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Name: _____ MR# _____

Medical Nutrition Therapy Adult Weight Management Initial Progress Note

Name: _____ MR# _____ Ethnicity: _____ Referring physician: _____ Date: _____ DOB: _____
Age: _____ Medical Dx: _____ Time: start: _____ end: _____ total: _____

Nutrition Assessment

Patient states (chief complaint):

Client History (social, personal, medical/health (dieting history) and medication/supplement (names/dose) history):

Dieting History:

Baseline for Outcomes Monitoring:

Food and Nutrition History:

| | |
|--|--|
| Energy intake: _____ % of estimated energy needs: _____ % | % calories from fat: _____ %, calories from carbohydrate: _____ % |
| Other nutrient analysis: | |
| Y | N |
| Patient behaviors (check yes or no, indicate frequency): | |
| | Consumes dairy foods: _____ servings/day |
| | Dines away from home: _____ times per week. Location(s): Restaurants (4-5x) and Fast food (2-3x) |
| | Selects appropriately when dining out. If no, explain: Difficulty with portion control |
| | Reads food labels and uses labels to make appropriate food selections |
| | Modifies food preparation and recipes to reduce calories |
| | Limits portion sizes |
| | Maintains vitamins/minerals adequacy (specify possible deficiencies): |
| Physical Activity Indicate Type/Duration/Frequency for: _____ Sedentary Time: _____ | |
| Moderate: | |
| Vigorous: | |
| Physical Activity Level: _____ Sedentary _____ Low Active _____ Active _____ Very Active _____ | |

Nutrition Quality of Life: (List points in each category) Food Impact _____ of 9; Self-Image _____ of 6; Psychological Factors _____ of 10; Social/Interpersonal _____ of 7; Physical _____ of 9; Self-efficacy _____ of 9

Additional Pertinent Information (food consumption including use of meal replacements, nutrition/health awareness and management, food availability):

Biochemical Data and Risk Assessment:

| Lipid Profile/pertinent labs | Date: | Date: | | Date: | Date: | | Date: | Date: |
|---|-------|-------|---------------------------------------|-------|-------|----------------------------|-------|-------|
| Total Cholesterol mg/dL | | | HDL mg/dL | | | HbA1c % | | |
| LDL <input type="checkbox"/> calculated <input type="checkbox"/> direct mg/dL | | | TG mg/dL | | | Other: | | |
| Non HDL (if TG >200 mg/dL) | | | Glucose mg/dL | | | | | |
| Disease Risk Category (Increased, High, Very High, Extremely High) | | | Obesity Health Risk (High, Very High) | | | CHD Risk (<10,10-20, >20%) | | |

Anthropometric Measurements: Ht. _____ Wt. _____ BMI _____ WC _____

Weight History:

Physical exam findings:(oral health, physical appearance, affect)

BP _____ Pulse _____

Energy Balance: Resting Metabolic Rate (RMR) _____

Based on _____ Indirect Calorimetry _____ Predictive Equation: _____ Mifflin St. Jeor _____ Other-List: _____

Total Energy Expenditure (TEE) _____ (RMR x Physical Activity Level)

Nutrition Diagnosis: (Select priority nutrition diagnoses)

| | |
|--|--|
| <input type="checkbox"/> NI-1.5 Excessive energy intake | <input type="checkbox"/> NC-2.3 Food-medication interaction |
| <input type="checkbox"/> NI-2.2 Excessive oral food/beverage intake | <input type="checkbox"/> NC-3.3 Overweight/obesity |
| <input type="checkbox"/> NI-4.3 Excessive alcohol intake | <input type="checkbox"/> NB-1.1 Food, nutrition related knowledge deficit |
| <input type="checkbox"/> NI-5.6.3 Inappropriate intake of food fats- specify: | <input type="checkbox"/> NB-1.3 Not ready for diet/lifestyle change |
| <input type="checkbox"/> NI-5.8.3 Inappropriate intake of types of carbohydrate—specify: | <input type="checkbox"/> NB-1.6 Limited adherence to nutrition-related recommendations |
| <input type="checkbox"/> NI-5.8.5 Inadequate fiber intake | <input type="checkbox"/> NB-2.1 Physical inactivity |
| <input type="checkbox"/> Other: | |

