

NUTRITION PROGRESS NOTES - HIV/AIDS

Other Diagnosis: _____

Patient's Name: _____

Medical Record #: _____

Stage 1 2 3

DOB: _____ Gender: _____

Ethnic Background (Optional): _____

Outcomes of Medical Nutrition Therapy (MNT)

Referring Physician: _____

Expected Outcome	Intervention provided to meet goal (Intervention = self-management training plus patient verbalizes/demonstrates)			Goal reached (Check indicates goal reached)		
	Date Session	1 (60 min)	2 (30 min)	3 (30 min)	1	2
Clinical Outcomes Albumin _____ mg/dL Prealbumin _____ mg/dL HgB _____ g/dL Hct _____ vol % Cholesterol _____ mg/dL Triglycerides _____ mg/dL BUN _____ mg/dL Creatinine _____ mg/dL CD4 _____ Height _____ Weight _____ Lean body mass (LBM) _____ ↓ or no diarrhea ↓ Or no nausea/vomiting Other _____ _____				Value _____ mg/dL _____ mg/dL _____ g/dL _____ vol % _____ mg/dL _____ mg/dL _____ mg/dL _____ mg/dL _____ _____ lb _____ _____ x/day _____ x/day	Value _____ mg/dL _____ mg/dL _____ g/dL _____ vol % _____ mg/dL _____ mg/dL _____ mg/dL _____ mg/dL _____ _____ lb _____ _____ x/day _____ x/day	Value _____ mg/dL _____ mg/dL _____ g/dL _____ vol % _____ mg/dL _____ mg/dL _____ mg/dL _____ mg/dL _____ _____ lb _____ _____ x/day _____ x/day
MNT Goal <ul style="list-style-type: none"> Maintain adequate intake of calories and protein Select foods to limit side effects Stable weight 				_____ Cal _____ g Pro _____ g fat _____ meals _____ snacks	_____ Cal _____ g Pro _____ g fat _____ meals _____ snacks	_____ Cal _____ g Pro _____ g fat _____ meals _____ snacks
Behavioral Outcomes <ul style="list-style-type: none"> Maintains hydration Prevents food/water-borne illnesses Consumes high-calorie/protein foods as prescribed Consumes/avoids foods that lessen side effects of infection/meds Uses acceptable nutrition therapies ↓, or stops smoking Participates in resistance exercise 3 x/wk Verbalizes potential food/drug interaction 				_____ppd _____x/wk	_____ppd _____x/wk	_____ppd _____x/wk
Overall Compliance Potential <ul style="list-style-type: none"> Comprehension Receptivity Adherence 				E G P E G P E G P	E G P E G P E G P	E G P E G P E G P

HIV/AIDS

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HIV/AIDS Medical Nutrition Therapy Protocol

