Criteria for Dietary Manager Clinical Nutrition Competency Review

3.02.2009

Criteria for Dietary Manager Clinical Nutrition Competency Checklist

Skill	Criteria for successfully demonstrating competency.	Resources & Handouts
Demonstrates understanding of HIPAA requirements related to clinical nutrition information.	**Health Insurance Portability & Accountability Act** is a federal law intended to protect the privacy of healthcare residents, while also standardizing the exchange of healthcare information. HIPAA dictates that resident information and health-related data will be kept secure. "Secure" is defined in the law refers to…resident privacy and the right to keep personal and medical information confidential. ❑ Does the Dietary Manager leave paperwork with resident names and information setting out where anyone can read it? ❑ Does the Dietary Manager walk away from an open medical record? ❑ Does the Dietary Manager talk about a resident in ear-shot of visitors or others that don't need to know the information?	
Demonstrates understanding of DMA Scope of Practice	Dietary Manager accurately verbalizes role delineation of RD vs CDM. RD "assesses" nutritional status. CDM "screens" & "gathers data" for nutrition assessment.	Attached DMAs *CDM, CFPP Scope of* Practice and available @ www.dmaonline.org
Demonstrates knowledge & understanding of the "Nutrition Care Process"	The Nutrition Care Process is defined in four steps: 1. Nutrition Assessment 2. Nutrition Diagnosis 3. Nutrition Intervention 4. Nutrition Monitoring & Evaluation The first component of the "Nutrition Assessment" is a screening of residents for those at risk for nutrition problems and is a candidate for further intervention. One of the responsibilities of many dietary managers is to conduct the routine nutrition screenings.	*Nutrition & MNT for Dietary Managers* by Sue Grossbauer, RD pg. 225-6.

Resident (&/or family) Interview: **(Observe the Dietary Manager's interview skills.)**		
Demonstrates ability to: 1. Conduct interviews with residents gathering pertinent information…	The Dietary Manager includes in interview: ❑ Food preferences / taste alterations: o Are there any foods you dislike? o Do any foods taste different than they use to? ❑ Do you follow a special diet? ❑ Weight history / usual weight: o Have you experienced any weight changes within the past 6 months? ❑ Special dietary considerations such as: o meal pattern preference i. When do you usually eat? ii. How often do you usually eat? iii. How is your appetite? iv. Do you have any hunger or cravings during the day? o allergies or intolerances, v. Are there any foods you avoid? If so, why? o cultural, ethnic & religious preferences o dietary supplement use, ❑ Difficulty chewing or swallowing: o Are you having any problems chewing? o Are you having any problems swallowing? ❑ Are you experiencing any digestive concerns, such as nausea, vomiting, or constipation? ❑	
2. Identify possible physical indicators of poor nutrition &/or psychosocial issues that may interfere with nutritional status.	Physical indicators: ❑ Eyes: sunken, pale, dry, or swollen ❑ Lips: swollen, red, dry, cracked ❑ Gums: sore, spongy, red, swollen ❑ Tongue: purple, white-gray coating, smooth, slick ❑ Teeth: missing, loose or chipped ❑ Skin: pale, dry scaly, bruises easily, warm to the touch ❑ Nails: brittle, thin ❑ Shortness of Breath ❑ Psychosocial issues: ❑ Dx: Alzheimers, Dementia, Depression, mental illness ❑ Not getting along with tablemates ❑ Eating off other resident's plates/trays	*Pocket Resource for Nutrition Assessment*