Nutrition Diagnosis Statements (Nutrition Diagnosis, Related To (Etiology) As Evidenced By (Signs/Symptoms):

Nutrition Prescription (include nutrition needs):

Nutrition Interventions

| | |
|--|--|
| <p>Meal and Snacks:</p> <p><input type="checkbox"/> ND-1.1 General/healthful diet _____</p> <p><input type="checkbox"/> ND-1.2 Modify distribution, type or amount of food and nutrients within meals or at specified time _____</p> <p><input type="checkbox"/> ND-1.3 Specific foods/beverages or groups _____</p> <p><input type="checkbox"/> ND-1.4 Other: _____</p> <p>Goal/Expected Outcome:</p> | <p>Vitamin and Mineral Supplements:</p> <p><input type="checkbox"/> ND-3.2.1 Multivitamin/mineral _____</p> <p><input type="checkbox"/> ND-3.2.2 Multi-trace elements _____</p> <p><input type="checkbox"/> ND-3.2.3 Vitamin _____</p> <p><input type="checkbox"/> ND-3.2.4 Mineral _____</p> <p>Goal/Expected Outcome:</p> |
| <p>Medical Food Supplements (Type):</p> <p><input type="checkbox"/> ND-3.1.1 Commercial beverage _____</p> <p><input type="checkbox"/> ND-3.1.2 Commercial food _____</p> <p><input type="checkbox"/> ND-3.1.3 Modified beverage _____</p> <p><input type="checkbox"/> ND-3.1.4 Modified food _____</p> <p><input type="checkbox"/> ND-3.1.5 Purpose _____</p> <p>Goal/Expected Outcome:</p> | <p>Nutrition-Related Medication Management:</p> <p><input type="checkbox"/> ND-6.1 Initiate _____</p> <p><input type="checkbox"/> ND-6.2 Dose change _____</p> <p><input type="checkbox"/> ND-6.3 Form change _____</p> <p><input type="checkbox"/> ND-6.4 Route change _____</p> <p><input type="checkbox"/> ND-6.5 Administration schedule: _____</p> <p><input type="checkbox"/> ND-6.6 Discontinue _____</p> <p>Goal/Expected Outcome:</p> |
| <p>Initial/Brief Nutrition Education:</p> <p><input type="checkbox"/> E-1.1 Purpose of nutrition education _____</p> <p><input type="checkbox"/> E-1.2 Priority modifications: _____</p> <p><input type="checkbox"/> E-1.3 Survival information _____</p> <p>_____</p> <p><input type="checkbox"/> E-1.4 Other: _____</p> <p>Goal/Expected Outcome:</p> | <p>Nutrition Counseling:</p> <p><input type="checkbox"/> C-1 Theoretical Basis/Approach _____</p> <p>_____</p> <p><input type="checkbox"/> C-2 Strategy _____</p> <p>_____</p> <p>Goal/Expected Outcome:</p> |
| <p>Comprehensive Nutrition Education:</p> <p><input type="checkbox"/> E-2.1 Purpose of the nutrition education _____</p> <p><input type="checkbox"/> E-2.2 Recommended modifications _____</p> <p>_____</p> <p><input type="checkbox"/> E-2.3 Advanced or related topics _____</p> <p>_____</p> <p><input type="checkbox"/> E-2.4 Result interpretation _____</p> <p><input type="checkbox"/> E-2.5 Skill development _____</p> <p><input type="checkbox"/> Other: _____</p> <p>Goal/Expected Outcome:</p> | <p>Coordination of Other Care During Nutrition Care:</p> <p><input type="checkbox"/> RC-1.1 Team meeting _____</p> <p><input type="checkbox"/> RC-1.2 Referral to RD with different expertise _____</p> <p><input type="checkbox"/> RC-1.3 Collaboration/referral to other providers _____</p> <p><input type="checkbox"/> RC-1.4 Referral to community agencies/program _____</p> <p>Goal/Expected Outcome:</p> |
| <p>Other:</p> <p>_____</p> <p>Goal/Expected Outcome:</p> | <p>Other:</p> <p>_____</p> <p>Goal/Expected Outcome:</p> |

