERD | S/S is defining characteristic. | 2011 |
| | | REVISED Sign/symptom: Estimated amino acid intake higher than recommended, e.g., early renal disease, advanced liver disease, inborn error of metabolism changed to <i>Estimated protein or amino acid intake higher than recommended, e.g., early renal disease, advanced liver disease, inborn error of metabolism, celiac disease</i> | S/S includes celiac disease which was moved from Inappropriate intake of types of carbohydrate. | 2011 |
| | | REVISED Sign/symptom: Estimated intake of certain types of amino acids higher than recommended for prescribed parenteral and enteral nutrition therapy changed to <i>Estimated intake of certain types of proteins or amino acids higher than recommended for prescribed parenteral and enteral nutrition therapy</i> | Clarify S/S includes proteins as well as amino acids. | 2011 |
| ADDED Sign/symptom: Limited knowledge of protein or amino acid Composition of foods or of protein or amino acid metabolism | S/S is defining characteristic. | 2011 | | |

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| Less than optimal intake of types of proteins or amino acids (specify), cont. | NI-5.7.3 | ADDED Sign/symptom: Chronic use of medications contain proteins not recommended | S/S is defining characteristic. | 2011 |
| | | ADDED Sign/symptom: Conditions associated with a diagnosis or treatment of illness that requires EN/PN therapy changed to <i>Conditions associated with a diagnosis or treatment of illness that requires EN/PN therapy, celiac disease, dermatitis herpetiformis, allergies, inborn errors of metabolism</i> | S/S clarifies that conditions include celiac disease, dermatitis herpetiformis, allergies, inborn errors of metabolism. | 2011 |
| | | REVISED Sign/symptom: Altered laboratory values, e.g., ↑ BUN, ↓ glomerular filtration rate (altered renal status); increased urinary 3-methyl-histidine changed to <i>Altered laboratory values, e.g., ↑ BUN, ↓ glomerular filtration rate (altered renal status)</i> | Removed “increased urinary 3-methyl-histidine” as this s/s is not a defining characteristic. | 2009 |
| | | | | 2008 |

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| Sub-Class: Carbohydrate and Fiber (53) | | | | |
| Inadequate* carbohydrate intake | NI-5.8.1 | ADDED Sign/Symptom: Verbalizes inaccurate or incomplete knowledge | S/S is a defining characteristic. | 2013 |
| | | REVISED Label: Includes (*) indicating *If a synonym, or alternate word with the same meaning, for the term inadequate is helpful or needed, an approved alternate is the word suboptimal. | Included to provide alternate terminology for the word "inadequate." | 2009 |
| | | REVISED Definition: Lower intake of carbohydrate compared to established reference standards or recommendations based on physiological needs changed to <i>Lower intake of carbohydrate compared to established reference standards or recommendations based on physiological needs. Note: Whenever possible, nutrient intake data should be considered in combination with clinical, biochemical, anthropometric information, medical diagnosis, clinical status, and/or other factors as well as diet to provide a valid assessment of nutritional status based on a totality of the evidence. (Dietary Reference Intakes. Applications in Dietary Assessment. Institute of Medicine. Washington, D.C.: National Academy Press; 2000.)</i> | Other supporting data are desirable for identifying this nutrition diagnosis. | 2009 |
| | | | | 2008 |
| Excessive carbohydrate intake | NI-5.8.2 | ADDED Sign/Symptom: Verbalizes inaccurate or incomplete knowledge | S/S is a defining characteristic | 2013 |
| | | | | 2008 |

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| Less than optimal intake of types of carbohydrate (specify) | NI-5.8.3 | REVISED Label: Inappropriate intake of types of carbohydrate (specify) changed to Less than optimal intake of types of carbohydrate (specify) | The word “inappropriate” was considered value-laden. | 2013 |
| | | Added Sign/Symptom: Cultural or religious practices that affect intake | S/S is a defining characteristic. | 2013 |
| | | REVISED Definition: Intake of the type or amount carbohydrate that is more or less than the established reference standards or recommendations based on physiological needs changed to <i>Intake of an amount of a specific the type or amount of carbohydrate that is more or less than the established reference standards or recommendations based on physiological needs. Note: Types of carbohydrate can refer generally to sugars, starch and fiber or specific carbohydrates (e.g., sucrose, fructose, lactose). Intolerance to the protein component of grains (e.g., gluten) should be documented using the Inappropriate intake of proteins or amino acids (NI-5.7.3) reference sheet.</i> | D includes definition of <i>types</i> of carbohydrate and that intolerance to the protein component of grains should be documented using Inappropriate intake of proteins or amino acids. | 2011 |
| | | REVISED Etiology: Physiological causes requiring careful use of modified carbohydrate, e.g., diabetes mellitus, metabolic syndrome, hypoglycemia, celiac disease, allergies, obesity changed to <i>Physiological causes requiring careful use of modified carbohydrate, e.g., diabetes mellitus, metabolic syndrome, hypoglycemia, celiac disease, allergies, intolerance, inborn errors of carbohydrate metabolism obesity. Note. Although research does not support restriction of individual types of carbohydrate for glycemic control, dietetics practitioners may determine that restriction is warranted in unique patient/client situations for glycemic control and/or for other reasons, such as, promotion of healthful eating.</i> | E clarifies application of the diagnosis based upon research. | 2011 |
| | | REVISED Etiology: Cultural practices that affect the ability to regulate types of carbohydrate consumed changed to <i>Cultural or religious practices that affect the ability to regulate types of carbohydrate consumed</i> | E includes religious practices. | 2011 |
| | | REVISED Sign/symptom: Hypoglycemia or hyperglycemia documented on regular basis when compared with goal of maintaining glucose levels at or less than 140 mg/dL throughout the day changed to <i>Hypoglycemia or hyperglycemia</i> | S/S eliminates practice parameters. Practitioners use clinical judgement. | 2011 |
| | | ADDED Sign/symptom: Weight loss, inability to gain weight, delayed growth | S/S is defining characteristic. | 2011 |
| | | REVISED Sign/symptom: Diarrhea in response to certain types of high intake of refined carbohydrates | S/S includes intake of any type of carbohydrate not recommended. | 2011 |
| | | ADDED Sign/symptom: Abdominal pain, distention, constipation, reflux, GERD | S/S is defining characteristic. | 2011 |
| | | REVISED Sign/symptom: Carbohydrate intake that is different from recommended types changed to <i>Carbohydrate intake that is a different from recommended types or exceeds amount recommended for that specific type of carbohydrate</i> | S/S includes intake of types of carbohydrate not recommended. | 2011 |

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| Less than optimal intake of types of carbohydrate (specify), cont. | NI-5.8.3 | REVISED Sign/symptom: Chronic use of medications that cause altered glucose levels, e.g., steroids, antidepressants, antipsychotics changed to <i>Chronic use of medications that cause altered glucose levels, e.g., steroids, antidepressants, antipsychotics or contains a type of carbohydrate not recommended</i> | S/S includes medications including types of carbohydrate not recommended. | 2011 |
| | | REVISED Sign/symptom: Conditions associated with a diagnosis or treatment, e.g., diabetes mellitus, obesity, metabolic syndrome, hypoglycemia changed to <i>Conditions associated with a diagnosis or treatment, e.g., diabetes mellitus, obesity, metabolic syndrome, hypoglycemia, intolerance, inborn errors of metabolism</i> | S/S includes intolerances and inborn errors of metabolism. | 2011 |
| | | REVISED Sign/symptom: Allergic reactions to certain carbohydrate foods or food groups Allergic reactions or intolerance to certain carbohydrate foods or food groups | S/S includes intolerances. | 2011 |
| | | | | 2008 |
| Inconsistent carbohydrate intake | NI-5.8.4 | ADDED Sign/Symptoms: Verbalizes inaccurate or incomplete knowledge and Cultural or religious practices that affect intake | S/S are defining characteristics. | 2013 |
| | | REVISED Etiology: Physiological causes requiring careful timing and consistency in the amount of carbohydrate, e.g., diabetes mellitus, hypoglycemia changed to <i>Physiological causes requiring careful timing and consistency in the amount of carbohydrate, e.g., diabetes mellitus, hypoglycemia, PN/EN delivery</i> | Clarified that this etiology includes EN/PN | 2009 |
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| Inadequate* fiber intake | NI-5.8.5 | ADDED Sign/Symptom: Verbalizes inaccurate or incomplete knowledge | S/S is a defining characteristic. | 2013 |
| | | REVISED Label: Includes (*) indicating *If a synonym, or alternate word with the same meaning, for the term inadequate is helpful or needed, an approved alternate is the word suboptimal. | Included to provide alternate terminology for the word "inadequate." | 2009 |
| | | REVISED Definition: Lower intake of fiber compared to established reference standards or recommendations based on physiological needs changed to <i>Lower intake of fiber compared to established reference standards or recommendations based on physiological needs. Note: Whenever possible, nutrient intake data should be considered in combination with clinical, biochemical, anthropometric information, medical diagnosis, clinical status, and/or other factors as well as diet to provide a valid assessment of nutritional status based on a totality of the evidence. (Dietary Reference Intakes. Applications in Dietary Assessment. Institute of Medicine. Washington, D.C.: National Academy Press; 2000.)</i> | Other supporting data are desirable for identifying this nutrition diagnosis. | 2009 |
| | | REVISED Etiology: Lack of or limited access to fiber-containing foods changed to <i>Lack of or limited access to fiber-containing foods/fluids</i> | Clarifies that etiology includes fluids. | 2009 |
| | | ADDED Sign/symptom: Inadequate fecal bulk | S/S is defining characteristic. | 2009 |
| | | REVISED Sign/Symptom: Low stool volume changed to <i>Low stool volume, constipation</i> | S/S clarified to include constipation. | 2008 |
| Excessive fiber intake | NI-5.8.6 | ADDED Sign/Symptoms: Verbalizes inaccurate or incomplete knowledge and Verbalizes unsupported beliefs and attitudes | S/S are defining characteristics. | 2013 |
| | | DELETED Etiology: Poor dentition, GI stricture, or dysmotility | Etiology is not a cause or contributing factor. | 2008 |

