DRAFT

Use of the Suggested Clinical Data Elements is voluntary / optional

Enteral Nutritional Therapy Progress Note
Suggested Clinical Data Elements (CDEs)

Version R1.0b (5/20/2018)

Note: If these CDEs are used:
   1) CDEs in black Calibri are required
   2) CDEs in *burnt orange Italics Calibri* are required if the condition is met
   3) CDEs in blue Times New Roman are recommended but not required

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Beneficiary Information CDEs

PBD: Patient/Beneficiary Demographics

   PBD1: Patient's first name, last name, and middle initial (text)

   PBD2: Patient's date of birth (date: MM/DD/YYYY)

   PBD3: Patient's Gender (Single selection from the value set: M, F, Other)

   PBD4: Patient's Medicare ID (Medicare ID format and check digit)

Encounter CDEs

PND: Physician/NPP Demographics

   If different than the signing provider

   PND1*: Provider first name, last name, middle initial, and suffix (text).*
   PND2*: Provider NPI (Numeric with check digit)*

Diagnoses CDEs

DIAG: Patient diagnoses (repeat as necessary)

   DIAG1: Diagnoses

      DIAG1a: ICD10 (code) (from valid list of ICD10 codes)

      DIAG1b: Description (text)

Enteral nutrition coverage CDEs

ENTCOND: Patient condition

   ENTCOND1: Does the patient have permanent non-function or disease of the structures that normally permit food to reach the small bowel? (single selection from value set: Yes, No)

   ENTCOND1a: *If Yes, does the patient require tube feedings to provide sufficient nutrients to maintain weight and strength commensurate with the patient's overall health status? (single selection from value set: Yes, No)*

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ENTCOND2: Is it anticipated the patient's condition (check all that apply) (multiple selection from value set: Is considered permanent, May improve sometime in the future, Is of long and indefinite duration (ordinarily at least 3 months))

ENTCOND3: The patient's condition (check all that apply) (multiple selection from value set: Is anatomic (e.g., obstruction due to head and neck cancer or reconstructive surgery, etc.); Is due to a motility disorder (e.g., severe dysphagia following a stroke, etc.); Is not due to reasons such as anorexia or nausea associated with mood disorder, end-stage disease, etc.; Is a partial impairment (e.g., a patient with dysphagia who can swallow small amounts of food or has Crohn's disease) that requires prolonged infusion of enteral nutrients to overcome a problem with absorption.)

ENTCOND4: The patient requires enteral nutrition formula feedings (check all that apply) (multiple selection from value set: To Maintain weight and strength commensurate with the patient's overall health status, Because adequate nutrition is not possible with dietary adjustment and/or oral supplements)

ENTCOND5: Is the patient's enteral nutrition therapy being provided in a nursing home, independent living residence, residential home, etc. (multiple selection from value set: Yes, No)

ENTCOND6: The patient requires enteral nutrition formula feedings for one or more of the following evidence-based indications (check all that apply) (multiple selection from value set: Acute severe pancreatitis, Burns, Cancer, Critically ill, Crohn's disease, Cystic fibrosis, Dementia, Gastrointestinal surgery, Head injury, Liver transplant, Older patient, malnourished, Short bowel syndrome, Stroke (dysphagic), Other)

ENTCOND6a: Describe (text)

ENTCOND7: Specific enteral nutrition requirements) (multiple selection from value set: The patient requires a semi-synthetic intact protein/protein isolates enteral formula (appropriate for the majority of patients requiring enteral nutrition)

ENTCOND7a: The patient needs a special enteral formula because of the following requirements (text, repeat as required)

ENTCOND8: The patient has experienced complications associated with syringe or gravity method of administration and a feeding pump is necessary for one or more of the following reasons (check all that apply) (multiple selection from value set: Gravity feeding is not satisfactory due to reflux and/or aspiration, The patient has severe diarrhea, The patient has dumping syndrome, The administration rate less than 100 ml/hr., There are wide swings in blood glucose fluctuations, There is evidence of circulatory overload, A gastrostomy/jejunostomy tube is required to be used for enteral nutrition formula feeding)

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Subjective CDEs

SUB: Subjective

SUB1: Chief complaint / history of present illness and associated signs / symptoms (text)

SUB2: Related past medical / surgical history (text)

MED: Medications (Status value set: New, Current, Modified, Discontinued)

MED1: Medications (Repeat until complete: RxNorm, Description, Dose, Frequency, Route, Status)

MED2: Other Medications (text)

ALL: Allergies (include RxNorm if Known)

ALL1: Allergies (RxNorm, Description …)

Review of Systems CDEs

ROS: Review of Systems (Multiple selection from all the following elements, ROS1-ROS21 and value set following each)

ROS1:   General: weight gain, weight loss, sleeping problems, fatigue, fever, chills, night sweats/diaphoresis

ROS1a: other: (text)

ROS2:   Skin: pressure ulcers, rashes, changes in nails/hair, eczema, pruritus

ROS2a: other: (text)

ROS3:   Lymphatic: swollen glands/masses (in the neck, axilla, groin)

ROS3a: other: (text)

ROS4:   Head: fainting, dizziness, headaches

ROS4a: other: (text)

