### NUTRITION PROGRESS NOTES - HIV/AIDS

**Other Diagnosis:**

**Stage**

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<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
</table>

**Outcomes of Medical Nutrition Therapy (MNT)**

<table>
<thead>
<tr>
<th>Expected Outcome</th>
<th>Intervention provided to meet goal</th>
<th>Goal reached</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Intervention = self-management training plus patient verbalizes/demonstrates)</td>
<td>(Check indicates goal reached)</td>
</tr>
<tr>
<td>Date</td>
<td>Session</td>
<td>1 (60 min)</td>
</tr>
</tbody>
</table>

#### Clinical Outcomes
- **Albumin**
- **Prealbumin**
- **HgB**
- **Hct**
- **Cholesterol**
- **Triglycerides**
- **BUN**
- **Creatinine**
- **CD4**

<table>
<thead>
<tr>
<th>Clinical Outcome</th>
<th>Value</th>
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<tbody>
<tr>
<td></td>
<td>mg/dL</td>
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<td>vol %</td>
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<td>mg/dL</td>
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<tr>
<td>Height</td>
<td>Weight</td>
<td>Value</td>
<td>Value</td>
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<tr>
<td></td>
<td></td>
<td>lb</td>
<td>lb</td>
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<tr>
<td></td>
<td></td>
<td>x/day</td>
<td>x/day</td>
</tr>
<tr>
<td></td>
<td></td>
<td>x/day</td>
<td>x/day</td>
</tr>
<tr>
<td>Lean body mass (LBM)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>or no diarrhea</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Or no nausea/vomiting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
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</tbody>
</table>

#### MNT Goal
- **Maintain adequate intake of calories and protein**
- **Select foods to limit side effects**
- **Stable weight**

<table>
<thead>
<tr>
<th>MNT Goal</th>
<th>Value</th>
<th>Value</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cal</td>
<td>Cal</td>
<td>Cal</td>
</tr>
<tr>
<td></td>
<td>g Pro</td>
<td>g Pro</td>
<td>g Pro</td>
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<tr>
<td></td>
<td>g fat</td>
<td>g fat</td>
<td>g fat</td>
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<tr>
<td></td>
<td>meals</td>
<td>meals</td>
<td>meals</td>
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<tr>
<td></td>
<td>snacks</td>
<td>snacks</td>
<td>snacks</td>
</tr>
</tbody>
</table>

#### Behavioral Outcomes
- **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**

<table>
<thead>
<tr>
<th>Behavioral Outcome</th>
<th>ppd</th>
<th>ppd</th>
<th>ppd</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>x/wk</td>
<td>x/wk</td>
<td>x/wk</td>
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#### Overall Compliance Potential
- **Comprehension**
- **Receptivity**
- **Adherence**

<table>
<thead>
<tr>
<th>Overall Compliance Potential</th>
<th>E</th>
<th>G</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>E</td>
<td>G</td>
<td>P</td>
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<tr>
<td></td>
<td>E</td>
<td>G</td>
<td>P</td>
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</table>
Bibliography


**HIV/AIDS**

**Medical Nutrition Therapy Protocol**

**Setting:** Ambulatory Care (Adult 18+ years old)

**Number of sessions:** see stage for number of sessions

<table>
<thead>
<tr>
<th>No. of interventions</th>
<th>Length of contact</th>
<th>Time between interventions</th>
<th>Cost/charge</th>
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<tbody>
<tr>
<td>Stage 1</td>
<td>60 minutes initial</td>
<td>based on assessment and/or need</td>
<td></td>
</tr>
<tr>
<td>1-2 F/U session/yr</td>
<td>15-30 minutes F/U session</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stage 2</td>
<td>30-60 minutes initial</td>
<td>based on assessment and/or need</td>
<td></td>
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<tr>
<td>2-6 sessions/yr</td>
<td>15-30 minutes F/U session</td>
<td></td>
<td></td>
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<tr>
<td>Stage 3</td>
<td>30-60 minutes initial</td>
<td>based on assessment and/or need</td>
<td></td>
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<tr>
<td>2-6 sessions/yr</td>
<td>15-30 minutes F/U session</td>
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**Expected Outcomes of Medical Nutrition Therapy**

<table>
<thead>
<tr>
<th>Outcome assessment factors</th>
<th>Baseline</th>
<th>Evaluation of Intervention</th>
<th>Expected outcome</th>
<th>Ideal/goal value</th>
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<tbody>
<tr>
<td>Clinical outcomes</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
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<tr>
<td>- Biochemical parameters</td>
<td></td>
<td></td>
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<tr>
<td>(measure &lt;15 days prior to nutrition session)</td>
<td></td>
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</tr>
<tr>
<td>- Albumin, prealbumin</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>- CBC</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>- Cholesterol, triglycerides</td>
<td>✓</td>
<td>✓</td>
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<td></td>
</tr>
<tr>
<td>- CD4, CD8, viral load</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>- BUN, creatinine</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
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<tr>
<td>- Electrolytes</td>
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</tr>
<tr>
<td>- Anthropometrics</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>- Weight, height, LBM</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
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<tr>
<td>- Clinical signs and symptoms</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>- Side effects</td>
<td>✓</td>
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</table>

