

**KENYA STANDARD**

**KS 2622: 2021**

ICS ##.###

**Second Edition**

# **Clinical nutrition — Glossary of terms**



**Kenya Bureau of  
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## **Clinical nutrition — Glossary of terms**

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## **Foreword**

This Kenya Standard was prepared by the Nutrition and Health Technical Committee under the guidance of the Standards Projects Committee, and it is in accordance with the procedures of the Kenya Bureau of Standards.

This standard provides a comprehensive guide for terminologies in nutrition and dietetics practice and for all connected purposes.

During the preparation of this standard, reference was made to the following documents:

International Dietetics and Nutrition Terminology reference manual, standardized language for the nutrition care process, 3rd edition, 2011.

Republic of Kenya, National food and nutrition security policy, terms for nutrition assessment in emergency 2011.

Acknowledgement is hereby made for the assistance derived from these sources.

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DRAFT STANDARD



## Clinical nutrition — Glossary of terms

### 1 Scope

This Kenya Standard covers terminology dealing with the prevention, diagnosis and management of nutritional and metabolic changes related to acute and chronic diseases and conditions caused by a lack or excess of energy and nutrients targeting individual patients.

### 2. Normative reference

There are no normative reference in this document.

### 3. Terms and definitions

- 3.1 Acute malnutrition:** Also known as 'wasting', is characterized by a rapid deterioration in nutritional status over a short period of time. In children, it can be measured using the weight-for-height nutritional index or mid-upper arm circumference.
- 3.2 Administer:** The act of delivering substance(s) to an individual by a prescribed dosage and route.
- 3.3 Administration:** The physical delivery of substance(s) to individuals.
- 3.4 Admixture:** The result of combining 2 or more fluids.
- 3.5 Adolescent:** 11 years to 21 years of age.
- 3.6 Adverse Event:** is any undesirable experience associated with the use of a medical product in a patient.
- 3.7 Alpha Linolenic acid:** Is an 18 carbon poly unsaturated fatty acid (PUFA) with three double bonds, it is also called an omega-3 fatty acids.
- 3.8 Amino acid:** The fundamental building block of proteins.
- 3.9 Anabolism:** Process by which complex materials in tissues and organs are built up from simple substances.
- 3.10 Antioxidants:** A group of substances that prevent the damage caused by the oxidation of fatty acids and proteins by oxygen free radicals.
- 3.11 Anthropometry:** Is the use of body measurements such as weight, height, head circumference, waist circumference and mid-upper arm circumference (MUAC), in combination with age and sex, to gauge growth, failure to grow or determine nutrition status.
- 3.12 Artificial feeding:** The feeding of infants with only a breast milk substitute.
- 3.13 Asymptomatic:** Lack of symptoms or subjective manifestations of a disease.
- 3.14 Balanced Diet:** Also known as adequate diet, it contains all essential (macro and micro) nutrients in optimum quantities and in appropriate proportions that meet the requirements.
- 3.15 Basal metabolic rate: (BMR):** BMR is the required energy to maintain essential body functions. It is measured in mega joules, kilojoules, or kilocalories per minute, hour, or day.
- 3.16 Beta-Carotene:** A yellow - orange plant pigment which yields vitamin A by oxidation in the body.
- 3.17 Beyond-Use Date: (Parenteral):** The date or time after which a compounded sterile preparation shall not be stored or transported. The date is determined from the date or time the preparation is compounded. (Enteral): The date established by healthcare professionals recommended in the published literature or manufacturer-specific recommendations beyond which the facility-prepared product should not be used.

This definition also includes closed enteral feeding systems that do not require facility preparation, but for which the manufacturer's expiration date is no longer valid once the product is spiked with an enteral administration set.

**3.18 Bifidus factor:** A substance in human milk which stimulates the growth of a micro-organism (*Lactobacillus bifidus*) in the infants' intestine.

**3.19 Birth Weight:** First weight of the fetus or newborn obtained at birth.

- Low Birth Weight: weight of less than 2 500 g (up to and including 2 499 g)
- Very Low Birth Weight: weight of less than 1 500 g
- Extremely Low Birth Weight: weight of less than 1 000 g

**3.20 Body mass index (BMI):** Defined as an individual's body mass (in kilograms) divided by height (in metres squared): BMI units = kg/m<sup>2</sup>. It is used as a measure of nutrition status.