Materials Provided:

| | | |
|---|--|---|
| <input type="checkbox"/> Dairy Foods and Weight Loss: Is There a Connection?* | <input type="checkbox"/> Real Solutions Weight Loss Workbook*** | <input type="checkbox"/> Sample Reduced Calorie Menus**** |
| <input type="checkbox"/> Low-Carbohydrate Diets: Hype or Hope?* | <input type="checkbox"/> Understanding Food Labels*** | <input type="checkbox"/> Shopping – What To Look For**** |
| <input type="checkbox"/> Meal Patterns and Weight Control* | <input type="checkbox"/> Dining Out—How To Choose**** | <input type="checkbox"/> Weekly Food and Activity Diary**** |
| <input type="checkbox"/> Meal Replacements as a Weight Management Tool* | <input type="checkbox"/> Food Preparation—What To Do**** | <input type="checkbox"/> Weight and Goal Record**** |
| <input type="checkbox"/> Portion Distortion* | <input type="checkbox"/> Guide to Behavior Change**** | <input type="checkbox"/> Other: |
| <input type="checkbox"/> The Importance of Meal Timing* | <input type="checkbox"/> Guide to Physical Activity**** | |
| <input type="checkbox"/> Alcohol Tips** | <input type="checkbox"/> Lower Calorie, Lower Fat Alternatives**** | |

*ADA Adult Weight Management EAL Toolkit; **ADA Nutrition Care Manual; ***ADA Publications; ****NHLBI Practical Guide Appendices

Follow Up Plan for Monitoring and Evaluation (√ indicator and specify criteria)

