Live Webinar: Wednesday January 12, 2021 (2:00-3:00pm

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Description and Speaker:

Are you strategically integrating NFPE in your clinical expertise? Are you using the NFPE findings along with other health screening assessment findings to justify the need for additional laboratory and diagnostic testing? Learn to make clinical connections between NFPE findings for malnutrition, nutrient deficiencies and declining functional status. Prepare to strategically use NFPE findings to determine the need for additional health assessment screenings, laboratory and diagnostic testing.

Join award winning dietitian, **Dr. Mary Litchford, PhD, RDN, LDN** to Discuss Best Practices in Nutrition Focused Physical Exam!

Objectives:

After completing this continuing education course, the learner should be able to:

- 1. Critique your current level of expertise of NFPE in clinical practice.
- 2. Examine the interrelationships between malnutrition, declining functional status and sarcopenia as significant factors impacting well-being and quality of life.
- 3. Identify strategies to incorporate health screening assessments into the comprehensive nutrition assessment.

Disclosure: Dr. Litchford discloses that she is a paid presenter on this topic for Abbott Labs, however, she certifies that no conflict of interest exists for this program.

Commission on Dietetic

Professional Approvals:

Becky Dorner & Associates has been a Continuing Professional Education Accredited Provider (NU004) with the Commission on Dietetic Registration since 2002.

This course is intended for: RDNs	CDR Activity Type and Number:	
and CDCESs	Activity Type: 171 Live webinar/175 Recorded Webinar	
	Activity number: 167412 Recorded Webinar: 167413	
Course CPE Hours:1	CDR Level: 3	
Suggested CDR Performance Indicators: 4.2.5, 4.2.6, 8.2.2, 10.2.5		

Note: Numerous Other Performance Indicators May Apply.

Expiration Date for Recorded Webinar: May 31, 2024.

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Mary D. Litchford PhD, RDN, LDN



Disclosures
Consultant to Prosynthesis
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- NPIAP representative to the 2019 Guideline Governance Group (1st RDN to serve on this group)
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Best Practices in Nutrition Focused Physical Exam



Mary D. Litchford PhD, RDN, LDN

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Objectives

- Critique your current level of expertise of NFPE in clinical practice.
- Examine the interrelationships between malnutrition, declining functional status and sarcopenia as significant factors impacting well-being and quality of life.
- Identify strategies to incorporate health screening assessments into the comprehensive nutrition assessment.

Think About Your Plans to Advance Your Practice in 2022...

- New nutrition care delivery system?
- Impact of pandemic on health of clients?
- Impact of new research on diet and disease?
- New ASCEND competencies for dietetic interns?



4

New NFPE-Related Competencies for Dietetic Interns Starting 6/1/2022

Domain 3. Clinical and Client Services:

CRDN 3.2 Conduct nutrition focused physical exams.(unchanged)

CRDN 3.3 Perform routine health screening assessments including measuring blood pressure, conducting waived point-of-care laboratory testing (i.e. blood glucose or cholesterol), initiating pharmacotherapy plans (i.e. insulin management), & administering vaccine injections (flu shots). ${\sf CRDN~3.4~Provide~instruction~for~self-monitoring~blood~glucose,~insulin~administration~and~adjusting}$

CRDN 3.5 Insert nasogastric or nasoenteric feeding tubes.

CRDN 3.6 Initiate and conduct bedside swallow screenings.

https://www.eatrightpro.org/-/media/eatrightpro-files/acend/accreditation-stand 4142021.pdf?la=en&hash=C3E2CADE0DB90DE4D8C4D0B5E4E7153CB0C62C6A

5

How would you critique your level of expertise doing NFPE in clinical practice?



Triple D's of NFPE

Do your homework

- Stay current on the Triple D's

 Evidenced-based connections between Diet-Disease-Diagnosis (Nutrition)

Make a list of common Triple D's you see in your practice.

- What do I usually see?
- What might I be missing?