**3.21 Breast milk substitute:** Any food marketed or otherwise represented as a partial or total replacement for breast milk.

**3.22 Calorie:** Unit used to indicate the energy value of foods. Quantitative requirements are expressed in terms of energy, i.e. kilocalories (Kcals). Newer unit for energy is Kjoules.

**3.23 Care Plan:** A written plan based on data gathered during assessment that identifies care needs and treatment goals, describes the strategy for meeting those needs and goals, outlines the criteria for terminating any interventions, and documents progress toward meeting the plan's objectives.

**3.24 Catabolism:** Process of breakdown of complex organic constituents in the body.

**3.25 Cachexia:** A complex metabolic syndrome characterized by loss of muscle (with or without loss of fat mass) in adults, and growth suppression in children, frequently associated with inflammation, anorexia and insulin resistance.

**3.26 Carcinogen:** A substance that increases the incidence of cancer in living tissue, this could be chemical, physical, or biological.

**3.27 Central venous catheter:** Also, called a central line. It is a thin, flexible tube used to give medicines, fluids, nutrients, or blood products over a long period of time. It is often inserted in the arm or chest through the skin into a large vein.

**3.28 Chemoradiation:** The combination of chemotherapy with radiation therapy.

**3.29 Chronic:** A term used to describe a disease or a condition that persists or progresses over a long period of time.

**3.30 Consultant dietician:** as defined under 'the nutritionist and dietetics act'

**3.31 Clinical examination:** Searching for signs of disease by observation and physically examining the patient.

**3.32 Clinical trial:** A research study that tests how well new medical approaches work in people, for example, new methods of screening, prevention, diagnosis or treatment.

**3.33 Compatibility:** The ability to combine two or more products or components such that the physical integrity and stability of each product is not altered when combined.

**3.34 Complementary feeding:** The use of age-appropriate, adequate and safe solid, semi-solid and liquid food in addition to breast milk or a breast milk substitute. The process starts when breast milk or infant formula alone is no longer sufficient to meet the nutritional requirements of an infant. The target range for complementary feeding is generally considered to be 6 – 23 months.



- 3.35 Complementary Foods:** Foods which are used during gradual transition of the infant from breastmilk or breastmilk substitutes to a normal diet.
- 3.36 Cholesterol:** A lipid constituent of blood and tissues derived from diet and from synthesis within the body.
- 3.373 Client history:** Includes medication, diet and supplement history, social history, medical/health history, and personal history.
- 3.38 Closed Enteral System:** A closed, ready-to-hang enteral container pre-filled with sterile, liquid formula by the manufacturer and considered ready-to-administer.
- 3.39 Colostrum:** Is a milky substance that is produced by the breasts in the days prior to and the first few days after birth. It precedes the arrival of true breast milk production. Colostrum contains many nutritional benefits for the infants including proteins, carbohydrates, fats, vitamins, minerals, and antibodies.
- 3.40 Computerized Provider Order Entry (CPOE):** Providers (previously known as prescribers) using computer assistance to directly enter medical orders from a computer or mobile device. The order is also documented or captured in a digital, structured, and computable format for use in improving safety and organization.
- 3.41 Diet:** A prescribed allowance of food or nutrients.
- 3.42 Dietary factors:** Substances and characteristics of the diet; e.g. the amount of total fat, dietary fibre and the method of cooking.
- 3.43 Dietary fiber:** Collective term for the structural parts of plant tissues which are resistant to the human digestive enzymes.
- 3.44 Dietary supplement:** A product intended for consumption that contains a "dietary ingredient" which has not been consumed in sufficient quantities. A "dietary ingredient" may be one, or any combination of, vitamins, minerals, amino acids, herbs or other botanicals.
- 3.45 Dietetics technician:** As defined under the 'Nutritionist and Dietetics Act'
- 3.46 Dietetics technologist:** As defined under the 'Nutritionist and Dietetics Act'
- 3.47 Dosing Weight:** A patient-specific weight determined and used by the clinician to arrive at a specific nutrient or medication dose. Determination of dosing weight is dependent on institutional or professional preference; the dosing weight may be the actual, ideal, euvolemic, or adjusted body weight of the individual.
- 3.48 Drug-Drug Interaction:** A modification of the effect of a drug when administered with another drug. The effect may be an increase or a decrease in the action of either substance, or it may be an adverse effect that is not normally associated with either drug. The particular interaction may be the result of a chemical-physical incompatibility of the two drugs or a change in the rate of absorption or the quantity absorbed in the body, the binding ability of either drug, or an alteration in the ability of receptor sites and cell membranes to bind either drug. Most adverse drug-drug interactions are either pharmacodynamics or pharmacokinetic in nature.
- 3.49 Drug-Nutrient Interaction:** An event that results from a physical, chemical, physiologic, or pathophysiologic relationship between a drug and nutrient status, nutrient(s), or food in general, which is clinically significant if drug response is altered or nutrition status is compromised.
- 3.50 Empty calories:** Term used for foods that provide only energy without any other nutrient, e.g. white sugar and alcohol.