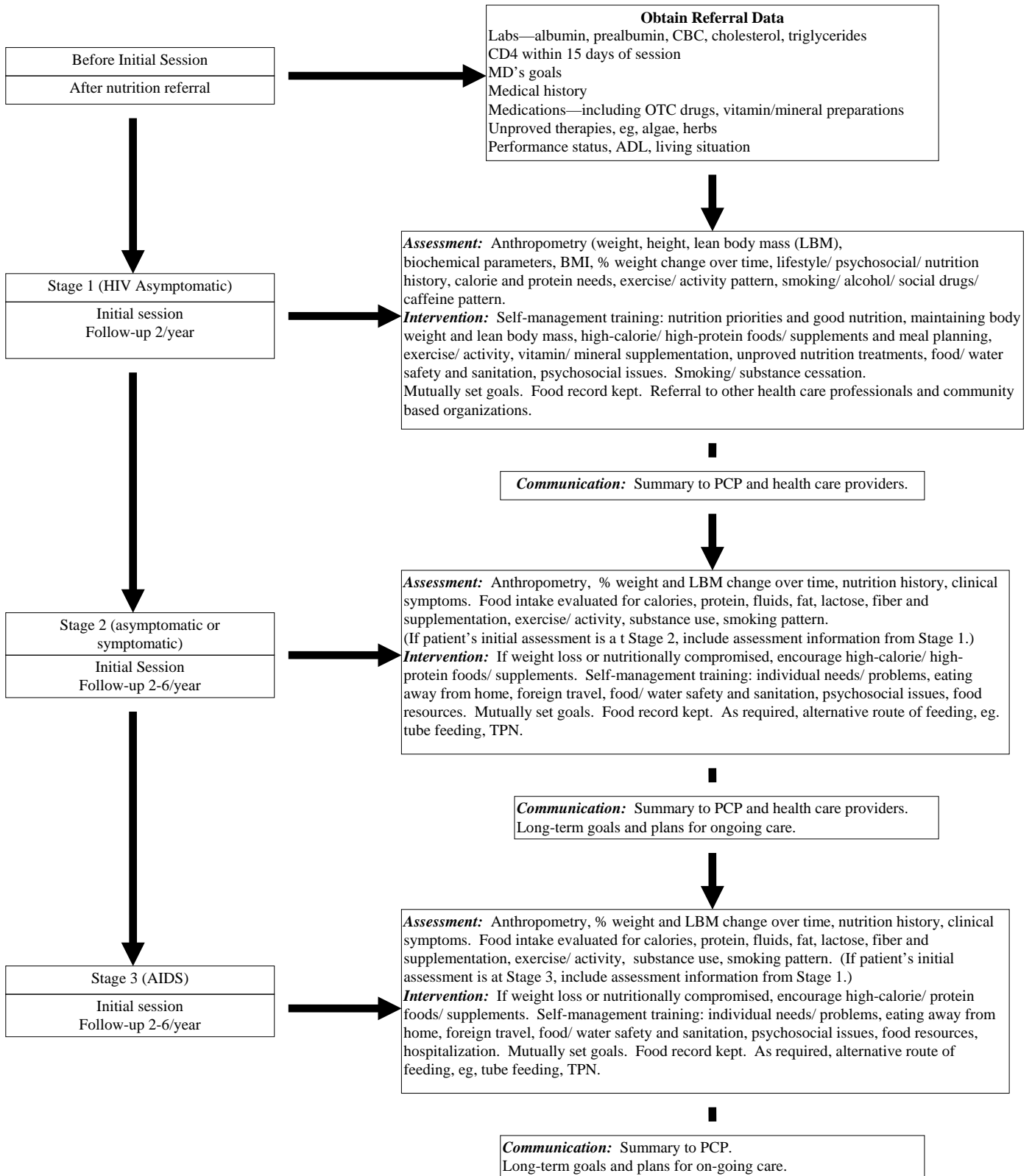
Setting: Ambulatory Care (Adult 18+ years old)

Number of sessions: see stage for number of sessions

No. of interventions	Length of contact	Time between interventions	Cost/charge
Stage 1 1-2 F/U session/yr	60 minutes initial 15-30 minutes F/U session	based on assessment and/or need	
Stage 2 2-6 sessions/yr	30-60 minutes initial 15-30 minutes F/U session	based on assessment and/or need	
Stage 3 2-6 sessions/yr	30-60 minutes initial 15-30 minutes F/U session	based on assessment and/or need	

Expected Outcomes of Medical Nutrition Therapy

Outcome assessment factors	Base- line	Evaluation of Intervention		Expected outcome	Ideal/goal value
	Intervention				
	1	2	3		
Clinical outcomes - Biochemical parameters (measure <15 days prior to nutrition session) - Albumin, prealbumin - CBC - Cholesterol, triglycerides - CD4, CD8, viral load - BUN, creatinine - Electrolytes - Anthropometrics Weight, height, LBM - Clinical signs and symptoms Side effects				During stage I and II stay within normal levels Stage III: minimize ↓ in lab values Cholesterol, electrolytes: WNL Triglyceride, BUN, creatinine values: use to evaluate therapy Minimize weight loss, minimize lean body mass (LBM) loss Prevent dehydration, minimize severity of side infection and treat- ment: diarrhea, nausea/ vomiting, dysphagia	Albumin 3.5-5.0 mg/dL Prealbumin 19-43 mg/dL HgB > 12 g/dL (F) > 14 g/dL (M) Hct > 38% (F) > 44% (M) Cholesterol > 200 mg/dL Triglycerides > 160 mg/dL
Functional Outcome Adequate fluid/nutrition	✓	✓	✓	Maintain po adequate to perform ADL's per Kamofsky scale	Intake adequate to maintain self per Kamofsky scale
Behavioral Outcomes - Oral intake adequate to maintain weight - Employs food/ water safety and sanitation practices - Consumes ↑ calorie/ protein foods/supplements and has knowledge of alternative feeding routes - Includes/avoids foods based on side effects to medication or symptoms of infection - Supplements with acceptable doses of vitamins/ minerals; communicates use of unproven therapies to RD - Smoking/ caffeine/ social drugs - Exercise/ activities of daily living	✓	✓	✓	- Maintains weight, LBM, and hydration - Prevents food- and water- borne illness - Maintains weight and LBM/ minimizes symptoms - Minimizes side effects from meds and/or symptoms of infection - Avoids vitamin/ mineral deficiencies, prevents megadosing with unproved nutritional therapies - ↓ or stops smoking, caffeine use of social drugs. ↑ appetite and intake - Participates in resistance exercise 3 x/wk, maintains LBM	MNT Goals - Maintain weight, LBM, and hydration - Remain free of food and water illness - Prevent malnutrition and /or wasting - Relieve side effects to meds and/or symptoms of infection - Maintain adequate vitamin/ mineral intake