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| Sub-Class: Vitamin (54) | | | | |
| Inadequate* vitamin intake (specify) | NI-5.9.1 | ADDED Etiology: Access causes including season, geography, limited access to sunlight | E is a cause or contributing factor. | 2013 |
| | | ADDED Sign/Symptoms: Pantothenic acid: ↓ plasma ; Biotin: ↓ serum ; Pantothenic acid: irritability and restlessness, fatigue, apathy, malaise, sleep disturbances, nausea, vomiting, abdominal cramps, numbness, muscle cramps, hypoglycemia, sensitivity to insulin; Biotin: dermatitis, conjunctivitis, alopecia, depression, lethargy, hallucinations and paresthesia, hypotonia, developmental delays; History of chronic kidney disease (decreased conversion of 25(OH)D; Premature infant, extremely low birth weight infant (vitamin D) | S/S are defining characteristics. | 2013 |
| | | REVISED Sign/Symptom: Excessive intake of foods that do not contain available vitamins, e.g., over processed, overcooked, or improperly stored foods changed to <i>Intake of foods that do not contain available vitamins, e.g., over processed, overcooked, or improperly stored foods</i> | S/S revised for clarity. | 2013 |
| | | ADDED Etiology: Decreased ability to consume sufficient amount of a vitamin (s) | E is cause or contributing factor. | 2011 |
| | | REVISED Label: Includes (*) indicating *If a synonym, or alternate word with the same meaning, for the term inadequate is helpful or needed, an approved alternate is the word suboptimal. | Included to provide alternate terminology for the word "inadequate." | 2009 |
| | | REVISED Definition: Lower intake of one or more vitamins compared to established reference standards or recommendations based on physiological needs changed to <i>Lower intake of one or more vitamins compared to established reference standards or recommendations based on physiological needs. Note: Whenever possible, nutrient intake data should be considered in combination with clinical, biochemical, anthropometric information, medical diagnosis, clinical status, and/or other factors as well as diet to provide a valid assessment of nutritional status based on a totality of the evidence. (Dietary Reference Intakes. Applications in Dietary Assessment. Institute of Medicine. Washington, D.C.: National Academy Press; 2000.)</i> | Other supporting data are desirable for identifying this nutrition diagnosis. | 2009 |
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| Excessive vitamin intake (specify) | NI-5.9.2 | ADDED Sign/Symptoms: Vitamin D: ↑ 25(OH) D; Pantothenic acid: ↑ plasma; Biotin: ↑ serum | S/S are defining characteristics. | 2013 |
| | | REVISED Sign/Symptom: Estimated intake > Tolerable Upper Limit (UL) for vitamin A (as retinol ester, not as beta-carotene) is 600 µg/d for infants and toddlers; 900 µg/d for children 4 to 8 years, 1700 µg/d for children 9 to 13 years, 2800 for children 14 to 18 years, and 3000 µg/d for adults changed to <i>Estimated intake more than Tolerable Upper Limit (UL) for vitamin A based upon reference intake standard</i> | S/S revised to eliminate specific practice information which may not be applicable with all patient/client populations or outside U.S. and Canada. | 2013 |
| | | REVISED Sign/Symptom: Estimated intake more than UL for vitamin D is 25 µg/d for infants and 50 µg/d for children and adults changed to <i>Estimated intake more than UL for vitamin D based upon reference intake standard</i> | S/S revised to eliminate specific practice information which may not be applicable with all patient/client populations or outside U.S. and Canada. | 2013 |
| | | REVISED Sign/Symptom: Estimated intake more than UL for of Niacin: clinical, high-dose niacinamide (NA), 1 to 2 g, three times per day, can have side effects changed to <i>Estimated intake more than UL for of Niacin based upon reference intake standard</i> | S/S revised to eliminate specific practice information which may not be applicable with all patient/client populations or outside U.S. and Canada. | 2013 |
| | | | | 2008 |

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| Sub-Class: Mineral (55) | | | | |
| Inadequate* mineral intake (specify) | NI-5.10.1 | REVISED Etiology: Misdiagnosis of lactose intolerance/lactase deficiency; perception of conflicting nutrition messages from health professionals; inappropriate reliance on supplements changed to <i>Misdiagnosis of lactose intolerance/lactase deficiency; perception of conflicting nutrition messages; inappropriate reliance on supplements</i> | E revised to remove “health professionals” because there are many potential sources of conflicting messages. | 2013 |
| | | ADDED Sign/Symptoms: ↓ Ferritin in patient/client with a ↓ Mean Corpuscular Volume (MCV); ↓ Zinc, plasma; ↓ Selenium, plasma; ↓ Fluoride, plasma; ↓ Manganese, serum; ↓ Molybdenum, serum; ↓ Boron, serum or plasma; Calcium: height loss; Iodine: growth abnormalities Chromium: unintended weight loss; Calcium: hypertension, acute--hyperactive reflexes, tetany, muscle spasm, irregular heart rhythm; Iron: pallor of face, mucosa, pale gums, tachycardia, fatigue; Potassium – weakness, constipation, hypoactive reflexes; Phosphorous: fatigue, myalgia, ataxia, confusion, paresthesias; Zinc :dysgeusia, poor wound healing, skin lesions (buttocks, perianal area, mouth, nose, eyes), alopecia; Copper: depigmentation of hair and skin, osteoporosis; Selenium:depigmentation of hair and skin; Iodine: enlarged thyroid Fluoride: dental caries; Manganese: dermatitis; Verbalizes inaccurate or incomplete; knowledge;Cultural or religious practices that affect intake | S/S are defining characteristics. | 2013 |
| | | REVISED Sig/Symptom: Conditions associated with a diagnosis or treatment, e.g., malabsorption as a result of celiac disease, short bowel syndrome, inflammatory bowel disease, or post-menopausal women without estrogen supplementation and increased calcium need changed to <i>Conditions associated with a diagnosis or treatment, e.g., malabsorption as a result of celiac disease, short bowel syndrome, inflammatory bowel disease, or post-menopausal women without estrogen supplementation and increased calcium need, bariatric surgery, parenteral nutrition</i> | S/S revised for expansion of additional examples. | 2013 |
| | | ADDED Etiology: Decreased ability to consume sufficient amount of a mineral (s) | E is cause or contributing factor. | 2011 |
| | | REVISED Label: Includes (*) indicating *If a synonym, or alternate word with the same meaning, for the term inadequate is helpful or needed, an approved alternate is the word suboptimal. | Included to provide alternate terminology for the word “inadequate.” | 2009 |

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| Inadequate* mineral intake (specify), cont. | | REVISED Definition: Lower intake of one or more minerals compared to established reference standards or recommendations based on physiological needs changed to <i>Lower intake of one or more minerals compared to established reference standards or recommendations based on physiological needs. Note: Whenever possible, nutrient intake data should be considered in combination with clinical, biochemical, anthropometric information, medical diagnosis, clinical status, and/or other factors as well as diet to provide a valid assessment of nutritional status based on a totality of the evidence. (Dietary Reference Intakes. Applications in Dietary Assessment. Institute of Medicine. Washington, D.C.: National Academy Press; 2000.)</i> | Other supporting data are desirable for identifying this nutrition diagnosis. | 2009 |
| | | DELETED Sign/Symptom: Use of popular press/internet as source of medical and/or nutrition information | S/S is not a defining characteristic. | 2008 |
| | | REVISED Sign/Symptom: Conditions associated with a diagnosis or treatment, e.g., malabsorption as a result of celiac disease, short bowel syndrome, or inflammatory bowel disease changed to <i>Conditions associated with a diagnosis or treatment, e.g., malabsorption as a result of celiac disease, short bowel syndrome, inflammatory bowel disease, or post-menopausal women without estrogen supplementation and increased calcium need</i> | Revised S/S addresses the issue of post-menopausal women, who because of their estrogen status and increased mineral need, may be at risk of inadequate mineral intake. | 2008 |
| | | DELETED Sign/Symptom: Estrogen status | Incorporated and clarified in the S/S above. | 2008 |
| Excessive mineral intake (specify) | NI-5.10.2 | ADDED Sign/Symptoms: ↑Fluoride, plasma; ↑Selenium, serum; ↑Manganese, serum; ↑Molybdenum, serum; ↑Boron, serum or plasma; Enamel or skeletal fluorosis (fluoride); Central nervous system effects (manganese); Verbalizes inaccurate or incomplete knowledge; Verbalizes unsupported beliefs and attitudes; Parenteral nutrition | S/S are defining characteristics. | 2013 |
| | | REVISED Sign/Symptom: Estimated intake of foods or supplements containing high amounts of mineral changed to <i>Estimated intake containing high amounts of mineral compared to reference intake standard (e.g., DRIs)</i> | S/S revised to eliminate source of mineral as these are not the only sources for mineral intake. | 2013 |
| | | | | 2008 |
| Predicted Suboptimal Nutrient Intake (specify) | NI-5.11.1 | ADDED Diagnosis | It was determined that this is a nutrition diagnosis. | 2011 |
| Predicted Excessive Nutrient Intake (specify) | NI-5.11.2 | ADDED Diagnosis | It was determined that this is a nutrition diagnosis. | 2011 |