**3.51 Energy:** Required to sustain the body's various functions by oxidation (primarily carbohydrates, fats, and amino acids), yielding the chemical energy needed to sustain metabolism, nerve transmission, respiration, circulation, and physical work. This term should be used in preference to calorie. *Calorie* should only be used in the quantification of energy.

**3.52 Energy balance:** Energy balance occurs when the absorbed energy from foods and drinks equal the total energy spent. In the case of intake exceeding expenditure, it is a positive energy balance. When the expenditure exceeds intake, it is a negative energy balance.

**3.53 Enteral Misconnection:** An inadvertent and erroneous connection between an enteral feeding system and a non-enteral system such as a vascular access device, peritoneal dialysis catheter, tracheostomy, medical gas tubing, etc.

**3.54 Enteral Nutrition:** System of providing nutrition directly into the gastrointestinal tract orally or via a tube, catheter, or stoma. Enteral nutrition to be used in preference to "enteral feeding."

**3.55 Enteral Nutrition Use Process:** The system within which enteral nutrition (EN) is used. This involves a number of major steps: the initial patient assessment, the recommendations for an EN regimen, the selection of the enteral access device, the EN prescription, the review of the EN order, the product selection or preparation, the product labelling and dispensing, the administration of the EN to the patient, and the patient monitoring and reassessment, with documentation at each step as required.

**3.56 Enzymes:** Biological catalysts which enhance the rate of chemical reactions in the body.

**3.57 Expiration Date:**

- Foods: "Generally, 'expiration' dates and 'best before' dates are the last dates that the manufacturer recommends a food item be consumed to ensure peak quality, food safety and nutrient retention.
- Drugs: The date after which a drug stored in the unopened manufacturer's storage container away from harmful and variable factors like heat and humidity should not be used.

**3.58 Fermentation:** A metabolic breakdown of molecules, such as glucose, which converts energy to lactate, acetate, ethanol, or other simple products.

**3.59 Formulation:** A defined list of ingredients (or components) for the preparation of an enteral formula or parenteral nutrition admixture.

**3.60 Enteral Formula:** Liquid nutrition to be administered via an enteral access device. It can include ready-to-feed liquid, powdered, or liquid products to be mixed or blenderized, as well as human breast milk.

**3.61 Enteral Access Device:** Tube placed directly into the gastrointestinal tract for the delivery of nutrients and/or medications e.g. gastrostomy tubes, naso-gastric tubes, orogastric tubes and jejunostomy tubes.

**3.62 Enteral Nutrition:** System of providing nutrition directly into the gastrointestinal tract via a tube, catheter, or stoma that bypasses the oral cavity. Enteral nutrition to be used in preference to "enteral feeding."

**3.63 Exclusive breastfeeding:** An infant receives only breast milk and no other liquids or solids, not even water other than prescribed medication.

**3.64 Essential fatty acids (EFA):** Fatty acids mainly linoleic acid and alpha linolenic acid which are not synthesized in the human body and must be supplied through the diet.

**3.65 Fatty acids:** Basic constituents of many lipids.

**3.66 Flavonoids:** Are a group of plant metabolites thought to provide health benefits through cell signaling pathways and antioxidant effects. These molecules are found in a variety of fruits and vegetables.