PCP = primary care provider

HIV/AIDS (HIV Asymptomatic, DC4 \geq 500) (Stage 1)

Medical Nutrition Therapy Protocol

Session/length: #1 for 60 minutes

Session Process

Assessment

A. Obtain clinical data:

1. Laboratory values with dates (within 15 days of session): albumin, prealbumin, CBC, BUN, creatinine, electrolytes, cholesterol, triglycerides, CD4, CD8 or viral load
2. Clinical symptoms: fevers/sweat, early satiety, voluntary energy expenditure, abnormal bowel habits (check for malabsorption), appetite, lean body mass (LBM)
3. Physician's goals for patient
4. Medical history: diabetes, cardiovascular disease, renal disease, GI abnormalities, pancreatitis, liver disease, hepatitis
5. All medications
6. Unproved therapies
7. Performance status: Karnofsky performance scale evaluation (see Cancer: Radiation Oncology protocol for tool)

B. Interview patient:

1. Clinical data: current height/weight, calculate BMI, % ideal and usual weight, % weight loss over time, bioelectrical impedance (BIA) or skinfold measurements (tricep skinfold and mid-arm muscle circumference), clinical symptoms
2. Nutrition history: usual food intake with attention to calories, fat, protein, lactose, and fiber content, weight history, use of vitamin/mineral/herb supplement(s), over-the-counter drugs, alcohol and caffeine intake, food and water safety and sanitation practices
3. Exercise pattern: type of activity, frequency, and duration
4. Psychosocial and economic issues: living situation, cooking facilities, finances, educational background, literacy, employment, ethnic or religious belief considerations, family support, substance use, food assistance (if applicable)
5. Knowledge/readiness to learn basic nutrition principles, attitude
6. Smoking history: present pattern, cessation or participation in smoking cessation program

Intervention

A. Provide self-management training of patient on identified goals/nutrition prescription:

1. Any HIV-related symptoms that are occurring
2. Importance of adequate nutrition to maintain good nutritional status
3. Rationale for maintaining body weight and maintaining LBM
4. Basic nutrition:
 - High-calorie food choices
 - High-protein food choices
 - Nutrient-dense foods
5. Importance of weight lifting and resistance exercise
6. Strategies to ensure eating habits, e.g., 6-9 mini-meals/day, food variety, concentrated protein sources, concentrated calorie sources, adequate fluid consumption
7. Vitamin/mineral supplementation
8. Evaluation of unproved nutrition treatment including diets, herbal preparations, vitamin mega doses, etc.