| | |
|---|--|
| <p>Nutrition-Related Behavioral-Environmental Outcomes</p> <p>Beliefs/Attitudes</p> <ul style="list-style-type: none"> <input type="checkbox"/> Readiness to change <input type="checkbox"/> Perceived consequence of change <input type="checkbox"/> Perceived costs versus benefits of change <input type="checkbox"/> Perceived risk <input type="checkbox"/> Outcome expectancy <input type="checkbox"/> Conflict with personal/ family value system <input type="checkbox"/> Self-efficacy <p>Food and nutrition knowledge</p> <ul style="list-style-type: none"> <input type="checkbox"/> Level of knowledge <input type="checkbox"/> Areas of knowledge <p>Behavior</p> <ul style="list-style-type: none"> <input type="checkbox"/> Meal/snack planning ability <input type="checkbox"/> Food/meal selection <input type="checkbox"/> Food/meal preparation ability <input type="checkbox"/> Self-reported adherence <input type="checkbox"/> Goal setting ability <input type="checkbox"/> Portion size eaten <input type="checkbox"/> Self-care management ability <p><input type="checkbox"/> Self-monitoring ability</p> <p><input type="checkbox"/> Ability to build and utilize social support</p> <p><input type="checkbox"/> Ability to manage behavior in response to stimuli</p> <p>Access</p> <ul style="list-style-type: none"> <input type="checkbox"/> Access to a sufficient quantity of healthful food <input type="checkbox"/> Access to safe food <p>Physical Activity and Function</p> <ul style="list-style-type: none"> <input type="checkbox"/> Consistency/frequency <input type="checkbox"/> Duration <input type="checkbox"/> Intensity <input type="checkbox"/> Strength <input type="checkbox"/> Other: <p>Related to Intervention (code) _____</p> <p>Criteria:</p> | <p>Food and Nutrient Intake Outcomes</p> <p>Energy Intake</p> <ul style="list-style-type: none"> <input type="checkbox"/> Total Energy Intake <p>Beverage Intake</p> <ul style="list-style-type: none"> <input type="checkbox"/> Oral Fluids Amounts <input type="checkbox"/> Liquid meal replacement <p>Food intake</p> <ul style="list-style-type: none"> <input type="checkbox"/> Food variety <input type="checkbox"/> Number of food group servings <p>Alcohol intake</p> <ul style="list-style-type: none"> <input type="checkbox"/> Drink size/volume <input type="checkbox"/> Frequency <p>Bioactive substance intake</p> <ul style="list-style-type: none"> <input type="checkbox"/> Plant sterol and stanol esters <input type="checkbox"/> Soy protein <input type="checkbox"/> Psyllium and β-glucan <p>Caffeine intake</p> <ul style="list-style-type: none"> <input type="checkbox"/> Total caffeine <p>Fat and cholesterol intake</p> <ul style="list-style-type: none"> <input type="checkbox"/> Total fat <input type="checkbox"/> Saturated fat <input type="checkbox"/> Trans fatty acids <input type="checkbox"/> Polyunsaturated fat <input type="checkbox"/> Monounsaturated fat <input type="checkbox"/> Omega-3 fatty acids <input type="checkbox"/> Dietary cholesterol <p>Protein intake</p> <ul style="list-style-type: none"> <input type="checkbox"/> Total protein <input type="checkbox"/> High biological value protein <input type="checkbox"/> Casein <input type="checkbox"/> Whey <input type="checkbox"/> Soy protein <input type="checkbox"/> Amino acids <input type="checkbox"/> Essential amino acids <p>Carbohydrate intake</p> <ul style="list-style-type: none"> <input type="checkbox"/> Total carbohydrate <input type="checkbox"/> Sugar <input type="checkbox"/> Starch <input type="checkbox"/> Glycemic index <input type="checkbox"/> Glycemic load <p>Fiber intake</p> <ul style="list-style-type: none"> <input type="checkbox"/> Total fiber <input type="checkbox"/> Soluble fiber <input type="checkbox"/> Insoluble fiber <input type="checkbox"/> Other: <p>Related to Intervention (code) _____</p> <p>Criteria:</p> |
| <p>Nutrition-Related Physical Sign/Symptom Outcomes</p> <p>Anthropometric</p> <ul style="list-style-type: none"> <input type="checkbox"/> Body mass index (kg/m²) <input type="checkbox"/> IBW or UBW percentage <input type="checkbox"/> Weight/weight change <input type="checkbox"/> Body fat percentage <input type="checkbox"/> Triceps skin fold <input type="checkbox"/> Waist circumference <input type="checkbox"/> Waist-hip ratio <p>Glucose profile</p> <ul style="list-style-type: none"> <input type="checkbox"/> Glucose, fasting <input type="checkbox"/> Glucose, casual <input type="checkbox"/> HgbA1c <input type="checkbox"/> Pre-prandial capillary plasma glucose <input type="checkbox"/> Peak postprandial capillary plasma glucose <p>Lipid profile</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cholesterol, serum <input type="checkbox"/> Cholesterol, HDL <input type="checkbox"/> Cholesterol, LDL <input type="checkbox"/> Triglycerides, serum <p>Nutrition physical exam findings</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cardiovascular-pulmonary <input type="checkbox"/> Extremities, musculo-skeletal <input type="checkbox"/> Vital signs: _____ <input type="checkbox"/> Other: <p>Related to Intervention (code) _____</p> <p>Criteria:</p> | <p>Nutrition-Related Patient/Client-centered Outcomes</p> <p>Nutrition Quality of Life</p> <ul style="list-style-type: none"> <input type="checkbox"/> Food impact <input type="checkbox"/> Physical state <input type="checkbox"/> Psychological factors <input type="checkbox"/> Self-image <input type="checkbox"/> Self-efficacy <input type="checkbox"/> Social/interpersonal factors <input type="checkbox"/> Nutrition quality of life score <input type="checkbox"/> Other: <p>Related to Intervention (code) _____</p> <p>Criteria:</p> |