- 3.67 Follow-up:** Observing a person's health over time, during/after receiving treatment.
- 3.68 Food Exchange:** Foods are classified into different groups for exchange. Each “exchange list” includes a number of measured foods of similar nutritive value that can be substituted inter-changeably in meal plans.
- 3.69 Food:** Substances whose constituents are one or more nutrients and includes any article manufactured, prepared, sold or represented for use as food or drink for human consumption, chewing gum, and any ingredient of such food, drink or chewing gum;
- 3.70 Food and nutrition-related history:** Food intake, nutrition and health awareness and management, physical activity and exercise, and food availability.
- 3.71 Food standard:** The minimum quality and safety requirements that should be fulfilled by the products of food or nutrient origin that are intended for ingestion.
- 3.72 Food supplements:** Products intended for ingestion that contain dietary ingredients or specific nutrients to cater for increased physiological needs of the body which are taken orally or intravenously;
- 3.73 Free radicals:** Highly reactive oxygen-derived species formed in the body during normal metabolic processes. They have the capacity to damage cellular components by oxidation.
- 3.74 General Diet:** Also known as a regular or house diet, is a full well-balanced diet containing the essential nutrients needed for optimal growth, tissue repair, and normal functioning of the organs. Such a diet contains foods that appropriately balance proteins, carbohydrates, high-quality fats, minerals, and vitamins in proportions that meet the specific nutrient requirements of the individual.
- 3.75 Gastroesophageal reflux:** The back flow of stomach acid contents into the oesophagus. Also, called gastric reflux, oesophageal reflux or acid reflux.
- 3.76 Glucose:** Body fuel, present as a simple form of sugar, carried by the blood to cells for energy. It is produced when foods are metabolized in the digestive system.
- 3.77 Geriatric:** An age category describing an adult 65 years of age or greater.
- 3.78 Hang Time (for enteral nutrition):** The duration an enteral preparation or product is considered safe for administration to the patient beginning with the time the preparation or product has been compounded, reconstituted, warmed, poured from one container to another, or has had the original package seal broken.
- 3.79 Helicobacter pylori:** Also known as H. pylori. A bacterium that causes inflammation and ulcers in the stomach or small intestine. People with that infection are more likely to develop cancer in the stomach, including MALT (mucosa-associated lymphoid tissue) lymphoma.
- 3.80 High-density lipoproteins (HDL):** Also known as ‘good cholesterol’, transport cholesterol from the extra-hepatic tissues to the liver. They are anti-atherogenic.
- 3.81 High-protein diet:** A type of weight loss plan based on the overall consumption of high-protein containing foods.
- 3.82 Home-based care nutrition:** Care and/or nutrition interventions given to individuals in their homes.
- 3.83 Hormones:** Substances produced by a gland (endocrine) which are secreted directly into the blood stream to produce a specific effect on another organ.
- 3.84 Hyperlipidemia:** An increase in the concentration of blood lipids (triglycerides and cholesterol).
- 3.85 Immune system:** A biological system of structures and processes that defends the body from diseases by identifying and killing foreign bodies such as viruses, bacteria and tumour cells.

- 3.86 Incompatibility:** The physical alteration of a product when combined with one or more other products as a result of concentration or temperature-dependent reactions (e.g. precipitation) that can alter activity or stability. It also refers to concentration-dependent precipitation or acid-base reactions that result in physical alteration of the product or products when combined together.
- 3.87 Indicators:** Predetermined measures used as normative standards within a performance improvement process.
- 3.88 Infant formula:** A breast milk substitute formulated industrially in accordance with applicable Codex Alimentarius Standards.
- 3.89 Infant:** A baby from birth to 12 months of age.
- 3.90 Intestinal Insufficiency (or deficiency):** The reduction of gut absorptive function that does not require intravenous supplementation but may require oral supplementation, enteral nutrition, or vitamin and trace element supplementation to maintain health and/or growth.
- 3.91 Intestinal failure:** The reduction of gut function below the minimum necessary for the absorption of macronutrients and/or water and electrolytes, such that intravenous supplementation is required to maintain health and/or growth.
- 3.92 Lactoferrin:** Minor protein of milk containing iron.
- 3.93 Lactose intolerance:** Disorder resulting from improper digestion of milk sugar called lactose, due to lack of an enzyme, lactase, in the intestinal mucosa.
- 3.94 Lifestyle factors:** Identifiable and quantifiable habits and ways of living (e.g. diet, smoking, drinking, hobbies) that are useful in differentiating population clusters for epidemiological studies.
- 3.95 Linoleic acid:** Fatty acid containing 18 carbon atoms and two double bonds. The first double bond is on the sixth carbon atom from the methyl end. Therefore, it is called omega-6 fatty acid and is abbreviated as 18:2 n-6.
- 3.96 Lipids:** A technical term for fats. They are important dietary constituents. The group includes fatty acids, triglycerides, steroids, cholesterol and other complex lipids.
- 3.97 Lipid Injectable Emulsion:** An intravenous oil-in-water emulsion of oil(s), egg phosphatides and glycerine. May also be referred to as intravenous lipid emulsion. The term should be used in preference to fats and intravenous fat emulsion. Lipid injectable emulsions can be further defined by the source of the lipid (e.g. soybean oil, fish oil, olive oil).
- 3.98 Lipoproteins:** Lipids are not soluble in blood; they are therefore transported as lipid and protein complexes.
- 3.99 Low-density lipoproteins (LDL):** Also known as 'bad cholesterol', these transport cholesterol from the liver to tissues. High blood levels indicate that more cholesterol is being transported to tissues.
- 3.100 Lymphocyte:** A form of white blood cell, found in the blood and lymph glands and part of the body's immune system.
- 3.101 Malnutrition:** A broad term commonly used as an alternative to 'undernutrition', but which technically also refers to over nutrition.
- as undernutrition, is a state resulting from lack of intake or uptake of nutrition that leads to altered body composition (decreased fat free mass) and body cell mass leading to diminished physical and mental function and impaired clinical outcome from disease.