3. Clearly communicate basic diet restrictions and special dietary considerations to residents – i.e,- fluid restriction.	Utilizes effective communication skills: ❑ Asks questions about something with which they are unfamiliar or uncomfortable. ❑ Does not interrupt the resident or try to put words in their mouth. ❑ Notes resident's responses, a "yes" response does not necessarily indicate understanding or willingness to do what was discussed. (It may simply be respect for healthcare provider's status.) ❑ Uses visual aids, i.e., handouts, models; when appropriate.	*Nutrition & MNT for Dietary Managers* by Sue Grossbauer, RD pg. 353.
4. Utilize effective interviewing techniques.	**Y N** Were questions planned in advance and a form used to keep track of responses? **Y N** Garnered enough background information from medical record to prepare for effective interview…know if resident has hearing or sight deficits, therapeutic diet order, food allergy, religious preference, etc.? **Y N** Introduced self by name & title? **Y N** Was friendly & sincere? **Y N** Established rapport by taking a genuine interest in the resident? **Y N** Avoided "yes-or no" questions…using open-ended questions, such as "Tell me more about…" ? **Y N** Remained neutral during the interview and did not judge resident's dietary habits? **Y N** Asked for more information or clarification when needed? **Y N** Allowed the resident time to give an answer? **Y N** Used nonverbal language to show resident he/she was listening? Maintained good eye contact & leaned slightly toward the resident to demonstrate attention? **Y N** Avoided leading questions, which give the resident the answer expected? **Y N** Actively listened to the resident & observed nonverbal responses? **Y N** When closing the interview, expressed appreciation to the resident and reviewed the next steps, if appropriate?	*Nutrition & MNT for Dietary Managers* by Sue Grossbauer, RD pg. 245.
5. Participate appropriately in care conferences with families	Observe Dietary Manager participate in resident care planning session to determine appropriate level of participation. **Y N** arrived prepared for care conference **Y N** listened to each team member to understand comprehensive clinical picture **Y N** contributed ideas to help meet needs. **Y N** had knowledge of resident's eating abilities **Y N** had knowledge of resident's meal intake **Y N** reviewed any areas of concern **Y N** brought documentation for reference, i.e., tray card, cardex, etc. **Y N** supported the plan and follows through on approaches. **Y N** Overall, the Dietary Manager related specific facts and observations that contribute to the evaluation of the resident's care.	*Nutrition & MNT for Dietary Managers* by Sue Grossbauer, RD pg. 324-5.

Gathering & Application of Nutrition Screening Data: **(Utilizing a resident's medical record, have the Dietary Manager demonstrate skills.)**		
Demonstrates ability to accurately: 1. Convert: a. weight in pounds to kilograms b. weight in kilograms to pounds c. height in inches to centimeters	a. weight in pounds / 2.2 = weight kilograms b. weight in kilograms x 2.2 = weight in pounds c. height in inches x 2.54 = height in cm	Utilizing a resident's medical record, have the Dietary Manager demonstrate skills.
Demonstrates ability to accurately calculate & record: 1. Ideal Body Weight Range and % IBWR	❑ Dietary Manager utilizes same standards & references for determining IBW range as Clinical RD.	
2. IBW in disabilities		
3. % weight gain or loss from usual weight for: a. 30 days b. 90 days c. 180 days		
4. BMI, based on height and weight		

5. Estimated nutritional needs for: a. Calories b. Protein c. Fluids Method used_____	❑ Dietary Manager utilizes same equations as RD when calculating calorie, protein, & fluid needs. ❑ Dietary Manager demonstrates ability to estimate adjusted energy needs for obese adults or the critically ill. ❑ Dietary Manager demonstrates knowledge of different factors used when estimating protein for: a. Normal nutrition b. Adult vs pediatric c. Protein depletion d. Pressure ulcer e. Renal failure f. Hepatic failure ❑ Dietary Manager verbalizes knowledge fluid requirements may differ based on age, presence of fever, cardiac problems, renal failure, dehydration.
6. % meal intake required to meet estimated needs	
7. Seven (7) day average: a. Percent meal intake b. Fluid consumption in cc/ml c. Calculation of meal % or fluid cc's for meals which include refusals or holes in meal monitor.	
8. Approximate calories and protein consumed from meals and snacks/ supplements for one resident - based on the facility menu.	

