

## Applying the EAL Oncology Guideline 2013 Recommendations at Work

Go to: [www.eatright.org](http://www.eatright.org) , choose Evidence Analysis Library on the left, choose Guidelines, Guideline List, Oncology Guideline 2013, and Major recommendations

**The Evidence Analysis Library Oncology Guideline 2013 can be used to show the recommended components of an assessment are:**

### **ON: Assessment of *Food/Nutrition-related History of Adult Oncology Patients***

The registered dietitian nutritionist (RDN) should assess the food, beverage and nutrient intake and related history of adult oncology patients including, but not limited to the following:

- Energy and protein intake
- Changes in food and fluid/beverage intake
- Adequacy and appropriateness of nutrient intake or nutrient administration
- Actual daily intake from enteral nutrition (EN) and parenteral nutrition (PN) and other nutrient sources
- Changes in type, texture, or temperature of food and liquids
- Use of medical food supplements (MFS)
- Food avoidance and intolerances
- Meal or snack pattern changes
- Prescription medications, over-the-counter medications, herbal preparations and complementary or alternative medicine products
- Factors affecting access to food.

Assessment of the above factors is needed to effectively determine nutrition diagnoses and plan the nutrition interventions. Inability to achieve optimal nutrient intake may contribute to poor outcomes.

### **ON: Assessment of *Anthropometric Measurement in Adult Oncology Patients***

The RDN should assess the following anthropometric measurements in adult oncology patients:

- Height and weight
- Weight change
- Body Mass Index (BMI).

Any weight loss that is unintended in adult oncology patients has potential significance, as oncology patients often experience weight loss prior to admission to oncology services. Low muscle mass is a common and independent predictor of immobility and mortality, is a particularly adverse prognostic indicator in obese patients and is associated with greater toxicities of chemotherapy leading to treatment interruptions including dose reductions, treatment delays and treatment termination. Assessment of the above factors is needed to effectively determine nutrition diagnoses and plan the nutrition interventions.

### **ON: Assessment of *Biochemical Data, Medical Tests, and Procedures on Adult Oncology Patients***

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The RDN should evaluate available data and recommend as indicated: Biochemical data, medical tests and procedures of adult oncology patients. Examples include:

- Glucose
- White blood cell (WBC)
- Nutritional anemia profile (hemoglobin, hematocrit, folate, B<sub>12</sub>, iron)
- Electrolyte and renal profile
- Liver function
- Inflammatory profile, including C-reactive protein (CRP)
- Gastrointestinal (GI) function tests (i.e., swallowing study, abdominal films, gastric emptying, transit time).

Assessment of these factors is needed to effectively determine nutrition diagnoses and plan the nutrition interventions.

### **Assessment of Nutrition-Focused Physical Findings and Client History of Adult Oncology Patients**

The RDN should evaluate available data regarding the nutrition-focused physical findings and client history of adult oncology patients including, but not limited to: Nutrition-focused physical findings:

- Age greater than 65 years
- Loss of muscle mass
- Loss of subcutaneous fat
- Presence of pressure ulcers or wounds
- Nutrition impact symptoms including but not limited to: Nausea, vomiting, diarrhea, constipation, stomatitis, mucositis, alterations in taste and smell and anxiety
- Changes in appetite
- Vital signs
- Functional indicators (i.e., Karnofsky score, grip strength)
- Localized or generalized fluid accumulation.

Client history:

- Patient/Family/Client Medical/Health history:
  - Nutrition impact symptoms including but not limited to: Dysphagia, depression and pain or fatigue
  - Medical treatment or therapy
  - Other diseases, conditions and illnesses including cancer cachexia.

Social history: Psychological/socioeconomic factors (e.g., social support). Assessment of the above factors is needed to effectively determine nutrition diagnoses and plan the nutrition interventions.