

INTAKE DOMAIN: Defined as “actual problems related to intake of energy, nutrients, fluids, bioactive substances through oral diet or nutrition support”

Energy Balance		Defined as “actual or estimated changes in energy (kcal) balance”
Increased Energy Expenditure	NI-1.2	Resting metabolic rate (RMR) more than predicted requirements due to body composition, medications, endocrine, neurologic, or genetic changes
Inadequate* Energy Intake 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).	NI-1.4	Energy intake that is less than energy expenditure, established reference standards, or recommendations based on physiological needs.
Excessive Energy Intake Note: May not be appropriate nutrition diagnosis when weight gain is desired.	NI-1.5	Energy intake that exceeds energy expenditure, established reference standards, or recommendations based on physiological needs
Predicted Suboptimal Energy Intake Note: May not be an appropriate nutrition diagnosis during weight loss. Use Inadequate Energy Intake (NI-1.4) when current energy intake is less than energy expenditure.	NEW NI-1.6	Future energy intake that is anticipated, based on observation, experience, or scientific reason, to be less than estimated energy expenditure, established reference standards, or recommendations based on physiological needs.
Predicted Excessive Energy Intake Note: May not be appropriate nutrition diagnosis when weight gain is desired. Use Excessive Energy Intake (NI-1.5) when current energy intake is more than energy expenditure.	NEW NI-1.7	Future energy intake that is anticipated, based on observation, experience, or scientific reason, to exceed estimated energy expenditure, established reference standards, or recommendations based on physiological needs.
Oral or Nutrition Support Intake		Defined as “actual or estimated food and beverage intake from oral diet or nutrition support compared with patient goal”
Inadequate* Oral Intake Note A Note: This nutrition diagnosis does not include intake via oroenteric tube. 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 .	NI-2.1	Oral food/beverage intake that is less than established reference standards or recommendations based on physiological needs.
Excessive Oral Intake Note: This nutrition diagnosis does not include intake via oroenteric tube. May not be an appropriate nutrition diagnosis when weight gain is desired.	NI-2.2	Oral food/beverage intake that exceeds estimated energy needs, established reference standards, or recommendations based on physiological needs.
Inadequate* Enteral Nutrition Infusion 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).	NI-2.3	Enteral infusion that provides fewer calories or nutrients compared to established reference standards or recommendations based on physiological needs.
Excessive Enteral Nutrition Infusion	NI-2.4	Enteral or parenteral infusion provides more calories or nutrients compared to established reference standards or recommendations based on physiological needs.
Less than Optimal Enteral Nutrition	NEW NI-2.5	Enteral nutrition composition or modality that is inconsistent with evidence-based practice.
Inadequate* Parenteral Nutrition Infusion 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).	NEW NI-2.6	Parenteral infusion that provides fewer calories or nutrients compared to established reference standards or recommendations based on physiological need
Excessive parenteral nutrition infusion	NEW NI-2.7	Parenteral infusion that provides more calories or nutrients compared to established reference standards or recommendations based on physiological needs
Less than optimal parenteral nutrition	NEW NI-2.8	Parenteral nutrition composition or modality that is inconsistent with evidence-based practice.
Limited Food Acceptance Note: May not be an appropriate nutrition diagnosis for individuals with anorexia nervosa, bulimia nervosa, binge eating disorder or eating disorder not otherwise specified (EDNOS). Pls consider Disordered Eating Pattern (NB-1.5)	NEW NI-2.9	Oral food/beverage intake that is inconsistent with reference standard intake for type, variety, or quality.