9. Supplement and snack consumption in % or volume		
10. Calculation of 50% of fluid requirements		
11. Supplement and snack consumption in % or volume		
12. Calculation of 50% of fluid requirements		
Medical Record review & documentation: **(Utilizing a resident's medical record, have the Dietary Manager demonstrate knowledge & skills.)**		
Demonstrates ability to accurately: 1. review and transfer nutrition-related data onto appropriate nutrition documentation forms	Dietary Manager documents in the medical record in compliance with the facility's policies & procedures and accepted standards of practice: ❑ Dietary Manager uses standardized forms for recording assessment data. ❑ All medical records are legal documents; entries in the medical record are in black ink, dated, signed with full name and title, and never backdated or erased. ❑ All entries are concise, timely, and reflective of the resident's current condition. ❑ Chart errors are corrected by a one-line strike out, initialed, dated, and labeled "error" OR as facility policy dictates.	
2. Demonstrates knowledge of nutrition-related Medical Terminology, commonly used symbols, & uses acceptable abbreviations in documentation.	"Nutrition-related abbreviates & common symbols" is attached. Those abbreviates designated: *** "in bold letters"** are on the JCAHO "Do-Not-Use" List. Answer key is attached.	Nutrition-related Medical Terminology & common symbols Quiz JCAHO "Do-Not-Use **Abbreviations**: List"

3. Locate Advanced Directives in resident's medical record and correctly interprets resident's choices.	Have the Dietary Manager locate a resident's Advanced Directives in the medical record and explain what the resident's choices are. Background: The term Advance Directive is used to describe documents that can be used to direct your medical care if you were to lose decision-making capacity. A **Living Will** sets forth your instructions for dealing with life-sustaining medical procedures in the event you are unable to decide for yourself. A Living Will directs your family and medical staff to continue, withhold, or withdraw life-sustaining systems, such as tube feeding for hydration (water) and nutrition (food), if you are incapable of expressing this yourself due to an incurable and terminal condition or persistent vegetative state. A **Durable Power of Attorney for Health Care** allows you to appoint a person to make all decisions regarding your health care, including choices regarding health care providers and medical treatment, if you are not able to make them yourself for any reason. Everyone has the right to accept or refuse medical care. A Living Will protects the resident's rights and removes the burden for making decisions from family, friends, and physicians. It is also important to understand that a decision not to receive "aggressive medical treatment" is not the same as withholding all medical care. A resident can still receive antibiotics, nutrition, pain medication, radiation therapy, and other interventions when the goal of treatment becomes comfort rather than cure. This is called palliative care, and its primary focus is helping the resident remain as comfortable as possible. Residents can change their minds and ask to resume more aggressive treatment. **When does a Living Will take effect?** A Living Will takes effect when two medical doctors certify that you have a terminal and incurable illness or you are permanently unconscious or in a persistent vegetative state. **When does a Durable Power of Attorney take effect?** Although both a Living Will and Durable Power of Attorney are available on the same form, they have separate legal significance. The Durable Power of Attorney takes effect when you are no longer able to communicate with your healthcare provider.	Living Wills & Idaho's Natural Death Act. State of Idaho Office of the Attorney General Laurence Wasden
4. Document medication list and record potential nutrition-related side effects using an approved food/drug interaction book		

5. Complete Section K of the MDS		
6. Document nutritional data gathered on a resident in the form of a RAP note.		
7. Document pertinent data in the care plan & update changes to nutrition interventions on the care plan in a timely manner.	❑ Were food/fluid- related interventions added to plans of care, as appropriate? ❑ Were goals measureable? ❑ Are all approaches current? ❑ Are interventions planned with the dietitian to address family, staff, or resident's food concerns and dietary manager's information shall be added as approaches to the care plan.	
8. Verbalize process for obtaining a calorie count; demonstrates ability to calculate; & can relate results to resident's estimated daily requirements for calories & protein in a progress note.	Can the Dietary Manager… ❑ locate the proper form(s) for a calorie count? ❑ accurately describe the facility's process, in the correct order? ❑ given a fictitious total number of calories & protein, accurately calculate & can relate results to resident's estimated daily requirements for calories & protein in a progress note?	
Interpretation & Use of Ancillary reports:		
Verbalize process for obtaining and comprehending the content of: 1. Weight reports with weights over 180 day period		
2. Pressure ulcer/skin reports		