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|-----------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------|
| DOMAIN: CLINICAL | NC | | | |
| Class: Functional (1) | | | | |
| Swallowing difficulty | NC-1.1 | REVISED Etiology: Motor causes, e.g., neurological or muscular disorders, such as, cerebral palsy, stroke, multiple sclerosis, scleroderma, or prematurity changed to <i>Motor causes, e.g., neurological or muscular disorders, such as, cerebral palsy, stroke, multiple sclerosis, scleroderma, or prematurity, altered suck, swallow, breathe patterns</i> | Clarified that this etiology includes suck/swallow/breathe issues. | 2009 |
| | | REVISED Definition: Impaired movement of food and liquid from the mouth to the stomach changed to <i>Impaired or difficult movement of food and liquid within the oral cavity to the stomach</i> | Revised definition for clarity. | 2008 |
| | | REVISED Etiology: Mechanical causes, e.g., inflammation, surgery, stricture, or oral, pharyngeal and esophageal tumors changed to <i>Mechanical causes, e.g., inflammation, surgery, stricture, or oral, pharyngeal and esophageal tumors, mechanical ventilation</i> | Etiology revised to include mechanical ventilation. | 2008 |
| | | ADDED Sign/Symptom: Non-normal findings in cranial nerves and (CN VII) muscles of facial expression, (Nerve IX) gag reflex, swallow (Nerve X) and tongue range of motions (Nerve XII), cough reflex, drooling, facial weakness and ability to perform and wet and dry swallow | S/S is a defining characteristic. | 2008 |
| Biting/Chewing (masticatory) difficulty | NC-1.2 | REVISED Nutrition Diagnosis Label: Chewing (masticatory) difficulty changed to <i>Biting/Chewing (masticatory) difficulty</i> | Label revised for accuracy and clarity. | 2008 |
| | | REVISED Sign/Symptom: Missing teeth changed to <i>Partial or complete edentulism</i> | S/S revised for clarity. | 2008 |
| | | DELETED Sign/Symptom: Dry or cracked lips, tongue | S/S is not a defining characteristic. | 2008 |
| | | ADDED Sign/Symptom: Dry mouth | S/S is a defining characteristic. | 2008 |
| | | REVISED Sign/Symptom: Oral lesions changed to <i>Oral lesions interfering with eating ability</i> | S/S revised for clarity. | 2008 |
| Breastfeeding difficulty | NC-1.3 | ADDED Etiology: Introduction of feeding via bottle or other route that may affect breastfeeding added for Mother and Infant. | S/S are defining characteristics. | 2013 |
| | | REVISED Sign/Symptom: Fewer than six wet diapers in 24 hours (infant) changed to <i>Fewer than reference standard, e.g., six wet diapers in 24 hours (infant)</i> | S/S clarified that number of wet diapers should be compared to a reference standard which may or may not be the same as example. | 2013 |
| | | ADDED Sign/Symptom: Feeding via bottle or other route | S/S is a defining characteristic. | 2013 |
| | | REVISED Etiology: Perception of inadequate milk supply changed to <i>Perception of or actual inadequate milk supply.</i> | Includes actual reductions in milk supply | 2009 |
| | | | | 2008 |

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|---------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|------|
| Altered GI function | NC-1.4 | REVISED Definition: Changes in ability to digest or absorb nutrients changed to <i>Changes in ability to digestion, or absorption, or elimination nutrients</i> | D revised to distinguish this diagnosis from Impaired Nutrient Utilization and only includes function inside the GI tract. | 2011 |
| | | REVISED Etiology: Compromised function of related GI organs, e.g., pancreas, liver changed to <i>Compromised exocrine function of related GI organs, e.g., pancreas, liver</i> | E revised to clarify that it includes exocrine but not endocrine function of GI related organs. | 2011 |
| | | ADDED Sign/Symptom: Abnormal anemia profile | S/S is defining characteristic. | 2011 |
| | | ADDED Sign/Symptom: Abnormal vitamin, mineral, fatty acid, trace element results, PTH. | S/S is defining characteristic. | 2011 |
| | | ADDED Sign/Symptom: Abnormal bone mineral density tests | S/S is defining characteristic. | 2011 |
| | | ADDED Sign/Symptom: Weight loss of > 5% in one month, >10% in six months | S/S is defining characteristic. | 2011 |
| | | ADDED Sign/Symptom: Growth stunting or failure in children | S/S is defining characteristic. | 2011 |
| | | REVISED Sign/Symptom: Anorexia, nausea, vomiting, diarrhea, steatorrhea, constipation, abdominal pain changed to <i>Anorexia, nausea, vomiting, diarrhea, steatorrhea, constipation, abdominal pain, reflux, gas</i> | S/S includes reflux and gas as defining characteristics. | 2011 |
| | | ADDED Sign/Symptom: Evidence of vitamin and/or mineral deficiency, e.g., glossitis, cheilosis, mouth lesions, skin rashes, hair loss | S/S is defining characteristic. | 2011 |
| | | REVISED Sign/Symptom: Conditions associated with a diagnosis or treatment, e.g., malabsorption, maldigestion, steatorrhea, constipation, diverticulitis, Crohn's disease, inflammatory bowel disease, cystic fibrosis, celiac disease, cancers, irritable bowel syndrome, infection changed to <i>Conditions associated with a diagnosis or treatment, e.g., malabsorption, maldigestion, steatorrhea, obstruction, constipation, diverticulitis, Crohn's disease, inflammatory bowel disease, cystic fibrosis, celiac disease, cancers, irritable bowel syndrome, infection, dumping syndrome</i> | S/S includes obstruction and dumping syndrome. | 2011 |
| | | REVISED Sign/Symptom: Surgical procedures, e.g., esophagectomy, dilatation, gastrectomy, vagotomy, gastric bypass, bowel resections changed to <i>Surgical procedures, e.g., esophagectomy, dilatation, fundoplication, gastrectomy, vagotomy, gastric bypass, bowel resections</i> | S/S includes funduplication. | 2011 |
| | | DELETED Sign/Symptom: Decreased muscle mass | S/S is not a defining characteristic. | 2008 |
| | | DELETED Sign/Symptom: Food- and nutrition-related knowledge deficit, e.g., lack of information, incorrect information or noncompliance with modified diet or medication schedule | S/S is not a defining characteristic. | 2008 |

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| Class: Biochemical (2) | | | | |
| Impaired nutrient utilization | NC-2.1 | REVISED Sign/Symptom: Abnormal pituitary hormones changed to <i>Abnormal pituitary hormones (growth hormone (GH), adrenocorticotropic hormone (ACTH), luteinizing hormone (LH) and follicle-stimulating hormone (FSH))</i> | S/S clarified to list specific tests. | 2013 |
| | | REVISED Definition: Changes in ability to absorb or metabolize nutrients and bioactive substances changed to <i>Changes in ability to metabolize nutrients and bioactive substances</i> | D revised to clarify distinction between this diagnosis and Altered GI Function and does not include absorption, only metabolism after nutrients enter circulation. | 2011 |
| | | DELETED Etiology: Alteration in gastrointestinal tract structure and/or function | S/S moved to Atered GI Function. | 2011 |
| | | REVISED Etiology: Compromised function of related GI organs, e.g., pancreas, liver changed to <i>Compromised endocrine function of organs, e.g., pancreas, liver, pituitary, parathyroid</i> | S/S clarifies that diagnosis includes endocrine function. | 2011 |
| | | DELETED Etiology: Decreased functional length of the GI tract | S/S moved to Atered GI Function. | 2011 |
| | | REVISED Etiology: Metabolic disorders changed to <i>Metabolic disorders, including inborn errors of metabolism</i> | S/S revised to clarify that it includes inborn errors of metabolism. | 2011 |
| | | ADDED Etiology: Medications that affect nutrient metabolism | S/S is defining characteristic. | 2011 |
| | | ADDED Etiology: Alcohol or drug addiction | S/S is defining characteristic. | 2011 |
| | | DELETED Sign/symptom: Abnormal digestive enzyme and fecal fat studies | S/S moved to Altered GI function. | 2011 |
| | | DELETED Sign/symptom: Abnormal hydrogen breath test, d-xylose test | S/S moved to Altered GI function. | 2011 |
| | | DELETED Sign/symptom: Endoscopic or colonoscopic examination results, biopsy results | S/S moved to Altered GI function. | 2011 |
| | | ADDED Sign/symptom: Abnormal liver function tests | S/S is defining characteristic. | 2011 |
| | | ADDED Sign/symptom: Abnormal anemia profile | S/S is defining characteristic. | 2011 |
| | | ADDED Sign/symptom: Abnormal pituitary hormones | S/S is defining characteristic. | 2011 |
| | | ADDED Sign/symptom: Vitamin and/or mineral deficiency | S/S is defining characteristic. | 2011 |
| | | ADDED Sign/symptom: Hypoglycemia, hyperglycemia | S/S is defining characteristic. | 2011 |
| | | ADDED Sign/symptom: Abnormal bone mineral density tests, PTH | S/S is defining characteristic. | 2011 |
| | | DELETED Sign/symptom: Abdominal distension, bloating, cramping, pain, diarrhea, steatorrhea (greasy, floating, foul-smelling stools) especially following ingestion of food | S/S moved to Altered GI function. | 2011 |
| | | DELETED Sign/symptom: Increased or decreased bowel sounds | S/S moved to Altered GI function. | 2011 |
| | | ADDED Sign/symptom: Thin, wasted appearance | S/S is defining characteristic. | 2011 |
| REVISED Sign/symptom: Avoidance or limitation of estimated total intake or intake of specific foods/food groups due to GI symptoms changed to <i>Avoidance or limitation of intake of specific foods/food groups due to physical symptoms</i> | S/S expanded to include any physical symptoms. | 2011 | | |