Fluid Intake			Defined as “actual or estimated fluid intake compared with patient goal”
Inadequate* Fluid Intake	Note A	NI-3.1	Lower intake of fluid-containing foods or substances compared to established reference stds or recommendations based on physiological needs
Excessive Fluid Intake		NI-3.2	Higher intake of fluid compared to established reference standards or recommendations based on physiological needs.
Bioactive Substances			Defined as “actual or observed intake of bioactive substance, including single or multiple functional food components, ingredients, dietary supplements, alcohol”
Suboptimal Bioactive Substance Intake <small>Working definition of bioactive substance: physiologically active components of foods that may have an effect on health. There is no scientific consensus about a definition</small>		NI-4.1	Lower intake of bioactive substances compared to established reference standards or recommendations based on physiological needs.
Excessive Bioactive Substance Intake		NI-4.2	Higher intake of bioactive substances compared to established reference standards or recommendations based on physiological needs.
Excessive Alcohol Intake		NI-4.3	Intake more than the suggested limits for alcohol.
Nutrient			Defined as “actual or estimated intake of specific nutrient groups or single nutrients as compared with desired levels”
Increased Nutrient Needs (specify)		NI-5.1	Increased need for a specific nutrient compared to established reference standards or recommendations based on physiological needs.
Malnutrition		NI-5.2	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.
Inadequate* Protein–Energy Intake	Note A	NI-5.3	Inadequate intake of protein and/or energy compared to established reference standards or recommendations based on physiological needs of short or recent duration.
Decreased Nutrient Needs (specify)		NI-5.4	Decreased need for a specific nutrient compared to established reference standards or recommendations based on physiological needs.
Imbalance of Nutrients		NI-5.5	An undesirable combination of nutrients, such that the amount of one nutrient interferes with or alters absorption and/or utilization of another nutrient.
Fat and Cholesterol			
Inadequate* Fat Intake	Note A	NI-5.6.1	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.			
Excessive Fat Intake		NI-5.6.2	Higher fat intake compared to established reference standards or recommendations based on physiological needs
Inappropriate Intake of Fats (specify)		NI-5.6.3	Intake of wrong type or quality of fats compared to established reference standards or recommendations based on physiological needs
Protein			
Inadequate* Protein Intake	Note A	NI-5.7.1	Lower intake of protein compared to established reference standards or recommendations based on physiological needs.
Excessive Protein Intake		NI-5.7.2	Intake more than the recommended level of protein compared to established reference standards or recommendations based on physiological needs.
Inappropriate Intake of <u>Proteins</u> or Amino Acids (specify) (IDNT V3 changed so now includes protein)		NEW NI-5.7.3	Intake of an amount of a specific type of protein or amino acid compared to established reference standards or recommendations based on physiological needs.
Carbohydrate and Fiber			
Inadequate* Carbohydrate Intake	Note A	NI-5.8.1	Lower intake of carbohydrate compared to established reference standards or recommendations based on physiological needs.
Excessive Carbohydrate Intake		NI-5.8.2	Intake more than the recommended level and type of carbohydrate compared to established reference standards or recommendations based on physiological needs.

Inappropriate Intake of Types of Carbohydrates (specify) Note: Types of carbohydrate can refer generally to sugars, starch and fiber or specific carbohydrates (e.g., sucrose, fructose, lactose). <u>Intolerance to the protein component</u> of grains (e.g., gluten) should be documented using the Inappropriate Intake of Proteins or Amino Acids (NI-5.7.3) reference sheet.	NI-5.8.3	Intake of an amount of a specific type of carbohydrate that is more or less than the established reference standards or recommendations based on physiological needs.
Inconsistent Carbohydrate Intake	NI-5.8.4	Inconsistent timing of carbohydrate intake throughout the day, day to day, or a pattern of carbohydrate intake that is not consistent with recommended pattern based on physiological or medication needs.
Inadequate* Fiber Intake Note A	NI-5.8.5	Lower intake of fiber compared to established reference stds or recommendations based on physiological needs
Excessive Fiber Intake	NI-5.8.6	Higher intake of fiber compared to recommendations based on patient/client condition.
Inadequate/Excessive Vitamin/Mineral Intake (Specify)		
Vitamin: Inadequate NI-5.9.1 , Excessive NI-5.9.2 Mineral: Inadequate NI-5.10.1 , Excessive NI-5.10.2	Detail in manual	Vitamin: (3) D, (6) B1 (7) B2, (8) B3, (9) Folate, (11) B12 Mineral: (1) Ca, (3) Fe, (5) K ⁺ , (6) Phos, (7) Na ⁺ , (8) Zn
Multi-Nutrient		
Predicted Suboptimal Nutrient Intake (Specify)	NEW NI-5.11.1	Future intake of one or more nutrients that is anticipated, based on observation, experience, or scientific reason, to fall short of estimated nutrient requirements, established reference standards, or recommendations based on physiological needs.
Predicted Excessive Nutrient Intake (Specify)	NEW NI-5.11.2	Future intake of one or more nutrients that is anticipated, based on observation, experience, or scientific reason, to be more than estimated nutrient requirements, established reference standards, or recommendations based on physiological need

*If a synonym for the term “inadequate” is helpful or needed, an approved alternate is the word “suboptimal.”

Note A : 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. (Institute of Medicine. *Dietary Reference Intakes: Applications in Dietary Assessment*. Washington, DC: National Academies Press; 2000.)

CLINICAL DOMAIN: Defined as “nutritional findings/problems identified that relate to medical or physical conditions”