3. Recent laboratory reports		
4. Medication, treatment, and blood glucose monitoring forms		
The Idaho Diet Manual: **(Utilizing the current edition of the Idaho Diet Manual, have the Dietary Manager demonstrate knowledge & skills.)**		
Can verbalize rationale for therapeutic diets on facility's formulary:	1. Mechanically altered 2. Diabetic/LCS/Calorie Controlled Diets 3. Low Sodium/NAS diets 4. Renal 5. Dysphagia diets 6.	*Idaho Diet Manual* Therapeutic Diet Extensions/ Spreadsheet
Demonstrates ability to reference manual for non-routine diet orders.	List diets for which the facility may have received orders in the past: 1. "Cardiac Diet" 2. Low Residue 3. Gluten-free 4. 5.	
Can accurately explain the rationale of liberalizing therapeutic diets in the long term care setting.	"To meet the needs of every resident, dietetics professionals must consider each person holistically, including personal goals, overall prognoses, benefits and risks of treatment and, perhaps most important, quality of life," the paper states. In some cases, a more liberalized nutrition approach allows the older adult to enhance both quality of life and nutritional status, to participate in their diet-related decisions and enjoyment of the meals provided, as well as increasing customer satisfaction, and reducing the risk of malnutrition and weight loss.[5] Position Paper of the American Dietetic Association, *Liberalized Diets for Older Adults in Long-term Care.*	http://www.dmaonline.org/Publications/articles/2005_03_044ModLibDiet.pdf or www.eatright.org/Member/policyInitiatives/index_21039.cfm
Implementation of Facility's Standard Nutrition Protocols:		

Demonstrates ability to identify nutrition-related problems and uses good judgment on timely implementation of standard nutrition care protocols/ interventions i.e., enhanced meal program, between meal nourishments, etc. until the RDs next visit.		
Dining Observation Skills: **(With the Dietary Manager, observe residents during a meal.)**		
Demonstrates ability to determine resident dining skills by category:	1. Independent 2. Supervision 3. Assistive 4. Dependent 5. Restorative dining	
Demonstrates ability to identify & make proper referral for resident's with:	❑ problem with appetite ❑ difficulty chewing &/or swallowing ❑ alertness ❑ abnormal food behavior ❑ impaired feeding ability ❑ difficulty using regular feeding utensils/dinnerware	
Referrals:		
Verbalizes appropriate conditions/issues for referral to:	1. Registered Dietitian 2. Director of Nursing 3. Speech Therapist 4. Occupational Therapist 5. Social Services 6. Pharmacist	

Demonstrates ability to: 1. identify Tube feeding & TPN orders 2. locate information the RD needs to know 3. uses good judgment in the timely referral to the RD	Dietary Manager gathers the following information, as available on resident to notify RD: ❑ height ❑ weight ❑ sex ❑ age ❑ tube feeding & water flush order OR TPN order, as written ❑ oral diet order or NPO ❑ Dx &/or reason for tube feeding ❑ tolerance of feeding thus far ❑ labs as appropriate to protocol for tube feeding or TPN	
Verbalizes knowledge & demonstrates ability to identify criteria for immediate referral to RD:	❑ Tube feedings/TPN ❑ Dx: malnutrition or failure to thrive ❑ new pressure ulcer stage II or above ❑ new Dx: renal disease ❑ weight 20# below IBW ❑ albumin level 2.8 or below ❑ refusal of food & fluids 3 days ❑ NPO diet order for more than 48 hours ❑ MD order for Diet Consult ❑ orders for “Comfort Care” ❑ ❑ Has the Dietary Manager NOT made a referral or NOT made a referral timely? Describe instance:	S & S Nutrition, Inc. Protocol for Notification of the RD.
Miscellaneous:		

