

Nutrition decision tree: a model for early recognition of and intervention in nutrient deficiency from any cause

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There are often instances when the nutrients which are actually consumed are less than those required. This may be due to increased requirements for nutrients or a decreased ability to eat as in cases of dysphagia. The problem may be secondary to other pressing medical, social, or psychological problems which are already present and being treated. It is essential that the real or potential nutrient deficiency be recognised and a mechanism be established to deal with it. The optimal approach may not be easy to decide and therefore the Nutrition Decision Tree will assist in identifying pathways for early detection of symptoms and establishment of treatment.

The Nutrition Decision Tree is designed so that it may be used not only by any member of a care team but also by the individual or any member of the family to identify possible nutrition problems and seek appropriate advice. This proactive approach will hopefully preclude the development of more severe nutrition related complications.

The tree is a feedback flow chart using 'YES' or 'NO' answers to indicate directions leading to appropriate professional areas of competency. These professions include dentistry, pharmacy, dietetics, psychology, psychiatry, speech pathology, occupational therapy, physiotherapy, social work, nursing and medicine. The flow chart is a closed loop commencing with specific parameters of nutrition assessment and eating assessment and ending with the monitoring and evaluation of the intervention programme. The tree can be entered and re-entered at any suitable point of the loop.

Other tools have sought to target specific community groups and have been designed to highlight narrow areas of greatest need for those groups.

Our concept takes on a broader scope to allow for greatest flexibility. It is a multidisciplinary approach which guides the user to appropriate areas of consideration. Not all the professional personnel need to be involved in each case. The interactive input of the most appropriate disciplines will achieve, for the individual, maximum benefit in maximum time.

Such a model avoids compromising the nutritional status while dealing with the identified pressing problems. This is most important since studies have shown that malnutrition can develop while other medical problems are being addressed. It has also been shown that malnutrition affects treatment outcomes. The success of any clinical intervention as well as patient comfort, is governed by a good nutrition foundation.