ROS5:   Eyes: diplopia, glasses/contact lenses, redness/discharge, blurred vision, glaucoma, cataracts

ROS5a: other: (text)

ROS6:   Ears: tinnitus, discharge, hearing loss

ROS6a: other: (text)

ROS7:   Nose: epistaxis, sinus infections, discharge, polyps

ROS7a: other: (text)

ROS8:   Oral: dysphagia, hoarseness, teeth/dentures

ROS8a: other: (text)

ROS9:   Neck: lumps, pain on movement

ROS9a: other: (text)

ROS10: Breast: masses/tumors, tenderness, discharge, gynecomastia

ROS10a: other: (text)

ROS11: Pulmonary: cough, shortness of breath, pain, wheezing, hemoptysis, sputum production

ROS11a: other: (text)

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ROS12: Cardiac: chest pain, palpitations, orthopnea, murmur, syncope

> **ROS12a:** other: (text)

ROS13: Vascular: edema, claudication, varicose veins, thrombophlebitis, ulcers

> **ROS13a:** other: (text)

ROS14: Gastrointestinal: swallowing problems, abdominal pain, constipation, diarrhea, incontinence, nausea, vomiting, ulcers, melena, rectal bleeding, jaundice, heartburn, hematemesis

> **ROS14a:** other: (text)

ROS15: Renal: dysuria, frequency, urgency, hesitation, flank pain, hematuria, incontinence, nocturia, polyuria

> **ROS15a:** other: (text)

ROS16: Musculoskeletal: pain, swelling, stiffness, limitation of range of motion, arthritis, gout, cramps, myalgia, fasciculation, atrophy, fractures, deformity, weakness

> **ROS16a:** other: (text)

ROS17: Neurologic: seizures, poor memory, poor concentration, numbness/tingling, pins and needles sensation, hyperpathia, dysesthesia, weakness, paralysis, tremors, involuntary movements, unstable gait, falls, vertigo, headaches, stroke, speech disorders

> **ROS17a:** other: (text)

ROS18: Psychiatric: hallucinations, delusions, anxiety, nervous breakdown, mood changes

> **ROS18a:** other: (text)

ROS19: Hematology: anemia, bruising, bleeding disorders (conditional)

> **ROS19a:** other: (text)

ROS20: Endocrine: heat or cold intolerance, diabetes, lipid disorders, goiter

> **ROS20a:** other: (text)

ROS21: Other:(text)

Objective / Physical Exam CDEs

OBJ: Objective / Physical Exam:

> **OBJ1**: Vital Signs:
>
> > **OBJ1a**: Temperature: (numeric and units)
> >
> > **OBJ1b**: Pulse: (numeric – beats per minute)
> >
> > **OBJ1c**: Respiration: (numeric – breaths per minute)
> >
> > **OBJ1d**: Blood Pressure:
> >
> > Systolic: (numeric – mm of mercury)
> >
> > Diastolic: (numeric – mm of mercury)
> >
> > **OBJ1e**: Height: (single part: numeric and units or two part with numeric and units for each)
> >
> > **OBJ1f**: Weight: (single part: numeric and units or two part with numeric and units for each)

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OBJ: Objective / Physical Exam:

OBJ2: General Appearance: (text)

OBJ3: Head and Neck: (text)

OBJ4: Chest/lungs: (text)

OBJ5: Cardiovascular: (text)

OBJ6: Abdominal: (text)

OBJ7: Musculoskeletal / extremities: (text)

OBJ8: Neurological: (text)

OBJ9: Psychiatric: (text)

OBJ10: Visual Exam: (text)

OBJ11: Other: (text)

Assessment and Plan CDEs

ASM: Assessment

ASM1: Assessment/Status (text)

PLAN: Treatment Plan

PLAN1: Treatment Plan (text)

ENTORD: Enteral Nutritional Therapy Order Questions

ENTORD6: Estimated length of need in months (Numeric) (Note: 99 is lifetime)

ENTORD9: Method of administration (Single selection from value set: Syringe, Gravity, Pump, Oral (e.g. drinking))

ENTORD10: Days per week administered or infused (Numeric) (range 1-7)

Order (supply kits, IV pole, pump, feeding tube, etc.) Notes: 1) appendices describe relationship between method of administration and allowed nutrients and supplies, 2) frequency may also be calories per 24-hour period.

ENTORD11: Item description (text)

ENTORD12: Frequency (text)

ENTORD13: Quantity (numeric, units)

ENTORD14: Refills (numeric)

ENTORD15: Other (text)

ENTORD16: If nutritional infusion pump is required (need must be documented in the medical record) (Single selection from value set: Stationary, Portable)

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ORD: Orders

ORD1: Medications: (text)

ORD2: Supplies: (text)

ORD3: Investigations (Diagnostic testing): (text)

ORD4: Consults: (text)

ORD5: Other: (text)

Provider Signature CDEs

SIGPNP: Physician/NPP Signature Elements

SIGPNP1: Physician/NPP Signature (image, electronic, or digital)

SIGPNP2: Physician/NPP Printed Name (text)

SIGPNP5: Date of Signature (MM/DD/YYYY)

SIGPNP4: Physician/NPP NPI (NPI format)