**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**

<p>| Oral intake adequate to maintain weight | ✓ | ✓ | ✓ | - Maintains weight, LBM, and hydration | MNT Goals |
| Employ food/ water safety and sanitation practices | ✓ | ✓ | ✓ | - Prevents food- and water- borne illness | Maintain weight, LBM, and hydration |
| Consumes calorie/ protein foods/supplements and has knowledge of alternative feeding routes | ✓ | ✓ | ✓ | - Maintains weight and LBM/ minimizes symptoms | Remain free of food and water illness |
| Includes/avoids foods based on side effects to medication or symptoms of infection | ✓ | ✓ | ✓ | - Minimizes side effects from meds and/or symptoms of infection | Prevent malnutrition and /or wasting |
| Supplements with acceptable doses of vitamins/ minerals; communicates use of unproven therapies to RD | ✓ | ✓ | ✓ | - Avoids vitamin/ mineral deficiencies, prevents megadosing with unproved nutritional therapies | - Relieve side effects to meds and/or symptoms of infection |
| Smoking/ caffeine/ social drugs | ✓ | ✓ | ✓ | - or stops smoking, caffeine use of social drugs. appetite and intake | Maintain adequate vitamin/ mineral intake |
| Exercise/ activities of daily living | ✓ | ✓ | ✓ | - Participates in resistance exercise 3 x/wk, maintains LBM | |</p>
<table>
<thead>
<tr>
<th>Before Initial Session</th>
<th>Obtain Referral Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>After nutrition referral</td>
<td>Labs—albumin, prealbumin, CBC, cholesterol, triglycerides CD4 within 15 days of session</td>
</tr>
<tr>
<td><strong>MD’s goals</strong></td>
<td>Medical history</td>
</tr>
<tr>
<td><strong>Medical history</strong></td>
<td>Medications—including OTC drugs, vitamin/mineral preparations</td>
</tr>
<tr>
<td><strong>Unproved therapies, eg, algae, herbs</strong></td>
<td>Performance status, ADL, living situation</td>
</tr>
</tbody>
</table>

**Assessment:**
- Anthropometry (weight, height, lean body mass (LBM), biochemical parameters, BMI, % weight change over time, lifestyle/psychosocial/nutrition history, calorie and protein needs, exercise/activity pattern, smoking/alcohol/social drugs/caffeine pattern.)

**Intervention:**
- Self-management training: nutrition priorities and good nutrition, maintaining body weight and lean body mass, high-calorie/high-protein foods/supplements and meal planning, exercise/activity, vitamin/mineral supplementation, unproved nutrition treatments, food/water safety and sanitation, psychosocial issues. Smoking/substance cessation.
- Mutually set goals. Food record kept. Referral to other health care professionals and community based organizations.

**Communication:**
- Summary to PCP and health care providers.

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**Stage 1 (HIV Asymptomatic)**

| Initial session | Follow-up 2/year |

**Assessment:**
- Anthropometry, % weight and LBM change over time, nutrition history, clinical symptoms. Food intake evaluated for calories, protein, fluids, fat, lactose, fiber and supplementation, exercise/activity, substance use, smoking pattern.

**Intervention:**
- If weight loss or nutritionally compromised, encourage high-calorie/high-protein foods/supplements. Self-management training: individual needs/problems, eating away from home, foreign travel, food/water safety and sanitation, psychosocial issues, food resources. Mutually set goals. Food record kept. As required, alternative route of feeding, eg, tube feeding, TPN.

**Communication:**
- Summary to PCP and health care providers.
- Long-term goals and plans for ongoing care.

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**Stage 2 (asymptomatic or symptomatic)**

| Initial Session | Follow-up 2-6/year |

**Assessment:**
- Anthropometry, % weight and LBM change over time, nutrition history, clinical symptoms. Food intake evaluated for calories, protein, fluids, fat, lactose, fiber and supplementation, exercise/activity, substance use, smoking pattern. (If patient’s initial assessment is at Stage 2, include assessment information from Stage 1.)

**Intervention:**
- If weight loss or nutritionally compromised, encourage high-calorie/high-protein foods/supplements. Self-management training: individual needs/problems, eating away from home, foreign travel, food/water safety and sanitation, psychosocial issues, food resources. Hospitalization. Mutually set goals. Food record kept. As required, alternative route of feeding, eg, tube feeding, TPN.

**Communication:**
- Summary to PCP.
- Long-term goals and plans for ongoing care.

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**Stage 3 (AIDS)**

| Initial Session | Follow-up 2-6/year |

**Assessment:**
- Anthropometry, % weight and LBM change over time, nutrition history, clinical symptoms. Food intake evaluated for calories, protein, fluids, fat, lactose, fiber and supplementation, exercise/activity, substance use, smoking pattern. (If patient’s initial assessment is at Stage 3, include assessment information from Stage 1.)

**Intervention:**
- If weight loss or nutritionally compromised, encourage high-calorie/protein foods/supplements. Self-management training: individual needs/problems, eating away from home, foreign travel, food/water safety and sanitation, psychosocial issues, food resources, hospitalization. Mutually set goals. Food record kept. As required, alternative route of feeding, eg, tube feeding, TPN.

**Communication:**
- Summary to PCP.
- Long-term goals and plans for ongoing care.

PCP = primary care provider
HIV/AIDS (HIV Asymptomatic, DC4≥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 circumstance), 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 cryptosporidin, 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, e.g., 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

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
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


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<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

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