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| Impaired nutrient utilization, cont. | NC-2.1 | REVISED Sign/symptom: Conditions associated with a diagnosis or treatment, e.g., cystic fibrosis, celiac disease, Crohn's disease, infection, radiation therapy, inborn errors of metabolism changed to <i>Conditions associated with a diagnosis or treatment, e.g., malabsorption, maldigestion, cystic fibrosis, celiac disease, Crohn's disease, infection, radiation therapy, inborn errors of metabolism, alcohol or drug abuse, endocrine disorders, pituitary disorders, renal failure, liver failure</i> | S/S revised to remove items related to malabsorption and maldigestion and include conditions with endocrine changes. | 2011 |
| | | DELETED Sign/symptom: Surgical procedures, e.g., gastric bypass, bowel resection | S/S moved to Altered GI function. | 2011 |
| | | | | 2008 |
| Altered nutrition-related laboratory values (specify) | NC-2.2 | ADDED Sign/Symptom: ↑ Urine microalbumin | S/S is a defining characteristic. | 2013 |
| | | ADDED Etiology: Prematurity | E is a cause/contributing factor. | 2009 |
| | | REVISED Sign/Symptom: Abnormal plasma glucose levels changed to <i>Abnormal plasma glucose and/or HgbA1c levels</i> | HgbA1c added for clarity. | 2008 |
| | | ADDED Sign/Symptom: Inadequate blood glucose control | S/S is a defining characteristic. | 2008 |
| | | REVISED Sign/Symptom: Conditions associated with a diagnosis or treatment, e.g., renal or liver disease, alcoholism, cardiopulmonary disorders changed to <i>Conditions associated with a diagnosis or treatment, e.g., renal or liver disease, alcoholism, cardiopulmonary disorders, diabetes</i> | Diabetes added to list of conditions. | 2008 |
| Food-medication interaction (specify) | NC-2.3 | REVISED Label: Food–Medication Interaction (NC-2.3) c hanged to <i>Food–Medication Interaction (Specify) (NC-2.3)</i> | L clarified with the word “specify.” | 2013 |
| | | | | 2008 |
| Predicted Food–Medication Interaction (specify) | NC-2.4 | REVISED Label: Predicted Food–Medication Interaction (NC-2.4) c hanged to <i>Predicted Food–Medication Interaction (Specify) (NC-2.4)</i> | L clarified with the word “specify.” | 2013 |
| | | ADDED Diagnosis. | It was determined that this is a nutrition diagnosis. | 2011 |

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| Class: Weight (3) | | | | |
| Underweight | NC-3.1 | REVISED Sign/Symptom: Weight for length < 5th percentile (Note: this is for the recumbent length growth chart, which only goes to 36 months. Once a child's height is measured while standing, use the 2 to 20 year chart for BMI.) changed to <i>Weight for length < 5th percentile</i> | S/S revised to remove practice information. | 2013 |
| | | Weight for stature < 5th percentile (Note: this is for standing height. This is only applicable for children up to 53 inches and requires a different growth chart that is readily available; some WIC programs use it.) changed to <i>Weight for stature < 5th percentile</i> | S/S revised to remove practice information. | 2013 |

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| Underweight, cont. | NC-3.1 | <p>REVISED Sign/symptom:</p> <p>Birth to 2 years</p> <ul style="list-style-type: none"> • Weight for age < 5th percentile • Weight for length < 5th percentile (Note: this is for the recumbent length growth chart, which only goes to 36 months. Once a child's height is measured while standing, use the 2-20 year chart for BMI.) • Length for age < 5th percentile • Head circumference < 5th percentile <p>Changed to</p> <p><i>Birth to 2 years</i></p> <ul style="list-style-type: none"> • <i>Weight for age < 5th percentile</i> • <i>Weight for length < 5th percentile (Note: this is for the recumbent length growth chart, which only goes to 36 months. Once a child's height is measured while standing, use the 2-20 year chart for BMI.)</i> | S/S removes Length for age < 5th percentile and Head circumference < 5th percentile because these are not defining characteristics. | 2011 |
| | | <p>REVISED Sign/symptom:</p> <p>Age 2-20 years</p> <ul style="list-style-type: none"> • Weight for stature < 5th percentile (Note: this is for standing height, but BMI is probably a better indicator. This is only applicable for children up to 53 inches and requires a different growth chart that is readily available; some WIC programs use it.) • BMI < 5th percentile (for children 2-20) • Weight for age/ Length for age < 5th percentile <p>Changed to</p> <p><i>Age 2-20 years</i></p> <ul style="list-style-type: none"> • <i>Weight for stature < 5th percentile (Note: this is for standing height. This is only applicable for children up to 53 inches and requires a different growth chart that is readily available; some WIC programs use it.)</i> • <i>BMI < 5th percentile (for children 2-20)</i> • <i>Weight for age < 5th percentile</i> | S/S does not include length as a defining characteristic. | 2011 |
| | | <p>ADDED Etiology: Small for gestational age, intrauterine growth retardation/restriction and/or lack of progress/ appropriate weight gain per day</p> | E is a cause/contributing factor. | 2009 |

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| Underweight, cont. | NC-3.1 | <p>DELETED Signs/symptoms: Weight for age less than 5th percentile for infants younger than 12 months AND BMI < 5th percentile (children, 2-19 years)</p> <p>ADDED Sign/symptoms:</p> <p>Birth to 2 years</p> <ul style="list-style-type: none"> • Weight for age < 5th percentile • Weight for length < 5th percentile (Note: this is for recumbent length growth chart only goes to 36 months, but once a child's height is measured standing needs to go to the 2-20 chart which has BMI) • Length for age < 5th percentile • Head circumference < 5th percentile <p>Age 2-20 years</p> <ul style="list-style-type: none"> • Weight for Stature < 5th percentile (NOTE: this is for standing height- but BMI is probably a better indicator this only is applicable for children up to 53 inches and requires a different growth chart that is readily available- some WIC programs use it) • BMI < 5th percentile (for children 2-20) • Weight for age/ Length for age < 5th percentile | S/S added are more accurate and inclusive. | 2009 |

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|-----------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------|
| Unintended weight loss | NC-3.2 | ADDED Sign/Symptom: Not gaining weight as expected; 5% weight loss in 6 months and/or a shift downward in growth percentiles, crossing two or more percentile channels on reference growth standard charts (pediatrics) | S/S is defining characteristic. | 2013 |
| | | REVISED Label: Involuntary weight loss changed to <i>Unintended weight loss</i> with the word Involuntary as an approved synonym. | L is consistent with terminology used by CMS. | 2011 |
| | | ADDED Etiology: Decreased ability to consume sufficient energy | E is cause or contributing factor. | 2011 |
| | | REVISED Definition: Decrease in body weight that is not planned or desired changed to <i>Decrease in body weight that is not planned or desired</i> . <i>Note: May not be an appropriate nutrition diagnosis when changes in body weight are due to fluid</i> | Clarifies when the nutrition diagnosis may not be appropriate, however, professional judgement is required. | 2009 |
| | | REVISED Etiology: Physiological causes, e.g., increased nutrient needs due to prolonged catabolic illness changed to <i>Physiological causes, e.g., prolonged catabolic illness, trauma, malabsorption</i> | Trauma and malabsorption added to the list of physiological causes that may result in involuntary weight loss. | 2008 |
| | | ADDED Sign/Symptom: Decreased senses, i.e., smell, taste, vision | S/S is a defining characteristic. | 2008 |
| | | REVISED Sign/Symptom: Poor intake, changes in eating habits, skipped meals changed to <i>Poor intake, early satiety, change in eating habits, skipped meals</i> | Early satiety added to the S/S. | 2008 |
| | | REVISED Sign/Symptom: Conditions associated with a diagnosis or treatment, e.g., AIDS/HIV, burns, chronic obstructive pulmonary disease, hip/long bone fracture, infection, surgery, trauma, hyperthyroidism (pre- or untreated), some types of cancer or metastatic disease (specify) changed to <i>Conditions associated with a diagnosis or treatment, e.g., AIDS/HIV, burns, chronic obstructive pulmonary disease, dysphagia, hip/long bone fracture, infection, surgery, trauma, hyperthyroidism (pre- or untreated), some types of cancer or metastatic disease (specify), substance abuse</i> | Dysphagia and substance abuse added to the list of conditions associated with involuntary weight loss. | 2008 |
| ADDED Sign/Symptom: Changes in mental status or function (e.g., depression) | S/S is a defining characteristic. | 2008 | | |

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| Overweight/obesity Overweight, adult or pediatric (NC-3.3.1) Obesity, Class I (NC-3.3.2) Obesity, Class II (NC-3.3.3) Obesity, Class III (NC-3.3.4) Obese (pediatrics) (NC-3.3.5) | NC-3.3 | ADDED Labels: Overweight 25 to 29.9 (adults), 85th-94th percentile (pediatrics) (NC-3.3.1); Obesity-grade Class I 30 to 34.9 (adults) (NC-3.3.2); Obesity - Class II 35 to 39.9 (adults) (NC-3.3.3); Obesity - Class III 40+ * (adults) (NC-3.3.4); Obese > 95th percentile for (pediatrics) (NC-3.3.5) | L added for clarity. | 2013 |
| | | ADDED Sign/Symptom: >95 percentile for pediatrics | S/S includes parameter for pediatrics | 2011 |
| | | DELETED Sign/Symptom: Inability to maintain weight or regain of weight | S/S is not a defining characteristic. | 2011 |
| | | ADDED Sign/Symptom: Body fat percentage >25% for men and >32% for women | S/S is defining characteristic. | 2011 |
| | | REVISED Definition: Increased adiposity compared to established reference standards or recommendations changed to <i>Increased adiposity compared to established reference standards or recommendations, ranging from overweight to morbid obesity.</i> | Definition revised for clarity. | 2008 |
| | | ADDED to Sign/Symptom: BMI (with <i>NHLBI definitions</i>) more than normative standard for age and gender | Added NHLBI definitions of obesity for clarity. | 2008 |
| | | ADDED Sign/Symptom: History of familial obesity | S/S is a defining characteristic. | 2008 |
| | | ADDED Sign/Symptom: History of childhood obesity | S/S is a defining characteristic. | 2008 |
| | | ADDED Sign/Symptom: Inability to lose a significant amount of excess weight through conventional weight loss intervention | S/S is a defining characteristic. | 2008 |