Demonstrates understanding of HIPAA requirements related to clinical nutrition information.	**Health Insurance Portability & Accountability Act** is a federal law intended to protect the privacy of healthcare residents, while also standardizing the exchange of healthcare information. HIPAA dictates that resident information and health-related data will be kept secure. "Secure" is defined in the law refers to…resident privacy and the right to keep personal and medical information confidential. ❑ Does the Dietary Manager leave paperwork with resident names and information setting out where anyone can read it? ❑ Does the Dietary Manager walk away from an open medical record? ❑ Does the Dietary Manager talk about a resident in ear-shot of visitors or others that don't need to know the information?	
Demonstrates understanding of DMA Scope of Practice	Dietary Manager accurately verbalizes role delineation of RD vs CDM. RD "assesses" nutritional status. CDM "screens" & "gathers data" for nutrition assessment.	Attached DMAs *CDM, CFPP Scope of* Practice and available @ www.dmaonline.org
Knowledge & understanding of the "Nutrition Care Process"	The Nutrition Care Process is defined in four steps: 5. Nutrition Assessment 6. Nutrition Diagnosis 7. Nutrition Intervention 8. Nutrition Monitoring & Evaluation The first component of the "Nutrition Assessment" is a screening of residents for those at risk for nutrition problems and is a candidate for further intervention. One of the responsibilities of many dietary managers is to conduct the routine nutrition screenings.	*Nutrition & MNT for Dietary Managers* by Sue Grossbauer, RD pg. 225-6.
Other:		
		3/02/2009

CDM, CFPP Scope of Practice

A Certified Dietary Manager, Certified Food Protection Professional (CDM, CFPP) has passed a nationally recognized credentialing exam offered by the Certifying Board for Dietary Managers. Continuing education is required to maintain these credentials. The exam is written by content experts, and administered by The American College Testing Program (ACT). The exam consists of 200 questions that have been pre-tested and proven valid and reliable. Questions cover 10 competency areas which fall under four major headings: Nutrition, Management of Food Service, Sanitation, and Human Resource Management. The CDM, CFPP credentials indicate that these individuals have the training and experience to competently perform the responsibilities of a dietary manager.

CDM, CFPPs work together with registered dietitians to provide quality nutritional care for clients and perform the following tasks on a regular basis:

- **Conduct routine client nutritional screening which includes food/fluid intake information**
- **Calculate nutrient intake**
- **Identify nutrition concerns and make appropriate referrals**
- **Implement diet plans and physicians' diet orders using appropriate modifications**
- **Utilize standard nutrition care procedures**
- **Document nutritional screening data in the medical record**
- **Review intake records, do visual meal rounds, and document food intake**
- **Participate in client care conferences**
- **Provide clients with basic nutrition education**
- Specify standards and procedures for food preparation
- Continuously improve care and service using quality management techniques
- Supervise preparation and serving of therapeutic diets and supplemental feedings
- Manage a sanitary foodservice environment
- Protect food in all phases of preparation, holding, service, cooling, and transportation
- Purchase, receive, and store food following established sanitation and quality standards
- Purchase, store, and ensure safe use of chemicals and cleaning agents
- Manage equipment use and maintenance
- Develop work schedules, prepare work assignments
- Prepare, plan, and conduct departmental meetings and in-service programs
- Interview, hire, and train employees
- Conduct employee performance evaluations
- Recommend salary and wage adjustments for employees
- Supervise, discipline, and terminate employees
- Supervise business operations of dietary department
- Prepare purchase specifications and orders for food, supplies, and equipment
- Develop annual budget and operate within budget parameters
- Develop and implement policies and procedures

ā		CHD	
abd		CHF	
abs		CHO	
ac		Chol	
ACVD		conc	
ad lib		COPD	
ADL		CRF	
adm		CVA	
afib		CVD	
AIDS		d/t	
AKA		DAT	
Alb		*** d/c**	
AM		def	
AMA		DM	
amb		DNR	
amt		DO	
approx		DOB	
as tol		Dx	
ASA		ESRD	
ASHD		ETOH	
BEE		F	

bid		FBS	
bil		Fe	
BKA		ff	
bm		FH	
BMI		fld	
BMR		Fol	
BP		Fr	
BUN		FUO	
bx		Fx	
C		GERD	
c/o		GFR	
Ca		GI	
CA		Glu	
CABG		gm or g	
CAD		gtt	
cal		GTT	
cap		g-tube	
CAPD		h or hr	
CBC		H&P	
CBW		H2O	
CC		Hct	
***cc write "ml"**		HDL	
CHD		Hgb	
*** hs or HS**		N/V	