- as overnutrition, is the overconsumption of nutrients and food to the point at which health is adversely affected. Overnutrition can develop into obesity, which increases the risk of serious health conditions, including cardiovascular disease, hypertension, cancer, and type-2 diabetes.
- 3.102 Macrocytic anemia:** Anemia characterized by red blood cells which are larger than normal. It is commonly associated with folate and vitamin B12 deficiency.
- 3.103 Macronutrient:** Nutrients that are required in relatively large amounts as compared to other nutrients, and can be metabolized to produce energy (carbohydrates, proteins, fats).
- 3.104 Medical Food:** a food which is formulated to be consumed or administered enteral by prescription by a medical practitioner and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation.
- 3.105 Medical Nutrition Therapy:** An evidence-based application of the Nutrition Care Process that may include one or more of the following: nutrition assessment/re-assessment, nutrition diagnosis, nutrition intervention and nutrition monitoring and evaluation that typically results in the prevention, delay or management of diseases and/or conditions.
- 3.106 Metabolism:** The chemical changes that occur in living organisms to maintain life, so it can be used to store or use the energy needed by the body. It includes catabolism and anabolism.
- 3.107 Metabolism:** The chemical changes that occur in living organisms to maintain life, so it can be used to store or use the energy needed by the body.
- 3.108 Microcytic anemia:** Anaemia characterized by red blood cells which are smaller than normal.
- 3.109 Micronutrient:** Nutrients present and required in the body in minute quantities as compared to macronutrients (e.g. vitamins, trace elements, minerals) and are often required in metabolic pathways. Not produced in the body and must be acquired exogenously.
- 3.110 Modular Product (or Components):** Single macronutrients used to enhance the carbohydrate, protein, fat or fibre content of an enteral nutrition regimen.
- 3.111 Monounsaturated fatty acids:** Unsaturated fatty acids with one double bond.
- 3.112 Multi-Chamber Bag:** A container designed to promote extended stability of a parenteral nutrition admixture by separating some components (e.g. lipid injectable emulsion) from the other components. The container consists of two or more chambers separated by a seal or tubing that is clamped. Prior to administration, the seal or clamp is opened to allow the contents of the chambers to mix.
- 3.113 Muscle wasting:** A weakening, shrinking, and loss of muscle mass due to a disease or immobility resulting in an overall decrease in strength and movement.
- 3.114 Nausea:** An unpleasant sensation, painless with subjective feeling that one will urgently vomit.
- 3.115 Neonate:** An infant during the first 4 weeks (28 days) of life.
- 3.116 Nutrient:** a substance that provides nourishment essential for the maintenance of life and for growth. This includes protein, carbohydrate, fat, vitamins, minerals and water.
- 3.117 Nutrition-focused physical findings:** Include oral health, general physical appearance, muscle and subcutaneous fat wasting.
- 3.118 Nutrition:** The sum of processes by which one takes in and uses nutrients for the body's growth, repair and maintenance. Of or relating to the state of nutrition or items related to the field of nutrition.

