CBDM® | Certifying Board for Dietary Managers®
The credentialing agency for
Association of Nutrition & Foodservice Professionals ANFP

NUTRITION

Standard 3: Document in the Medical Record

A CDM, CFPP is responsible for:

- Gathering nutritional data and documenting in the medical record
- Applying nutritional data by participating in care conferences and review of effectiveness of the care plan

PERFORMANCE INDICATORS	KEY ACTIONS
1.0 Nutrition Care Plans	
1.1 Utilize appropriate charting tools to ensure accurate and compliant documentation in the medical record while applying consistent formatting and standardized language.	• Identify the various available charting tools and select the most appropriate for the situation, which may include the diet manual, health record, dietary reference card, tray card, or Minimum Data Set (MDS). • Employ uniform medical terminology and abbreviations. • Follow a structured format for documenting patient history, diagnosis, and treatment plans.

1.1 RESOURCES

Nutrition Fundamentals & Medical Nutrition Therapy, 4th Edition
Dietary Intake Guide
Diet History Questions
Example — Narrative Chart Note

Online Resources
ANFP:
Top 10 Tips for Documenting in the Medical Record
Comparison of Clinical Tasks for CDM, CFPPs

Other Resources:
Mini Nutritional Assessment (MNA) | Nestle
Guide to Completing the MNA | Nestle

1.2 Collaborate effectively with interdisciplinary team (IDT) members by understanding each member's roles and responsibilities to ensure coordinated, successful implementation of nutrition care plans.	• Identify and understand roles of each IDT member. • Regularly participate in IDT meetings. • Create client-centered care plans with input from team members. • Maintain ongoing communication among team members, clients, and their families. • Monitor and evaluate care plans effectiveness, making necessary adjustments as needed.

1.2 RESOURCES

Online Resources

ANFP *Nutrition & Foodservice Edge* Magazine:
Team-Based Nutrition Screening, Assessment & System Management for Successful Outcomes
The Nutrition Care Team: Working Together for Client Health
Successful Food and Nutrition Outcomes Require Teamwork

1.3 Complete the required nutritional components of both basic and comprehensive, client-centered care plans in accordance with federally mandated timelines.	• Complete baseline care plan sections within the required 48 hours of admission (e.g., diet order, supplements, dietary preferences, etc.). • Collaborate among IDT members in developing the comprehensive care plan. • Assess the alignment of the care plan goals with the client's personal goals and preferences. • Evaluate the care plan's objectives to ensure they are specific, measurable, attainable, relevant, and time-bound (SMART). • Assess the effectiveness of the care plan by monitoring client progress towards the established goals.

1.3 RESOURCES

Nutrition Fundamentals & Medical Nutrition Therapy, 4th Edition
Example — Care Plan Statements
Timeline for Resident Assessment Instrument (RAI)

Online Resources

ANFP *Nutrition & Foodservice Edge* Magazine:
Nutrition Care Plan Requires Planning for Success
Revisiting the RAI Process for Nutrition

Other Resources
SMART Goals | 360 Study Guide

1.4 Identify indicators of indicators of nutrition risk, including malnutrition, by systematically completing steps outlined in the Resident Assessment Instrument (RAI) process.	• Collaborate with the IDT on completing the MDS within 14 days, or by the assigned due date of admission or re-admission • Assess nutritional status in Section K of the MDS, focused on swallowing, nutritional status, and the client's ability to maintain adequate nutrition and hydration. • Monitor significant weight loss or gain and document and code in Section K. • Document any parenteral/IV feeding, active feeding tubes, mechanically altered diets, and therapeutic diets. • Based on the comprehensive assessment and CAAs, create and monitor care plans to address identified nutritional issues • Section K and CAAs are completed in accordance with the current RAI manual.
1.4 RESOURCES **Nutrition Fundamentals & Medical Nutrition Therapy, 4th Edition** *RAI Pathway to a Comprehensive Care Plan* *Timeline for Resident Assessment Instrument (RAI)* **Online Resources** ANFP *Nutrition & Foodservice Edge* Magazine: Revisiting the RAI Process for Nutrition Enhancing the Dining Experience in Long-Term Care to Decrease Malnutrition Other Resources SMART Goals | 360 Study Guide	
1.5 Demonstrate active participation in care plan conferences by contributing meaningful insights, reviewing patient records in advance, and collaborating with the healthcare team to develop comprehensive, individualized care plans.	• Prepare by reviewing patient records and care plans prior to understanding the current status and identify areas needing discussion. • Clearly articulate observations, concerns, and suggestions. • Work collaboratively with healthcare team members and client's family, respecting diverse perspectives and expertise to develop a holistic care plan. • Accurately document the outcomes of the conference, including agreed-upon actions and responsibilities. • Monitor the implementation of the care plan and provide feedback during subsequent conferences to ensure continuous improvement.

1.5 RESOURCES

Online Resources

ANFP *Nutrition & Foodservice Edge* Magazine:

Team-Based Nutrition Screening, Assessment & System Management for Successful Outcomes

The Nutrition Care Team: Working Together for Client Health

Nutrition Care Plan Requires Planning for Success

1.6 Demonstrate the ability to review and document the effectiveness of the nutrition care plan, ensuring ongoing and accurate documentation to support continuous improvement in client care.	• Review and agree upon client-centered goals in the initial care plan with IDT. • Monitor the client's progress towards goals during care plan conferences. • Reassess the client's needs and revise the care plan at defined intervals. • Basic interventions on evidence-based practice. • Identify, document and address any new nutrition-related problems. • Communicate nutritional interventions to the staff and involve the interdisciplinary team. • Use ongoing documentation methods such as free-text notes in the EHR. • Maintain communication with the client during the follow-up period to assess the success of the current plan.

1.6 RESOURCES

Online Resources

ANFP:

Top 10 Tips for Documenting in the Medical Record

ANFP *Nutrition & Foodservice Edge* Magazine:

Team-Based Nutrition Screening, Assessment & System Management for Successful Outcomes

The Nutrition Care Team: Working Together for Client Health

Using Culinary-Based Principles to Advance Nutrition Goals

Evidence-Based Nutrition for Heart-Healthy Foodservice Menus