HTN		Na	
Hx		NaCl	
hyper		neg	
hypo		NG	
I & O		NGT	
IBD		Nia	
IBW		NIDDM	
IDDM		NKA	
itis		NKFA	
*** IU**		nl	
IV		noc	
j tube		NPO	
K		NSAI	
kCal		od	
Kg		Osm	
L		OT	
Lab		oz	
lb		P	
LDL		PAB	
liq		pc	
LLE		PCM	
lt or L		PEG	
LUE		PEJ	
MAOI		PEM	

mcg		PM	
MDS		po	
meds		ppm	
meq or mEq		PPN	
Mg		prn	
mg		Pro	
MI		pt	
min		Pt	
mL		PUD	
MNT		Pyr	
mo		q	
mod		*** qd**	
MOM		qh	
MS		qhs	
MSDS		qid	
MVI		*** qod**	
N & V		qt	
N		R/T	
n/c		RAPs	
RBC			
RDA			
RDI		yr or y	
re		Zn	
REE		-	

RLE		+	
ROM		>	
RUE		<	
Rx		↓	
s		↘	
S/P		↑	
S+Sx		↗	
SC		=	
SOB		≠	
soln		#	
SOS		°	
stat		♀	
T Pro		♂	
T		1°	
temp		2°	
TF			
TG			
Thi			
TIBC			
tid			
TLC			
TPN			
TPR			
tr			

tsp			
UBW			
via			
Vit			
VLDL			
w/c			
w/n			
w/o			
WBC			
wk			
WNL			
wt			
x			
yo			

*** "bolded"** abbreviations appear on the JCAHO "Do Not Use" list of abbreviations.

ā	before	CHD	coronary heart disease
abd	abdomen	CHF	congestive heart failure
abs	absorption	CHO	carbohydrate
ac	before meals	Chol	cholesterol
ACVD	Arteriosclerotic cardiovascular disease	conc	concentrate
ad lib	as desired	COPD	Chronic obstructive pulmonary disease
ADL	activities of daily living	CRF	Chronic renal failure
adm	administration	CVA	cerebrovascular accident
afib	atrial fibrillation	CVD	cardiovascular disease
AIDS	Acquired immunodeficiency syndrome	d/t	due to
AKA	above knee amputation	DAT	diet as tolerated
Alb	albumin	**d/c**	**“discharge”**
AM	morning	def	deficiency
AMA	against medical advice	DM	diabetes mellitus
amb	ambulatory	DNR	do not resuscitate
amt	amount	DO	Doctor of Osteopathy
approx	approximate	DOB	date of birth
as tol	as tolerated	Dx	diagnosis
ASA	aspirin	ESRD	end stage renal disease
ASAP	as soon as possible	ETOH	ethanol
BEE	Basal energy expenditure	F	Fahrenheit
bid	twice daily	FBS	Fasting blood sugar

bil	bilateral	Fe	iron
BKA	below knee amputation	ff	force fluids
bm	bowel movement	FH	family history
BMI	body mass index	fld	fluid
BMR	basal metabolic rate	Fol	Folic acid or folate
BP	blood pressure	Fr	French (catheter size)
BUN	blood urea nitrogen	FUO	Fever of unknown origin
bx	biopsy	Fx	fracture
C	Celsius, centigrade	GERD	Gastroesophageal reflux
c/o	complains of	GFR	Glomerular filtration rate
Ca	calcium	GI	gastrointestinal
CA	cancer	Glu	glucose
CABG	continuous ambulatory peritoneal dialysis	gm or g	Gram
CAD	Coronary artery disease	gtt	drops
cal	calorie	GTT	glucose tolerance test
cap	capsule	g-tube	Gastrostomy tube
CAPD	continuous ambulatory peritoneal dialysis	h or hr	hour(s)
CBC	complete blood count	H&P	history & physical
CBW	current body weight	H2O	water
CC	chief complaint	Hct	hematocrit
cc write "ml"	**"milliliters"**	HDL	high density lipoproteins
CHD		Hgb	hemoglobin
hs or HS	**"half-strength" or "at bedtime"**	N/V	nausea & vomiting