HIV/AIDS

Intervention, continued

- A. Provide self-management training of patient on identified goals/nutrition prescription, continued:
9. Evaluation of medical nutrition supplements to provide appropriate nutrition
 10. Food and water safety and sanitation. Include information on water supply for cryptosporidrin, giardia, etc. to minimize risk of food-borne infection.
 11. Psychosocial issues
 12. Over-the-counter drugs, alcohol, cigarettes, and caffeine
 13. Potential food/drug interaction, medication, and meal placement
 14. Meal planning/goal setting
 15. How to record food record and its importance in treatment
 16. Referral to appropriate community organization or other health care provider
- B. Provide self-management training and material:
1. Goals of nutrition therapy
 2. Review education materials containing information on:
 - High-calorie, high-protein foods
 - Food Pyramid or other healthy eating guidelines
 - Food and water safety and sanitation
 - Food record
 - Community resources for food
 3. *Outcome Measurements:*
 - Meets goal(s) set with dietitian, eg, better eating habits, safe cooking skills supplementing with vitamins/minerals
 - Takes steps to alleviate HIV-related symptoms
 - Manages weight and preserved LBM
 - Replenishes or preserves nutritional parameters
 - Verbalizes potential food/drug interaction
 - Has positive impact on quality of life, as indicated from Quality of Life instrument
 4. Document on Nutrition Progress Note.
- C. Follow up:
1. Schedule appointment as determined by protocol
 2. *Expected Outcome:*
 - Meets goal(s) set with dietitian.

Communication

1. Instruct patient to call with questions/concerns
2. Send copy of Initial Assessment and Nutrition Progress Note to referral source and place original in patient's medical record.
3. Call patient 24-48 hours prior to next appointment

HIV/AIDS (Asymptomatic or symptomatic, DC4_≤500) (Stage 2)

Medical Nutrition Therapy Protocol

Session/length: #1 for 60 minutes

Session Process

Assessment

Clinical data collected:

- Current weight and % change over time
- Food record kept by patient
- Laboratory values, as available
- Clinical symptoms: fevers/sweats, early satiety, voluntary energy expenditure, bowel habits (check for malabsorption), appetite status, difficulty chewing and swallowing, LBM
- Current medication
- Current exercise pattern
- Medical status
- Unproved therapies used or being considered

Outcome Measurements: Change in the patient's:

- Weight and LBM
- Food record
- Laboratory values
- Medication
- Exercise/activity pattern or Karnofsky performance scale evaluation
- Drug, caffeine, alcohol, and smoking pattern
- HIV symptoms

Intervention

A. Adjust goals/nutrition prescription:

Note: For people presenting for the first time, incorporate goals and nutrition prescription from stage 1 as appropriate.

Review records, evaluate patient's adherence and understanding, and provide feedback on:

- Food/meal plan: calories, protein, fat, fluid nutrients
- Exercise/ADL
- Smoking (packs per day), drug, caffeine, and alcohol pattern

B. Provide self-management training and material, as appropriate:

1. Change in patient's status: weight, laboratory values, and clinical symptoms
2. Rationale and benefits of appetite stimulants
3. Food and water safety and sanitation: home, eating away from home, foreign travel
4. Supplements as needed. Select supplement according to symptoms, e.g., 1 kcal/cc standard formula vs. MCT-based formula. Consider incorporating modular formulas
5. Eating habits to reduce side effects from infection and medications
6. Food resources
7. Importance of adequate nutrition to maintain good nutritional status
8. Rationale and benefits of appetite stimulants, as appropriate

HIV/AIDS

Intervention, continued

B. Provide self-management training and material, as appropriate, continued:

9. Basic nutrition:

- high-calorie food choices
- high-protein food choices
- nutrient-dense food

10. Importance of weight lifting and resistance exercise

11. Strategies to ensure eating habits, eg, 6-9 mini-meals/day, food variety, concentrated protein sources, concentrated calorie sources, adequate fluid consumption

12. Vitamin/mineral supplementation

13. Evaluation of unproved nutrition treatment, including diets, herbal preparations, vitamin megadoses

14. Food and water safety and sanitation. Include information on water supply for cryptosporidrin, giardia, etc. to minimize risk of food-borne infection.

15. Evaluation of medical nutrition supplement to provide appropriate nutrition

16. Alternative feeding routes, eg, tube feeding or TPN, as indicated

17. Psychosocial issues

18. Over-the-counter drugs, alcohol, cigarettes, and caffeine

19. Potential food/drug interaction, medication, and meal placement

20. Meal planning/goal setting

21. How to record food record and its importance in treatment

22. Referral to appropriate community organization or other health care provider

23. *Expected Outcome:*

- Meets goal(s) set with dietitian
- Takes steps to alleviate HIV-related symptoms
- Takes measures to ensure safe food/water consumption
- Manages weight and preserved LBM
- Replenishes or preserves nutritional parameters
- Verbalizes potential food/drug interaction
- Has positive impact on quality of life, as indicated from Quality of Life instrument