Diet	Disease/Condition	Nutrition Diagnosis Supported by NFPE

7

Examples of Triple D's of NFPE

Diet	Disease/Condition	Nutrition Diagnosis Supported by NFPE
Poor quality diet: high in low quality carbs and unhealthy fats	Obesity Type 2 diabetes Impaired cognitive status	Moderate malnutrition/ loss of muscle nuscle Nutrition-related anemia Medication-related anemia Alcohol-related micronutrient deficiencies (Vitamins A, D, E, C, B12, thiamine; Minerals Fe, Ca, Zn, Mg)
Low energy, low protein diet	Underweight Hospitalization for acute illness or injury	Dehydration Moderate to severe malnutrition/ loss of muscle Difficulty swallowing

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Optimize NFPE in Your Practice

Use your time wisely

- Use validated malnutrition screening and other health screening tools
- Gathering information from medical
- record or patient generated documents Collaborate with healthcare team members
- Make an initial risk assessment
- Have a plan to weave NFPE into the



R-MAPP Remote Consultation of Malnutrition in the Primary Practice Functional status impacts ability to eat Malnutrition risk (MUST) Sarcopenia risk (MUST) Sarcopenia risk (SARC-F) EAT-10 Swallowing test EAT-10 Swallowing test EAT-10 Swallowing test Installed Strategy Tool 1 Next64 Health Science Installed Strategy Tool 1 Next64 Health Science Decision & Action Plan Interventions Word Angulation 2003-30(7):165-1697 Hitting Town distributions and construction of CRAT-01, Am Oct 8 third Language 117: 918-904, 2008. Word Language Communication 2003-30(7):1651-1697 Hitting Town distributions and construction of CRAT-01, Am Oct 8 third Language 117: 918-904, 2008. WORLD ANGULATION OF CRATEGO A

10

Optimize NFPE in Your Practice

Share your passion for healthy lifestyle choices

- Explain to the client & family the purpose of NFPE
- Create a "WIIFM sound bite" or word picture
- Ask permission to do exam



© CSB, 2022

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Start Global Assessment → Focused Assessment

Commonly Used Order of Body Systems for NFPE

- General Overview/First Impressions
- Vitals
- SkinNails
- Hair
- HEENT (head, eyes, ears, nose, throat)
- Oral Cavity/Mouth
- Neck/Chest
- Abdomen
- Musculoskeletal

Esper, 2015



D CSB, 2022

Malnutrition Assessment Criteria Academy/ASPEN Criteria Global Leadership Initiative on Malnutrition Must have 2 criteria. 3 content: acute, chronic, Phenotypic Criteria (1 or more; severity determined by Etiologic Criteria (1 or more) environmental phenotypic criteria Evidence of reduced energy Weight loss Reduced food intake or assimilation Unintended weight loss Low BMI Disease Burden/inflammation Reduced Muscle Mass Loss of Fat Loss of Muscle Mass White, 2012 Cederlom, 2019 Fluid Accumulation Reduced Grip Strength

13

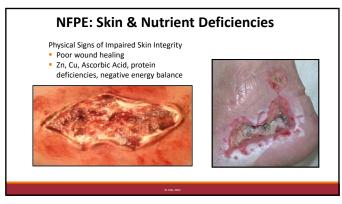


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NFPE: Skin & Nutrient Deficiencies Physical Signs in Skin Appearance Due to: Vitamin A Deficiency (impaired night vision) Follicular Hyperkeratosis Niacin Deficiency Early & Advanced Pellagra

16



17

NFPE: HEENT & Nutrient Deficiencies Physical Signs Notes on HEENT: Loss of orbital fat Loss of buccal fat Temporalis wasting Masseter wasting

NFPE: Oral Cavity & Nutrient Deficiencies

- Oral cavity
- Corners of mouth
- Teeth
- Gums
- Tongue



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NFPE: Oral Cavity & Nutrient Deficiencies

