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

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

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

**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)
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

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)
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

**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)