24. Document on Nutrition Progress Note.

C. Follow up:

1. 2-6 months (2-6/year) per protocol

2. *Expected Outcome:*

- Takes steps to alleviate HIV nutrition-related symptoms
- Completes food record
- Maintains weight and nutritional status by changing dietary intake as needed

Communication

1. Instruct patient to call with questions/concerns

2. Send copy of nutrition Progress Note to referral source and place original in patient's medical record

3. Call patient 24-48 hours prior to next appointment

HIV/AIDS (AIDS, CD4 \leq 200) (Stage 3)

Medical Nutrition Therapy Protocol

Session/length: #1 for 60 minutes

Session Process

Assessment

Clinical data collected:

- Current weight and % change over time
- Food record kept by patient
- Laboratory values, as available
- Clinical symptoms: fevers/sweats, early satiety, voluntary energy expenditure, bowel habits (check for malabsorption), appetite status, difficulty chewing and swallowing, LBM
- Current medication
- Current exercise pattern
- Medical status
- Unproved therapies used or being considered

Outcome Measurements: Change in the patient's:

- Weight and LBM
- Food record
- Laboratory values
- Medication
- Exercise/activity pattern or Karnofsky performance scale evaluation
- Drug, caffeine, alcohol, and smoking pattern
- HIV symptoms

Intervention

A. Adjust goals/nutrition prescription:

Note: For people presenting for the first time, incorporate goals and nutrition prescription from stage 1 as appropriate.

Review records, evaluate patient's adherence and understanding, and provide feedback on:

- Food/meal plan: calories, protein, fat, fluid nutrients
- Exercise/ADL
- Smoking (packs per day), drug, caffeine, and alcohol pattern

B. Provide self-management training and material:

1. Change in patient's status: weight, laboratory values, and clinical symptoms
2. Rationale and benefits of appetite stimulants
3. Food and water safety and sanitation: home, eating away from home, foreign travel
4. Follow fat intolerance/malabsorption protocol. For example, reduce total fat to <50 grams or consider MCT supplement and physician-ordered pancreatic enzymes and bile-sequestering powders.
5. Appropriate supplements, as needed. Select supplement according to symptoms, e.g., 1 kcal/cc standard formula vs MCT-based formula. Consider incorporating modular formulas.
6. Eating habits to reduce side effects from infection and medications

HIV/AIDS

Intervention, continued

B. Provide self-management training and material, continued:

7. Food resources
8. Importance of adequate nutrition to maintain good nutritional status
9. Rationale and benefits of appetite stimulants, as appropriate
10. Basic nutrition:
 - high-calorie food choices
 - high-protein food choices
 - nutrient-dense food
11. Importance of weight lifting and resistance exercise
12. Strategies to ensure eating habits, eg, 6-9 mini-meals/day, food variety, concentrated protein sources, concentrated calorie sources, adequate fluid consumption
13. Vitamin/mineral supplementation
14. Evaluation of unproved nutrition treatment, including diets, herbal preparations, vitamin megadoses
15. Food and water safety and sanitation. Include information on water supply for cryptosporidrin, giardia, etc. to minimize risk of food-borne infection.
16. Alternative feeding routes, eg, tube feeding or TPN, as indicated
17. Psychosocial issues
18. Over-the-counter drugs, alcohol, cigarettes, and caffeine
19. Potential food/drug interaction, medication, and meal placement
20. Meal planning/goal setting
21. How to record food record and its importance in treatment
22. Referral to appropriate community organization or other health care provider
23. *Expected Outcome:*
 - Meets goal(s) set with dietitian
 - Takes steps to alleviate HIV-related symptoms
 - Takes measures to ensure safe food/water consumption
 - Manages weight and preserved LBM
 - Replenishes or preserves nutritional parameters
 - Verbalizes potential food/drug interaction
 - Has positive impact on quality of life, as indicated from Quality of Life instrument
24. Document on Nutrition Progress Note.

C. Follow up:

1. 2-6 months (2-6/year) per protocol
2. *Expected Outcome:*
 - Takes steps to alleviate HIV nutrition-related symptoms
 - Completes food record
 - Maintains weight and nutritional status by changing dietary intake as needed

Communication

1. Instruct patient to call with questions/concerns
2. Send copy of nutrition Progress Note to referral source and place original in patient's medical record
3. Call patient 24-48 hours prior to next appointment