- 3.119 Nutrition Assessment:** A comprehensive approach to identifying the nutrition-related problems that uses a combination of the following: medical, nutrition, medication and client histories; nutrition-focused physical examination; anthropometric measurements; and biomedical data/medical diagnostic tests and procedures.
- 3.120 Nutrition Screening:** A process to identify an individual who may be malnourished or at risk for malnutrition to determine if a comprehensive nutrition assessment and appropriate intervention are indicated.
- 3.121 Nutrition Status:** State of the body in relation to the consumption and utilization of nutrients.
- 3.122 Nutrition Support Team (or Service):** An interdisciplinary group which may include physicians, nurses, dietitians, pharmacists, nurse practitioners, physician assistants and/or other healthcare professionals with expertise in nutrition who manage the provision of nutrition support therapy.
- 3.123 Nutrition Support Specialist:** A healthcare professional (i.e. physician, nurse, dietitian, pharmacist nurse practitioners, physician assistants) with specialized training and/or experience in nutrition support therapies.
- 3.124 Nutrition Support or Nutrition Support Therapy:** Providing parenteral and/or enteral nutrition to treat or prevent malnutrition.
- 3.125 Nutrition Technician:** As defined under the 'Nutrition and Dietetics Act'
- 3.126 Nutrition Technologist:** As defined under the 'Nutrition and Dietetics Act'
- 3.127 Nutrition Therapy:** A component of medical treatment that includes oral, enteral, and/or parenteral nutrition
- 3.128 Nutritional:** Usually that which has nutrient value, such as nutritional cereal, nutritional meal etc.
- 3.129 Nutritionally-at-Risk Neonates:** Neonates should be considered at nutrition risk if they have any of the following:
- 3.130 High Risk**
- Preterm less than 28 weeks at birth
  - Extremely low birth weight less than 1 000 g
  - Infant establishing feeds after episode of necrotizing enterocolitis or gastrointestinal perforation
  - Infants with severe congenital gastrointestinal malformations (e.g. gastroschisis)
- 3.131 Moderate Risk**
- Preterm 28<sup>th</sup> – 31<sup>st</sup> weeks, otherwise well
  - Intrauterine growth restriction (weight less than 9<sup>th</sup> percentile)
  - Very low birth weight 1 000 g – 1 500 g
  - Illness or congenital anomaly that may compromise feeding
  - Low birth weight (less than 2 500 g) even in the absence of gastrointestinal, pulmonary, or cardiac disorders.
  - Birth weight greater than two standard deviations below the mean (approximately the 3<sup>rd</sup> percentile) for gestational age on fetal weight curves.
  - Acute weight loss of 10% or more.
- 3.132 Nutritionally-at-Risk Children:** Children should be considered at nutrition risk if they have any of the following:



- Weight for length, weight for height, or sex less than 10th percentile ( $-1.28$  z-score) or greater than the 95<sup>th</sup> percentile.
- BMI for age or sex less than 5<sup>th</sup> percentile ( $-1.64$  z-score) or greater than the 85<sup>th</sup> percentile.
- Increased metabolic requirements.
- Impaired ability to ingest or tolerate oral feeding.
- Documented inadequate provision of or tolerance to nutrients.
- Inadequate weight gain or a significant decrease in usual growth percentile.

**3.133 Nutritionally-at-Risk Adults:** Adults should be considered at nutrition risk if they have any of the following:

- Involuntary weight loss of 10% of usual body weight within 6 months or involuntary loss of greater than 5% or more of usual body weight within 1 month.
- Involuntary loss of 5 kg within 3 months.
- Body mass index (BMI) less than 18.5 kg/m<sup>2</sup>.
- Increased metabolic requirements.
- Altered diets or diet schedules.
- Inadequate nutrition intake, including not receiving food or nutrition products for more than 7 days.

**3.134 Nutritional Insufficiency:** The inability to meet nutrition standards or receive proper nutrition due to a lack of adequate products or delivery systems resulting in a nutrition/nutrient deficiency.

**3.135 Nutrition Care:** Interventions, monitoring, and evaluation designed to facilitate appropriate nutrient intake based upon the integration of information from the nutrition assessment and identified nutrition diagnosis.

