

Nutrition resources - Open issues and questions

NutritionProduct

1. We have categories already. They state what categories the product has. Do we also need a "category negation" as in "this product is not compatible with a halal diet"?
 - a. To be Discussed
2. What is the w5 for NutritionProduct?
3. We need examples and use cases- please add items and details to the list below

Examples

- Halal chicken (please see if this is a valid example)
 - (please add the details)
- Halal meat balls
- Fruit
- Dried fruit mix
- Chocolate

Use Cases

1. Nutritionist prepares a halal menu
 - a. Query server for existing nutritionproducts that have classification "halal"
 - b. prepare menu
 - c. submit menu as new resource
2. Physician requests patient to be given a low.sodium diet
 - a. Create a nutritionorder with several products

Current requirements

1. Add distinction / scope boundary between NutritionProduct and Medication
 - a. should not depend on "if done through an app that is only documenting food consumption" because this puts the boundary on the apps.
 - b. perhaps strong guidance is not needed, since the resources are almost interchangeable
 - i. which means we need to escalate to fmm/fhir-i about how to handle information that may be spread across different resource types
2. Add distinction / scope boundary between NutritionProduct and Substance
3. Add "Pre-packed Food Supplements should be exposed using Medication resources"
4. Add text to explain the classification and codes can be multiple, e.g. a product may have different categories in different classifications-

Previous notes:

- Pharmacy WG representatives expressed that supplements would be recorded under medication rather than NutritionIntake
 - There is a bit of a grey area between medication and NutritionIntake
 - Supplements could possibly be recorded under NutritionIntake if done through an app that is only documenting food consumption
 - The recommended place to record supplements would be using medication resources and this will be documented in the Boundary and Scope statements so that FHIR implementers know where to find the data
- Worked on the NutritionIntake resource proposal (so that the NutritionIntake resource can hopefully be approved and be an "official" resource):
 - Used the [NutritionOrder resource proposal](#) as an example
 - Feedback documented for Scope of Coverage and Resource appropriateness sections
 - General intake recording, app usage, menu sharing, SNAP purchases, enteral, fluids, public health/research needs (e.g. NHANES)
 - Delivery environment: hospitals/acute care, meal tracking systems (the meal is on it's way to be consumed; used in situations where nursing might need to know this for administering insulin prior to meals), school districts, grocery stores, outpatient, LTC,
 - A combination of all the nourishment that a patient/client has consumed in volume, nutrient content, including information such it provides a picture of the total consumed for the particular consumption event.

- As a dietitian, it is important to be able to know what a person is consuming and assess the adequacy of the patient's diet. You can't come up with the final care of that patient if you don't know what the current intake is.
- A clinician can't do their job if they do not know what the base line. The clinician cannot assess a change in a patient if they do not have access to see what the intake is.
- The NutritionIntake resource contains all the data about a particular consumption event to convey a larger picture of the nutrients (including calories, vitamins, minerals, etc.). The scope is complex and large that it requires a separate resource. – other resources don't provide the level of detail. Clearly defines the distinction between nutrition orders and the nutrient details and what a client is consuming or requiring to better assess their needs.
- Other resources are cumbersome and require too many extensions; this is due to all the details tied to ingredients
- Feedback documented for the Example Scenarios
 - Matching what was served with what was eaten
 - Inpatient being transferred from acute care to long-term care
 - School health: who needs to know what a child has been eating in a school
 - What things are paid for by the government that needs to be tracked and can be tracked easily by an intake record. Why would we want to show why SNAP is a positive thing (and should not be gotten rid of, e.g.)
 - Need to track amount/rate of enteral feeding and fluid intake
 - In a hospital you need to know what and how much a patient is consuming before you put them on enteral or parenteral; this is important from a patient safety standpoint and has a cost implication. It may be cheaper to have them on enteral in a hospital, but would be more expensive when the patient has to go home.