Functional		Defined as “change in physical or mechanical functioning that interferes with or prevents desired nutritional consequences”
Swallowing Difficulty	NC-1.1	Impaired or difficult movement of food and liquid within the oral cavity to the stomach.
Biting/Chewing (Masticatory) Difficulty	NC-1.2	Impaired ability to bite or chew food in preparation for swallowing.
Breastfeeding Difficulty	NC-1.3	Inability to sustain infant nutrition through breastfeeding.
Altered Gastrointestinal (GI) Function	NC-1.4	Changes in digestion, absorption, or elimination.
Biochemical		Defined as “change in capacity to metabolize nutrients as a result of medications, surgery, or as indicated by altered lab values”
Impaired Nutrient Utilization	NC-2.1	Changes in ability to metabolize nutrients and bioactive substances.
Altered Nutrition-Related Laboratory Values (specify)	NC-2.2	Changes due to body composition, medications, body composition changes or genetics, or changes in ability to eliminate by products of digestive and metabolic processes
Food–Medication Interaction	NC-2.3	Undesirable/harmful interaction(s) between food and over-the-counter (OTC) medications, prescribed medications, herbals, botanicals, and/or dietary supplements that diminishes, enhances, or alters the effect of nutrients and/or medications.
Predicted Food–Medication Interaction Note: Appropriate nutrition diagnosis when food–medication interaction is predicted, but has not yet occurred. This nutrition diagnosis is used when the practitioner wants to prevent a nutrient-medication interaction. Observed food-medication interactions should be documented using Food-Medication Interaction (NC-2.3.1).	NEW NC-2.4	Potential undesirable/harmful interaction(s) between food and over-the-counter (OTC) medications, prescribed medications, herbals, botanicals, and/or dietary supplements that diminishes, enhances, or alters the effect of nutrients and/or medications.

Weight (IDNT V3 changed “involuntary” to “unintended”)		Defined as “chronic weight or changed weight status when compared with usual or desired body weight”
Underweight	NC-3.1	Low body weight compared to established reference standards or recommendations.
Unintended* Weight Loss Note: May not be an appropriate nutrition diagnosis when changes in body weight are due to fluid.	NC-3.2	Decrease in body weight that is not planned or desired.
Overweight/Obesity	NC-3.3	Increased adiposity compared to established reference standards or recommendations, ranging from overweight to morbid obesity.
Unintended* Weight Gain	NC-3.4	Weight gain more than that which is desired or planned

Behavioral-Environmental Domain: *Defined as “nutritional findings/problems identified that relate to knowledge, attitudes/beliefs, physical environment, access to food, or food safety”*

Knowledge and Beliefs		Defined as “actual knowledge and beliefs as related, observed, or documented”
Food- and nutrition-related knowledge deficit	NB-1.1	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
Harmful beliefs/attitudes about food or nutrition-related topics Note: USE WITH CAUTION TO BE SENSITIVE TO PATIENT CONCERNS	NB-1.2	Beliefs/attitudes and practices about food, nutrition, and nutrition-related topics that are incompatible with sound nutrition principles, nutrition care, or disease/condition (excluding disordered eating patterns and eating disorders.
Not ready for diet/lifestyle change	NB-1.3	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.
Self-monitoring deficit	NB-1.4	Lack of data recording to track personal progress
Disordered eating pattern Note: May not be an appropriate nutrition diagnosis for individuals with Limited Food Acceptance NI-2.9.	NB-1.5	Beliefs, attitudes, thoughts, and behaviors related to food, eating, and weight management, including classic eating disorders as well as less severe, similar conditions that negatively impact health.
Limited adherence to nutrition-related recommendations	NB-1.6	Lack of nutrition-related changes as per intervention agreed upon by client or population.
Undesirable food choices	NB-1.7	Food and/or beverage choices that are inconsistent with DRIs, US Dietary Guidelines, or MyPyramid, or with targets defined in the nutrition prescription or nutrition care process
Physical Activity and Function		Defined as “actual physical activity, self-care, and quality-of-life problems as reported, observed, or documented”
Physical inactivity	NB- 2.1	Low level of activity or sedentary behavior to the extent that it reduces energy expenditure and impacts health.
Excessive physical activity	NB- 2.2	Involuntary or voluntary physical activity or movement that interferes with energy needs, growth, or exceeds that which is necessary to achieve optimal health.
Inability or lack of desire to manage self-care	NB- 2.3	Lack of capacity or unwillingness to implement methods to support healthful food- and nutrition-related behavior
Impaired ability to prepare foods/meals	NB- 2.4	Cognitive or physical impairment that prevents preparation of foods/fluids.
Poor nutrition quality of life (NQOL)	NB- 2.5	Diminished patient/client perception of quality of life in response to nutrition problems and recommendations.
Self-feeding difficulty	NB- 2.6	Impaired actions to place food or beverages in mouth.
Food Safety and Access		Defined as “actual problems with food access or food safety”
Intake of Unsafe Food	NB-3.1	Intake of food and/or fluids intentionally or unintentionally contaminated with toxins, poisonous products, infectious agents, microbial agents, additives, allergens, &/or agents of bioterrorism.
Limited Access to Food and/or Water	NB-3.2	Diminished ability to acquire a sufficient quantity and variety of healthful food and/or potable water based on the US Dietary Guidelines, MyPyramid or Dietary reference intakes
Limited Access to Nutrition - Related Supplies	NEW NB- 3.3	Diminished ability to acquire nutrition-related supplies based on identified needs.