HTN	hypertension	Na	sodium
Hx	history	NaCl	sodium chloride
hyper	above, excessive	neg	negative
hypo	less than, below	NG	nasogastric
I & O	intake & output	NGT	nasogastric tube
IBD	Irritable bowel disease	Nia	niacin
IBW	ideal body weight	NIDDM	Non-insulin dependent diabetes mellitus
IDDM	Insulin dependent diabetes mellitus	NKA	No known allergies
-itis	inflammation of	NKFA	No known food allergies
IU	**“international units”**	nl	normal
IV	intravenous	noc	night
j tube	jejunostomy tube	NPO	nothing by mouth
K	potassium	NSAI	Nonsteroidal anti-inflammatory
kCal	kilocalorie	od	once a day
Kg	kilogram	Osm	osmolality
L	liter	OT	occupational therapy
Lab	laboratory	oz	ounce
lb	pound	P	phosphorus
LDL	Low density lipoprotein	PAB	prealbumin
liq	liquid	pc	after meals
LLE	Left lower extremity	PCM	protein calorie malnutrition
lt or L	left	PEG	Percutaneous endoscopic gastrostomy
LUE	Left upper extremity	PEJ	Percutaneous endoscopic jejunostomy
MAOI	Monoamine oxidase inhibitor	PEM	Protein-energy malnutrition

mcg	micrograms	PM	Afternoon
MDS	minimum data set	po	by mouth
meds	medication	ppm	parts per million
meq or mEq	milliequivalent	PPN	Peripheral parenteral nutrition
Mg	magnesium	prn	as needed
mg	milligram	Pro	protein
MI	Myocardial infarction	pt	Pint
min	minutes(s)	Pt	prothrombin time
mL	milliliter	PUD	peptic ulcer disease
MNT	medical nutrition therapy	Pyr	Pyridoxine (B6)
mo	month	q	every
mod	moderate	**qd**	**“daily”**
MOM	milk of magnesia	qh	every hour
MS	multiple sclerosis	qhs	every night at bed
MSDS	Material Safety Data Sheets	qid	4 times daily
MVI	multi-vitamin	**qod**	**“every other day”**
N & V	nausea & vomiting	qt	quart
N	nitrogen	R/T	related to
n/c	no complaint	RAPs	Resident Assessment Protocols

RBC	Red blood cell	Yr or y	year
RDA	Recommended dietary allowances	Zn	Zinc
RDI	Recommened dietary intake	-	Negative, minus, deficiency
re	Regarding	+	Positive
REE	Resting energy expenditure	>	Greater than
RLE	Right lower extremity	<	Less than
ROM	Range of motion	↓	Decrease
RUE	Right upper extremity	↘	Decreasing
Rx	Treatment, therapy, prescription	↑	Increase
s	Without	↗	Increasing
S/P	Status post	=	Equal
S+Sx	Signs & symptoms	≠	Not equal to
SC	Subcutaneous	#	Number, pound
SOB	Shortness of breath	°	Degree
soln	Solution	♀	Female
SOS	If necessary	♂	Male
stat	Immediately or at once	1°	Primary
T Pro	Total protein	2°	secondary
T	Tablespoons		
temp	Temperature		
TF	Tube feeding		
TG	Triglycerides		
Thi	Thiamin		
TIBC	Total iron binding capacity		

tid	Three times daily		
TLC	Total lymphocyte count		
TPN	Total parenteral nutrition		
TPR	Temperature, pulse, respiration		
tr	Trace		
tsp	Teaspoon		
UBW	Usual body weight		
via	By way of		
Vit	Vitamin		
VLDL	Very low density lipoprotein		
w/c	Wheelchair		
w/n	Well-nourished		
w/o	Without		
WBC	White blood cell		
wk	Week		
WNL	Within normal limits		
wt	Weight		
x	Times		
yo	Year old		

*** "bolded"** abbreviations appear on the JCAHO "Do Not Use" list of abbreviations