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| Unintended weight gain | NC-3.4 | ADDED Sign/Symptom: Weight gain of > 5% within 30 days, > 7.5% in 90 days, or > 10% in 180 days (adults) | S/S is defining characteristic. | 2013 |
| | | REVISED Label: Involuntary weight gain changed to <i>Unintended weight gain</i> with the word Involuntary as an approved synonym. | For consistency with Unintended weight loss. | 2011 |
| | | DELETED Sign/Symptom: Lipodystrophy associated with HIV diagnosis: increase in dorsocervical fat, breast enlargement, increased abdominal girth | S/S is not a defining characteristic. | 2011 |
| | | Conditions associated with a diagnosis or treatment of asthma, psychiatric illnesses, rheumatic conditions, HIV/AIDS, Cushing's syndrome, obesity, Prader-Willi syndrome, hypothyroidism changed to <i>Conditions associated with a diagnosis or treatment of asthma, psychiatric illnesses, rheumatic conditions, Cushing's syndrome, obesity, Prader-Willi syndrome, hypothyroidism</i> | S/S revised to remove HIV/AIDS. | 2011 |
| | | REVISED Sign/symptom: Increased weight, any increase in weight more than planned or desired, such as > 10% in 6 months changed to <i>Increased weight, any increase in weight more than planned or desired, such as grams/day or > 10% in 6 months</i> | Clarifies with an example from pediatrics. | 2009 |
| | | DELETED Sign/Symptom: Sensitivity to cold, constipation, and hair loss | S/S is not a defining characteristic. | 2008 |
| | | REVISED Sign/Symptom: Conditions associated with a diagnosis or treatment of asthma, psychiatric illnesses, rheumatic conditions, HIV/AIDS, Cushing's syndrome, obesity, Prader-Willi syndrome changed to <i>Conditions associated with a diagnosis or treatment of asthma, psychiatric illnesses, rheumatic conditions, HIV/AIDS, Cushing's syndrome, obesity, Prader-Willi syndrome, hypothyroidism</i> | Hypothyroidism added to the list of conditions associated with involuntary weight gain. | 2008 |
| | | DELETED Sign/Symptom: Change in sleep habits, insomnia | S/S is not a defining characteristic. | 2008 |
| Suboptimal growth rate | NC-3.5 | ADDED Diagnosis | | 2013 |
| Excessive growth rate | NC-3.6 | ADDED Diagnosis | | 2013 |

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| DOMAIN: BEHAVIORAL-ENVIRONMENTAL | NB | | | | |
| Class: Knowledge and Beliefs (1) | | | | | |
| Food- and nutrition-related knowledge deficit | NB-1.1 | REVISED Definition: Incomplete or inaccurate knowledge about food, nutrition, or nutrition-related information and guidelines, e.g., nutrient requirements, consequences of food behaviors, life stage requirements, nutrition recommendations, diseases and conditions, physiological function, or products changed to <i>Incomplete or inaccurate knowledge about food, nutrition, or nutrition-related information and guidelines</i> | D revised for clarity. | 2013 | |
| | | REVISED Etiology: Lack of prior exposure to accurate nutrition-related information changed to <i>Lack of prior nutrition-related education</i> | E revised for clarity. | 2013 | |
| | | ADDED Etiology: Uncertainty how to apply nutrition information | E is a cause/contributing factor. | 2013 | |
| | | ADDED Sign/Symptom: No prior education provided on how to apply food and nutrition related information and Ethnic or cultural related issues impacting application of information | S/S are defining characteristics. | 2013 | |
| | | | | | |
| | | ADDED Etiology: Lack of understanding of infant/child cues to indicate hunger | Etiology is a cause/contributing factor. | 2009 | |
| | | | | 2008 | |
| Unsupported beliefs/attitudes about food or nutrition-related topics USE WITH CAUTION TO BE SENSITIVE TO PATIENT CONCERNS | NB-1.2 | REVISED Label: Harmful beliefs/attitudes about food or nutrition-related topics changed to <i>Unsupported beliefs/attitudes about food or nutrition-related topics</i> | L word “harmful” was considered value-laden and inconsistent with term definition. | 2013 | |
| | | ADDED Sign/Symptom: Intake of non-food items and Intake of complementary and alternative medicine products and dietary supplements that may be unsupported for health | S/S are defining characteristics. | 2013 | |
| | | | | 2008 | |
| Not ready for diet/lifestyle change | NB-1.3 | REVISED Definition: Lack of perceived value of nutrition-related behavior change compared to costs (consequences or effort required to make changes); conflict with personal value system; antecedent to behavior change changed to <i>Lack of perceived value of nutrition-related behavior change compared to costs (consequences or effort required to make changes); conflict with personal value system; preceding event, condition or cause to behavior change</i> | D revised for clarity. | 2013 | |
| | | DELETED Sign/Symptom: New medical diagnosis, change in existing diagnosis or condition, or chronic noncompliance | S/S is not a defining characteristic. | 2008 | |

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| Self-monitoring deficit | NB-1.4 | Verbalizes inaccurate or incomplete knowledge, Cultural or religious practices that affect intake and Lack of social and/or familial support | S/S are defining characteristics. | 2013 |
| | | | | 2008 |
| Disordered eating pattern | NB-1.5 | REVISED Definition to include note: May not be an appropriate nutrition diagnosis for individuals with Limited Food Acceptance NI-2.9. | D has note to have practitioners consider another diagnosis based on clinical judgement. | 2011 |
| | | ADDED Sign/symptom: Excessive use of condiments and food mixing | S/S is a defining characteristic. | 2011 |
| | | | | 2008 |
| Limited adherence to nutrition-related recommendations | NB-1.6 | ADDED Etiologies: Lack of confidence in ability to change and Harmful beliefs or attitudes about food or nutrition-related topics | E are causes/contributing factors. | 2013 |
| | | REVISED Sign/Symptom: Negative body language, e.g., frowning, lack of eye contact, fidgeting, (Note: body language varies by culture) changed to Negative body language, e.g., frowning, lack of eye contact, fidgeting, defensive posture, crying (Note: body language varies by culture) | S/S revised for expansion. | 2013 |
| | | ADDED Sign/Symptoms: Verbalizes frustration with attempts to apply food/nutrition information, Verbalizes previous failures to effectively change target behavior, Presence of a lack of self-efficacy or confidence to make changes, Notes internal and/or external barriers to change, Lack of social and/or familial support | S/S are defining characteristics. | 2013 |
| | | | | 2008 |
| Undesirable food choices | NB-1.7 | REVISED Definition: Food and/or beverage choices that are inconsistent with DRIs, US Dietary Guidelines, or the Food Guide Pyramid, or with targets defined in the nutrition prescription or nutrition care process changed to <i>Food and/or beverage choices that are inconsistent with dietary reference intake standards (e.g., Dietary Reference Intakes), national food guidelines (e.g., US Dietary Guidelines, MyPlate), diet quality index standards (e.g., Healthy eating index) or with targets as defined in the nutrition prescription</i> | D revised to clarify reference standards. | 2013 |
| | | REVISED Definition: Food and/or beverage choices that are inconsistent with US Dietary Guidelines, or the Food Guide Pyramid, or with targets defined in the nutrition prescription or nutrition care process changed to <i>Food and/or beverage choices that are inconsistent with DRIs, US Dietary Guidelines, or the Food Guide Pyramid, or with targets defined in the nutrition prescription or nutrition care process.</i> | D revised to include DRIs. | 2008 |
| | | REVISED Sign/Symptom: Intake inconsistent with US Dietary Guidelines or Food Guide Pyramid (e.g., omission of entire nutrient groups, disproportionate intake [e.g., juice for young children]) changed to <i>Intake inconsistent with DRIs, US Dietary Guidelines, Food Guide Pyramid, or other methods of measuring diet quality, such as, theHealthy Eating Index</i> | Revised S/S to include DRIs and other measures of diet quality. | 2008 |

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|--------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------|
| Class: Physical Activity and Function (2) | | | | |
| Physical inactivity | NB-2.1 | REVISED Etiology: Injury or lifestyle change that reduces physical activity or activities of daily living changed to <i>Injury, lifestyle change, condition (e.g., advanced stages of cardiovascular disease, obesity, kidney disease), physical disability or limitation that reduces physical activity or activities of daily living</i> | Etiology revised to include examples of conditions or other limitations that may impact a patient/client's physical activities or ADLs. | 2008 |
| | | ADDED Etiology: Lack of knowledge about the health benefits of physical activity | Etiology is a cause or contributing factor. | 2008 |
| | | REVISED Etiology: Financial constraints that may prevent sufficient level of activity changed to <i>Financial constraints that may prevent sufficient level of activity (e.g., to address cost of equipment or shoes or club membership to gain access)</i> | Revised etiology for clarity. | 2008 |
| | | ADDED Sign/Symptom: Overweight, obesity--BMI > 30 (adults), BMI >95th percentile (pediatrics > 3 years) | S/S is a defining characteristic. | 2008 |
| | | ADDED Sign/Symptom: Excessive subcutaneous fat and low muscle mass | S/S is a defining characteristic. | 2008 |
| | | DELETED Sign/Symptom: Barriers to physical activity, e.g., time constraints, availability of a safe environment for exercise | S/S is not a defining characteristic, but rather an etiology that is already noted. | 2008 |
| | | ADDED Sign/Symptom: Low level of NEAT (non-exercise activity thermogenesis) expended by physical activities other than planned exercise, e.g., sitting, standing, walking, fidgeting | S/S is a defining characteristic. | 2008 |