- Angular Stomatitis
 Riboflavin Deficiency other B vitamins
 Fe deficiency
 Protein deficiency









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NFPE: Oral Cavity & Nutrient Deficiencies

Signs of Ascorbic Acid Deficiencies



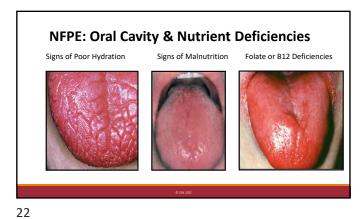


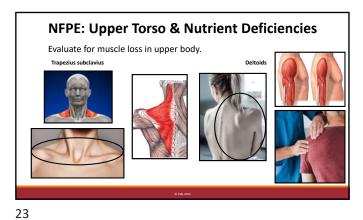






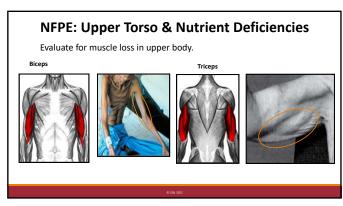






NFPE: Upper Torso & Nutrient Deficiencies

Evaluate for muscle loss in upper body.
trapezius supraspinatus, infraspinatus, latissimus dorsi muscles



25

26









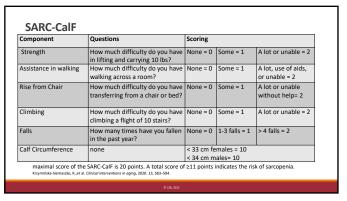


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32

NFPE: Lower Torso & Nutrient Deficiencies 1. Evaluate quality of muscle massfirm vs stringy vs soft 2. Strength of legs to stand & walk Normal Gastrocnemius Muscle Mass vs Significant Loss 1. Indicate the strength of legs to stand & walk 2. Strength of legs to stand & walk Normal Gastrocnemius Muscle Mass vs Significant Loss



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NFPE: Lower Torso & Sarcopenia

Measuring Calf Circumference

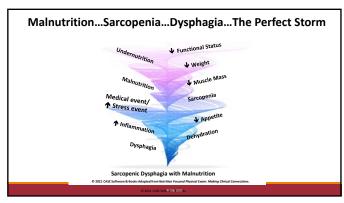
- Participant can be standing or seated or lying down
- Calf exposed
- Legs relaxed
- Flat heeled shoes or no shoes
- Use non-stretchable, flexible measuring tape
- Find the largest girth of calf
- Measure the girth of right and left calf
- Widest girth varies from 4-6 inches from midpoint of patella



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Measuring Functional Status Low functional scores • chair stands: > 15 sec/5 rises • walking: 400 m in ≥ 6 min • balance: <10 sec/position Balance Tests Guarint, 1994, 1995









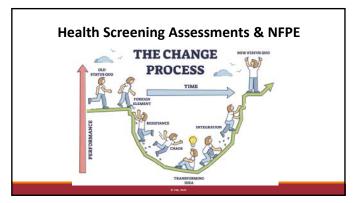
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Health Screening Assessments & NFPE 1. Get out of your comfort zone! Comfort is the enemy of achievement 2. Make a plan: • what you can do in next 30 days • what you can do in next 6 months 3. Determine which health screenings your organization is doing now if you do not know. How can you access these findings? 4. Use ASCEND competencies as your guide. Health Screens: SARC-Galf. European Consensus on Sarcopenial(EWGSOP2). Eat-

Health assessments- BP, point oif care blood tests, injections

10, Swallowing pre-screen and bedside swallowing screen.

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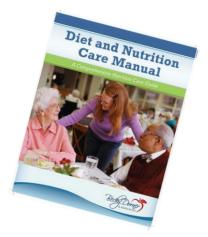
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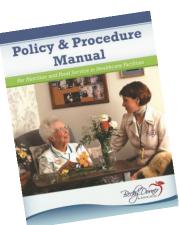
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