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|-------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|------|
| Excessive physical activity | NB-2.2 | REVISED Label: Excessive exercise changed to <i>Excessive physical activity</i> | Reflects situations that include involuntary physical activity/movement | 2009 |
| | | REVISED Definition: An amount of exercise that exceeds that which is necessary to improve health and/or athletic performance changed to <i>Involuntary or voluntary physical activity or movement that interferes with energy needs, growth, or exceeds that which is necessary to achieve optimal health.</i> | Definition supports inclusion of involuntary physical activity/movement | 2009 |
| | | ADDED Sign/Symptom: Overtraining | S/S a defining characteristic. | 2008 |
| | | REVISED Sign/Symptom: Conditions associated with a diagnosis or treatment, e.g., anorexia nervosa, bulimia nervosa, binge eating, eating disorder not otherwise specified, amenorrhea change to <i>Conditions associated with a diagnosis or treatment, e.g., anorexia nervosa, bulimia nervosa, binge eating, eating disorder not otherwise specified, amenorrhea, stress fractures</i> | Revised S/S expanded to include stress fractures. | 2008 |
| Inability or lack of desire to manage self care | NB-2.3 | Inability or lack of desire to manage self care changed to <i>Inability to manage self care</i> | L revised. "Lack of desire" is considered, and exists, as an etiology of the nutrition diagnosis. | 2013 |
| | | | | 2008 |
| Impaired ability to prepare foods/meals | NB-2.4 | REVISED Etiology: Cognitive or physical impairment that prevents preparation of foods/meals changed to <i>Cognitive or physical impairment that prevents preparation of foods/fluids.</i> | Clarifies that fluids are also included in this nutrition diagnosis. | 2009 |
| | | | | 2008 |
| Poor nutrition quality of life | NB-2.5 | REVISED Definition: Diminished NQOL scores related to food impact, self image, psychological factors social/interpersonal, physical, or self efficacy changed to <i>Diminished patient/client perception of quality of life in response to their nutrition problems and recommendations.</i> | Definition revised for clarity. | 2008 |
| | | ADDED Sign/Symptom: Unfavorable ratings on measure of QOL, such as, SF36 (multi-purpose health survey form with 36 questions) or EORTC QLQ-C30 (quality of life tool developed for patient/clients with cancer) | S/S is a defining characteristic. | 2008 |
| | | ADDED Sign/Symptom: Food insecurity/unwillingness to use community service that are available | S/S is a defining characteristic. | 2008 |
| | | ADDED Sign/Symptom: Frustration over lack of control | S/S is a defining characteristic. | 2008 |
| | | ADDED Sign/Symptom: MNT recommendations effecting socialization | S/S is a defining characteristic. | 2008 |
| | | ADDED Sign/Symptom: Lack of social and familial support | S/S is a defining characteristic. | 2008 |
| | | ADDED Sign/Symptom: Ethnic and cultural related issues | S/S is a defining characteristic. | 2008 |

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|------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------|
| Self feeding difficulty | NB-2.6 | ADDED Sign/Symptom: Absence of recommended adaptive eating devices | S/S is a defining characteristic. | 2013 |
| | | REVISED Etiology: Physiological difficulty causing inability to physically, grasp cups and utensils, support and/or control head and neck, coordinate hand movement to mouth, bend elbow or wrist, sit with hips square and back straight changed to <i>Physiological difficulty causing inability to physically, grasp cups and utensils, support and/or control head and neck, coordinate hand movement to mouth, close lips (or any other suckling issue), bend elbow or wrist, sit with hips square and back straight</i> | Clarified to include lip closure and suckling issues. | 2009 |
| | | REVISED Etiology: Limited access to foods conducive for self-feeding changed to <i>Limited access to foods and/or adaptive eating devices conducive for self-feeding</i> | Limited access to feeding devices added to etiology. | 2008 |
| | | REVISED Etiology: Limited vision changed to <i>Limited vision and/or impaired cognitive ability</i> | Impaired cognitive ability added to etiology. | 2008 |
| | | ADDED Sign/Symptom: Lack of strength or stamina to lift utensils and/or cup | S/S is a defining characteristic. | 2008 |
| Class: Food Safety and Access (3) | | | | |
| Intake of unsafe food | NB-3.1 | ADDED Sign/Symptoms: Non-food items (pregnant and lactating women), Mislabeled or unlabeled foods and Verbalizes inaccurate or incomplete knowledge | S/S are defining characteristics. | 2013 |
| | | | | 2008 |

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|-------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------|
| Limited access to food and/or water | NB-3.2 | REVISED Definition: Diminished ability to acquire a sufficient quantity and variety of healthful food and/or potable water based upon the U.S. Dietary Guidelines, or MyPyramid or Dietary Reference Intakes changed to <i>Diminished ability to acquire a sufficient quantity and variety of healthful food and/or potable water based on dietary reference intake standards (e.g., Dietary Reference Intakes), national food guidelines (e.g., U.S. Dietary Guidelines, MyPlate) or as defined in the nutrition prescription</i> | D revised to clarify reference standards. | 2013 |
| | | REVISED Label: Limited access to food changed to <i>Limited access to food and/or water</i> | L includes limited access to water. | 2011 |
| | | REVISED Definition: Diminished ability to acquire a sufficient quantity and variety of healthful food based upon the U.S. Dietary Guidelines, or MyPyramid Limitation to food because of concerns about weight or aging changed to <i>Diminished ability to acquire a sufficient quantity and variety of healthful food and/or potable water based upon the U.S. Dietary Guidelines, or MyPyramid or Dietary Reference Intakes.</i> | D includes access to potable water and the DRIs as a reference standard. | 2011 |
| | | ADDED Etiology: Limitation to food because of concerns about weight or aging | E not a cause or contributing factor. | 2011 |
| | | ADDED Sign/Symptom: Evidence of dehydration, e.g., dry mucous membranes, poor skin turgor | S/S is a defining characteristic. | 2011 |
| | | REVISED Sign/Symptom: Underweight, BMI <18.5 (adults) changed to Underweight, BMI <18.5 (adults), <5% ile (pediatrics) | S/S now includes pediatric parameter. | 2011 |
| | | ADDED Sign/Symptom: Weight loss, adults, of > 10% in 6 months, > 5% in 1 month; any unintentional weight loss in children | S/S is a defining characteristic. | 2011 |
| | | ADDED Sign/Symptom: Overweight/Obesity, BMI >25 (adults), >95% ile (pediatrics) | S/S is a defining characteristic. | 2011 |
| | | ADDED Sign/Symptom: Lack of resources for food and/or water | S/S is a defining characteristic. | 2011 |
| | | ADDED Sign/Symptom: Lack of transportation or other community constraints limiting availability of food and/or water | S/S is a defining characteristic. | 2011 |
| | | ADDED Sign/Symptom: Lack of knowledge or skills on how to use food | S/S is a defining characteristic. | 2011 |
| | | ADDED Sign/Symptom: Lack of knowledge or skills on how to apply and/or participate in food and/or water assistance programs | S/S is a defining characteristic. | 2011 |
| | | ADDED Sign/Symptom: Behaviors consistent with food insecurity (e.g., skipping meals, buying low-cost food items, changes in eating patterns, rituals, or customs) | S/S is a defining characteristic. | 2011 |

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|----------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------|
| Limited access to food and/or water, cont. | NB-3.2 | REVISED Definition: Diminished ability to acquire food from sources (e.g., shopping, gardening, meal delivery), due to financial constraints, physical impairment, caregiver support, or unsafe living conditions (e.g., crime hinders travel to grocery store). Limitation to food because of concerns about weight or aging. Changed to <i>Diminished ability to acquire a sufficient quantity and variety of healthful food based upon the U.S. Dietary Guidelines or the Food Guide Pyramid. Limitation to food because of concerns about weight or aging</i> | Revised definition for clarity. | 2008 |
| | | REVISED Etiology: Caregiver intentionally or unintentionally not providing access to food changed to <i>Caregiver intentionally or unintentionally not providing access to food, e.g., unmet needs for food or eating assistance, excess of poor nutritional quality food, abuse/neglect</i> | Revised etiology for clarity. | 2008 |
| | | ADDED Etiology: Food and nutrition-related knowledge deficit | Etiology is a cause or contributing factor. | 2008 |
| | | REVISED Etiology: Lack of financial resources or lack of access to financial resources changed to <i>Lack of financial resources or lack of access to financial resources to purchase a sufficient quantity or variety of culturally appropriate healthful foods</i> | Revised etiology for clarity. | 2008 |
| | | ADDED Etiology: Lack of food planning, purchasing, and preparation skills | Etiology is a cause or contributing factor. | 2008 |
| | | REVISED Etiology: Limited or absent community supplemental food programs, e.g., food pantries, emergency kitchens, or shelters changed to <i>Limited, absent, or failure to participate in community supplemental food programs, e.g., food pantries, emergency kitchens, or shelters, with a sufficient variety of culturally appropriate healthful foods</i> | Revised etiology for clarity. | 2008 |
| | | ADDED Etiology: Schools lacking nutrition/wellness policies or application of policies ensuring convenient, appetizing, competitively priced culturally appropriate healthful foods at meals, snacks, and school sponsored activities. | Etiology is a cause or contributing factor. | 2008 |
| | | REVISED Sign/Symptom: Food faddism changed to <i>Food faddism or harmful beliefs and attitudes of parent or caregiver</i> | S/S revised for clarity. | 2008 |
| Limited Access to Nutrition-Related Supplies | NB-3.3 | ADDED Sign/Symptom: Evidence of dehydration, e.g., dry mucous membranes, poor skin turgor | S/S is a defining characteristic. | 2013 |
| | | ADDED Diagnosis | It was determined that this is a nutrition diagnosis. | 2011 |
| No Nutrition Diagnosis At This Time | NO-1.1 | ADDED Reference Sheet | | 2013 |

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|----------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| Nutrition Prescription | NP-1.1 | ADDED Number | Number added for improved tracking. | 2013 |
| | | REVISED Definition: The patient/client's individualized recommended dietary intake of energy and/or selected foods or nutrients based on current reference standards and dietary guidelines and the patient/client's health condition and nutrition diagnosis changed to <i>The patient/client's recommended dietary intake of energy and/or selected foods or nutrients based on current reference standards and dietary guidelines and the patient/client's health condition and nutrition diagnosis</i> | Revised to remove the word "individalized" for clarity. Confusion existed that nutrition prescriptions only applied to individuals which is not the case. | 2013 |
| DOMAIN: FOOD AND/OR NUTRIENT DELIVERY | NI | | | |
| Class: Meals and Snacks(1) | ND-1 | REVISED Definition: Meals are defined as regular eating events that include a variety of foods consisting of grains and/or starches, meat and/or meat alternatives, fruits and vegetables, and milk or milk products. A snack is defined as food served between regular meals changed to <i>Meals are defined as regular eating episodes that may include a variety of foods consisting of grains and/or starches, meat and/or meat alternatives, fruits and vegetables, and milk or milk products. A snack is defined as food served between regular meals.</i> | D revised for clarity. | 2013 |
| | | ADDED Details: Composition of meals/snacks: Texture-modified diet; Energy-modified diet; Protein-modified diet; Carbohydrate-modified diet; Fat-modified diet; Fiber-modified diet; Fluid-modified diet; Diets modified for specific foods or ingredients; Vitamin-modified diet; Mineral-modified diet | Details added consistent with the Academy's Diet Order Taxonomy project. | 2013 |

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|---------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|------|
| Class: Enteral and Parenteral Nutrition(2) | ND-2 | | | |
| Enteral Nutrition | ND-2.1 | ADDED Details: Composition, Concentration, Volume, Schedule, Route | Individual terms to clarify distinct concepts. | 2013 |
| | | DELETED Details: Delivery. | Detail captured in new terms. | 2013 |
| | | REVISED Label: Enteral and Parenteral Nutrition changed to <i>Enteral Nutrition</i> | L reflects separation of EN/PN interventions. | 2011 |
| | | REVISED Definition: Enteral nutrition is defined as nutrition provided through the gastrointestinal (GI) tract via tube, catheter, or stoma that delivers nutrients distal to the oral cavity. Parenteral nutrition is defined as the administration of nutrients intravenously, centrally (delivered into a large-diameter vein, usually the superior vena cava adjacent to the right atrium) or peripherally (delivered into a peripheral vein, usually of the hand or forearm) changed to <i>Nutrition provided through the gastrointestinal (GI) tract via tube, catheter, or stoma that delivers nutrients distal to the oral cavity.</i> | D reflects separation of EN/PN interventions. | 2011 |
| | | DELETED Details: <ul style="list-style-type: none"> Recommend, implement, or order changes in the rate, composition, schedule, and/or duration of feeding Recommend, implement, or order the initiation, route, and discontinuation of enteral nutrition Change dressings and provide line care Review changes in the intervention with the patient/client(s) and/or caregivers | For consistency throughout terminology. | 2011 |
| | | ADDED Details: <ul style="list-style-type: none"> Recommend, implement, or order the formula/solution Formula name or description, calories/mL, special additive/supplemental fat, carbohydrate or protein Volume (e.g., mL/day, mL/hr, mL/feeding) Rate/delivery schedule, e.g., hours, feedings/day, timing of feeding, continuous, intermittent, bolus Recommend, implement, or order the feeding tube flush, e.g., type, volume mL/flush, frequency | For consistency throughout terminology. | 2011 |
| | | Insert the feeding tube, provide tube site care; administer feedings changed to <i>Insert the feeding tube, administer feedings</i> | Revised to broaden from insertion to administration of feedings. | 2011 |
| | | ADDED Note: Related nutrition interventions, e.g., checking gastric residual volume or elevating the head of the bed are documented using Coordination of Nutrition Care. | Provides guidance for documentation of related concepts. | 2011 |

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|---------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|------|
| Enteral Nutrition, cont. | ND-2.1 | ADDED Sign/symptom Listing: <ul style="list-style-type: none"> • Aspiration • Coma | Relevant s/s for the intervention. | 2011 |
| | | DELETED Sign/symptom Listing: <ul style="list-style-type: none"> • Malabsorption, maldigestion • Emesis • Diffuse peritonitis, intestinal obstruction, paralytic ileus, intractable diarrhea or emesis, gastrointestinal ischemia, or perforated viscus, short-bowel syndrome | EN and PN separated. | 2011 |
| Parenteral Nutrition/IV Fluid | ND-2.2 | ADDED Details: Composition, Concentration, Route | Individual terms to clarify distinct concepts. | 2013 |
| Class: Supplements (3) | ND-3 | | | |
| Medical Food Supplements | ND-3.1 | REVISED Diagnosis Listing: Inadequate oral food/beverage intake (NI-2.1) changed to <i>Inadequate oral intake (NI-2.1)</i> | Updated diagnosis listing for consistency with changes to Edition 3. | 2011 |
| Vitamin and Mineral Supplements | ND-3.2 | REVISED Details: Specific vitamins and minerals added. | D added for clarity. | 2013 |

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| Bioactive Substance Management | ND-3.3 | ADDED Details: Alcohol (specify, oz/mL, form, frequency) Caffeine (specify, e.g., mg, oz/mL, form, frequency) | D are bioactive substances. | 2013 |
| | | REVISED Label: Bioactive Substance Supplements changed to Bioactive Substance Management | Revision to describe practitioner intervention. | 2011 |
| | | REVISED Definition: A product that is intended to supplement bioactive substances (e.g., plant stanol and sterol esters, psyllium changed to <i>Addition or change in provision of bioactive substances (e.g., plant stanol and sterol esters, psyllium, food additives, other bioactive substances).</i> | D includes food additives and other bioactive substances. | 2011 |
| | | REVISED Details: Recommend, implement, or order initiation, change in administration schedule or dose/form/route, or discontinuation of bioactive substances (e.g., soluble fiber, soy protein, fish oils, plant sterol and stanol esters) changed to <i>Recommend, implement, or order initiation, change in administration schedule or dose/form/route, or discontinuation of bioactive substances (e.g., soluble fiber, soy protein, fish oils, plant sterol and stanol esters)</i> | For consistency throughout terminology. | 2011 |
| | | ADDED Details: <ul style="list-style-type: none"> • Recommend, implement, or order initiation, change in administration schedule or dose/form/route, or discontinuation of soy protein • Recommend, implement, or order initiation, change in administration schedule or dose/form/route, or discontinuation of psyllium and β-glucan • Recommend, implement, or order initiation, change in provision of food with specific food additives (those thought to have an impact on a patient/client's health) • Recommend, implement, or order initiation, change in other substance for which there is evidence of bioactivity (specify) | For consistency throughout terminology. | 2011 |
| | | ADDED Sign/symptom Listing: Intake reveals consumption of food additive to which the patient/client is sensitive or intolerant | Reflects addition of food additives. | 2011 |

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| Class: Feeding Assistance (4) | ND-4 | REVISED Detail: Adaptive equipment changed to <i>Adaptive eating device</i> | D is consistent with CMS terminology. | 2013 |
| | | ADDED Detail: Menu selection assistance | Detail necessary to describe intervention. | 2013 |
| | | REVISED Nutrition Diagnosis Listing: <ul style="list-style-type: none"> • Inadequate oral /food beverage intake (NI-2.1) • Involuntary weight loss (NC-3.2) Changed to <ul style="list-style-type: none"> • <i>Inadequate oral intake (NI-2.1)</i> • <i>Unintended weight loss (NC-3.2)</i> | Updated diagnosis listing for consistency with changes to Edition 3. | 2011 |
| Class: Feeding Environment (5) | ND-5 | ADDED Details: Meal service and Meal location | Details necessary to describe intervention. | |
| | | REVISED Nutrition Diagnosis Listing: Inadequate oral food/beverage intake (NI-2.1) changed to <i>Inadequate oral intake (NI-2.1)</i> | Updated diagnosis listing for consistency with changes to Edition 3. | 2011 |
| Class: Nutrition-Related Medication Management (6) | ND-6 | REVISED Definition: Modification of a drug or herbal to optimize patient/client nutritional or health status changed to <i>Modification of a drug or nutrition-related complementary/alternative medicine to optimize patient/client nutritional or health status</i> | D revised to clarify that all complementary/alternative medicines included in intervention. | 2013 |
| | | REVISED Details: Prescription and Over-the-counter (OTC) medicines separated. | Details separated to clarify individual concepts. | 2013 |
| | | REVISED Detail: Herbal supplements changed to <i>Nutrition-related complementary/alternative medicine</i> | Details revised to clarify that all complementary/alternative medicines included in intervention. | 2013 |
| | | DELETED Detail: Recommend, implement, order initiation, changes in dose/form/route, change in administration schedule, or discontinuance | For consistency throughout terminology. | 2011 |
| | | ADDED Details: <ul style="list-style-type: none"> • Recommend, implement, order initiation, medications, specify prescription or over the counter (OTC) and medication (e.g., insulin, appetite stimulants, digestive enzymes) dose, form, schedule, route • Recommend, implement, order initiation, herbal supplements/complementary products, specify product (e.g., peppermint oil, probiotics), dose, form, schedule, route | For consistency throughout terminology. | 2011 |
| | | ADDED Nutrition Diagnosis Listing: Altered nutrition-related laboratory values (NC-2.2) | Relevant diagnosis for the intervention. | 2011 |

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|------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| DOMAIN: NUTRITION EDUCATION | E | REVISED Defiinition: A formal process to instruct or train a patient/client in a skill or to impart knowledge to help patients/clients voluntarily manage or modify food choices and eating behavior to maintain or improve health changed to <i>A formal process to instruct or train a patient/client in a skill or to impart knowledge to help patients/clients voluntarily manage or modify food, nutrition and physical activity and behavior to maintain or improve health</i> | While physical activity was always implied in this domain, the words physical activity were included to clarify that food, nutrition and physical activity are included in the intervention. | 2013 |

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|-----------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------|
| Nutrition Education-Content | E-1 | REVISED Details: No details added, but physical activity included in descriptions. | For clarity. | 2013 |
| | | REVISED Label: Intial/Brief Education changed to <i>Nutrition Education-Content</i> | Revised L to reduce confusion of previous label. | 2011 |
| | | REVISED Definition: Instruction or training intended to build or reinforce basic nutrition-related knowledge, or to provide essential nutrition-related information until patient/client returns changed to <i>Instruction or training intended to lead to nutrition-related knowledge. Note This reference sheet only refers to patient/client nutrition education. Please use Nutrition Counseling (C) for documentation of the Theoretical basis/approach (C-1) and Strategies (C-2) used for patient/client behavior change.</i> | Revised D to support revised intervention. | 2011 |
| | | DELETED Detail: Communicate relationship between nutrition and specific disease/health issue | Included in a revised detail. | 2011 |
| | | REVISED Details: <ul style="list-style-type: none"> • Discuss the purpose of the nutrition education intervention • Begin instruction of nutrition issue of most concern to patient/client's health and well-being • Provide basic nutrition-related educational information until client is able to return for comprehensive education • Explain detailed or multiple nutrition prescription modifications recommended • Instruct on more advanced nutrition topics related to patient/client condition (e.g., saturated and trans fatty acid intake vs. total fat intake, menu planning, food purchasing) Changed to <ul style="list-style-type: none"> • <i>Discuss the fundamental purpose (e.g., prevention, disease management) of the nutrition education intervention</i> • <i>Begin instruction of the priority modifications for the nutrition issue of most concern to patient/client's health and well-being</i> • <i>Provide fundamental, survival nutrition-related educational information until client is able to return for comprehensive education</i> • <i>Explain multiple nutrition prescription modifications</i> • <i>Instruct on other nutrition topics (e.g., saturated and trans fatty acid intake vs. total fat intake, menu planning, food purchasing)</i> | Revised details to support revised intervention concept. | 2011 |

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|------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|------|
| Nutrition Education-Content, cont. | E-1 | ADDED Details: <ul style="list-style-type: none"> • Communicate and initiate thorough instruction of relationship between nutrition and disease/health • Other, specify | Details are part of revised intervention concept. | 2011 |
| | | ADDED Diagnosis Listings: <ul style="list-style-type: none"> • Underweight (NC-3.1) • Overweight/obesity (NC-3.3) • Disordered eating pattern (NB-1.5) | Relevant dagnosis for the intervention. | 2011 |
| | | REVISED Diagnosis Listing: Other: Any diagnoses related to inadequate, excessive, inappropriate, or inconsistent intake changed to <i>Other: Any diagnoses related to inadequate, excessive, less than optimal, or inconsistent intake</i> | Updated diagnosis listing for consistency with changes to Edition 3. | 2011 |
| | | ADDED Sign/symptom Listing: Laboratory data indicating nutrition education warranted | Relevant s/s for the intervention. | 2011 |

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| Nutrition Intervention Term | Number | Change | Rationale | Year |
|---------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------|
| Nutrition Education-Application | E-2 | REVISED Details: No details added, but physical activity included in descriptions. | For clarity. | 2013 |
| | | REVISED Label: Comprehensive Nutrition Education changed to <i>Nutrition Education-Application</i> | Revised L to reduce confusion of previous label. | 2011 |
| | | Instruction or training intended to lead to in-depth nutrition-related knowledge and/or skills in given topics changed to <i>Instruction or training intended to lead to nutrition-related result interpretation and/or skills. Note This reference sheet only refers to patient/client nutrition education. Please use Nutrition Counseling (C) for documentation of the Theoretical basis/approach (C-1) and Strategies (C-2) used for patient/client behavior change.</i> | Revised D to support revised intervention. | 2011 |
| | | DELETED Details: <ul style="list-style-type: none"> • Provide information related to purpose of the nutrition prescription • Initiate thorough instruction of relationship between nutrition and disease/health • Explain detailed or multiple nutrition prescription modifications recommended given patient/client situation • Introduce more advanced nutrition topics related to patient/condition (e.g., saturated and trans fatty acid intake vs. total fat intake, menu planning, food purchasing) • Support skill development (e.g., glucometer use, home tube feeding and feeding pump training, cooking skills/preparation) | Revised details to support revised intervention concept. | 2011 |
| | | REVISED Definition: Commence training on interpreting medical or other results to modify nutrition prescription, (e.g., distribution of carbohydrates throughout the day based on blood glucose monitoring results) changed to <i>Engage in training on interpreting medical or other results to coincide with nutrition prescription, e.g., distribution of carbohydrates throughout the day based on blood glucose monitoring results</i> | Revised details to support revised intervention concept. | 2011 |
| | | ADDED Details: <ul style="list-style-type: none"> • Support skill development, e.g., glucometer use, home tube feeding and feeding pump training, cooking skills/preparation • Other, specify | Details are part of revised intervention concept. | 2011 |
| | | ADDED Diagnosis Listings: <ul style="list-style-type: none"> • Disordered eating pattern (NB-1.5) • Altered nutrition-related laboratory values (NC-2.2) | Relevant diagnoses for the intervention. | 2011 |

**NUTRITION CARE PROCESS
IDNT REFERENCE SHEET CHANGES**
Fourth Edition, 2012

| Nutrition Intervention Term | Number | Change | Rationale | Year |
|----------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| Nutrition Education-Application, cont. | E-2 | REVISED Diagnosis Listing: Other: Any diagnoses related to inadequate or excessive, inappropriate, or inconsistent intake changed to <i>Other: Any diagnoses related to inadequate or excessive, less than optimal, or inconsistent intake</i> | Updated diagnosis listing for consistency with changes to Edition 3. | 2011 |
| | | ADDED Sign/symptom: Laboratory data indicating nutrition education warranted | Relevant s/s for the intervention. | 2011 |
| DOMAIN: NUTRITION COUNSELING | C | REVISED Definition: A supportive process, characterized by a collaborative counselor-patient relationship, to set priorities, goals, and create individualized action plans that acknowledge and foster responsibility for self-care to treat an existing condition and promote health changed to <i>A supportive process, characterized by a collaborative counselor-patient relationship, to establish food, nutrition and physical activity priorities, goals, and individualized action plans that acknowledge and foster responsibility for self-care to treat an existing condition and promote health</i> | While physical activity was always implied in this domain, the words physical activity were included to clarify that food, nutrition and physical activity are included in the intervention. | 2013 |
| Theoretical Basis/Approach | C-1 | REVISED Reference Sheet: No details added, but references to physical activity expanded. | For clarity. | 2013 |
| | | REVISED Diagnosis Listing: Other: Any diagnoses related to inadequate, excessive, inappropriate or inconsistent intake changed to <i>Other: Any diagnoses related to inadequate, excessive, less than optimal, or inconsistent intake</i> | Updated diagnosis listing for consistency with changes to Edition 3. | 2011 |
| Strategies | C-2 | REVISED Reference Sheet: No details added, but references to physical activity expanded. | For clarity. | 2013 |
| | | REVISED Diagnosis Listing: Other: Any diagnoses related to inadequate, excessive, inappropriate or inconsistent intake changed to <i>Other: Any diagnoses related to inadequate, excessive, less than optimal, or inconsistent intake</i> | Updated diagnosis listing for consistency with changes to Edition 3. | 2011 |

**NUTRITION CARE PROCESS
IDNT REFERENCE SHEET CHANGES**
Fourth Edition, 2012

| Nutrition Intervention Term | Number | Change | Rationale | Year |
|---------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|------|
| DOMAIN: COORDINATION OF NUTRITION CARE | RC | | | |
| Collaboration and Referral of Nutrition Care | RC-1 | REVISED Label: Coordination of Other Care During Nutrition Care changed to <i>Collaboration and Referral of Nutrition Care</i> | For clarity. | 2013 |
| | | REVISED Details: Separated collaboration and referral concepts into separate terms. | Individual terms to clarify distinct concepts. | 2013 |
| | | REVISED Diagnosis Listings: <ul style="list-style-type: none"> • Inadequate oral food and beverage intake (NI 2.1) • Limited access to food (NB-3.2) Changed to <ul style="list-style-type: none"> • <i>Inadequate oral intake (NI 2.1)</i> • <i>Limited access to food and/or water (NB-3.2)</i> | Updated diagnosis listing for consistency with changes to Edition 3. | 2011 |
| Discharge and Transfer of Nutrition Care to New Setting or Provider | RC-2 | REVISED Details: Separated discharge and transfer concepts. | Individual terms to clarify distinct concepts. | |
| | | REVISED Diagnosis Listing: Inadequate oral food and beverage intake (NI 2.1) changed to <i>Inadequate oral intake (NI 2.1)</i> | Updated diagnosis listing for consistency with changes to Edition 3. | 2011 |