**3.136 Nutrition Care Plan:** A formal statement of the nutrition goals and interventions prescribed for an individual using the data obtained from a nutrition assessment and identified nutrition diagnosis. The plan should include statements of nutrition goals, with monitoring evaluating parameters, the most appropriate route of administration of nutrition therapy, method of nutrition access, anticipated duration of therapy, and training and counselling goals and methods.

**3.137 Nutrition Care Process:** The assessment, diagnosis, ordering, preparation, distribution, administration, monitoring, evaluation and documentation of nutrition support therapy.

**3.138 Nutrition Screening:** A process to identify an individual who may be malnourished or at risk for malnutrition to determine if a comprehensive nutrition assessment and appropriate intervention are indicated.

**3.139 Obesity:** Surplus of body fat leading to increased risk of various diseases. Obesity is defined as a BMI of 30 kg/m<sup>2</sup> or more.

**3.140 Oral Nutrition:** Nutrients taken by mouth.

**3.141 Oral Nutrition Supplement:** A manufactured liquid, reconstitutable powder, and/or solid product that contains a combination of carbohydrates, proteins, fats, fiber, vitamins, and/or minerals intended to supplement a portion of a patient's nutrition intake.

**3.142 Open Enteral System:** A feeding system in which the clinician/patient/caregiver is required to decant formula into the enteral container or bag.

- 3.143 Osmolality:** The measured concentration of a liquid expressed in osmoles or milliosmoles of solute(s) per kilogram of solvent (Osmol per kg or mOsmol per kg, respectively). Osmolality is a measure of the osmotic pressure exerted by a liquid across a semipermeable membrane.
- 3.144 Osmolarity:** The theoretical, calculated concentration of a liquid expressed in number of osmoles or mOsmol of solute(s) per litre of a solution; used in clinical practice because it expresses osmoles as a function of volume. Osmolarity cannot be measured, only calculated
- 3.145 Outcome:** A measured result of the performance of a system or process.
- 3.146 Parenteral Nutrition:** The intravenous administration of nutrients. (Parenteral nutrition is used in preference to “parenteral feeding.”
- Central: Parenteral nutrition delivered into a large-diameter vein, usually the superior vena cava adjacent to the right atrium.
  - Peripheral: Parenteral nutrition delivered into a small-diameter peripheral vein, usually of the hand or forearm.
- 3.147 Pediatrics:** A healthcare specialty that includes the growth, development, and health of the child and therefore begins in the period before birth when conception is apparent. It continues through childhood and adolescence when the growth and developmental processes are generally completed. The responsibility of pediatrics therefore may begin during pregnancy and usually terminates by 19 years of age.
- 3.148 Pharmacodynamics:** The study of the biological effects resulting from the interaction between drugs and biological systems.
- 3.149 Pharmacokinetics:** The study of the absorption, distribution, metabolism, and elimination of drugs in patients.
- 3.150 Phytochemicals:** General name for chemicals present in plants.
- 3.151 Polyunsaturated fatty acids (PUFA):** Unsaturated fatty acids with two or more double bonds.
- Omega-6 PUFA: Linoleic acid and its longer chain polyunsaturated fatty acids are collectively called omega-6 PUFA.
  - Omega-3 PUFA: Alpha-linolenic acid and its longer-chain polyunsaturated fatty acids are collectively called omega-3 PUFA.
- 3.152 Preparation:** A food, drug, or dietary supplement (or mixtures thereof) compounded in a licensed pharmacy or other healthcare-related facility pursuant to the order of a licensed prescriber.
- 3.153 Processed foods:** Foods that are produced by converting raw food materials into a form suitable for eating.
- 3.154 Processed meat:** Meat that is transformed through smoking or other procedures. Examples include hot dogs, ham, sausages, corned beef and canned meat.
- 3.155 Prognosis:** The likely course of a disease and the chance of recovery or recurrence.
- 3.156 Product:** A commercially-manufactured food, drug, or dietary supplement.
- 3.157 Protein Energy Malnutrition (PEM):** A marked dietary deficiency of both energy and protein resulting in undernutrition.
- 3.158 Quality of life:** as an individual's perception of their position in **life** in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns.



- 3.159 Recommended Dietary Allowances (RDA):** The amounts of dietary energy and nutrients considered sufficient for maintaining good health by the people of a country.
- 3.160 Red meat:** Refers to meat originating from beef, veal, pork, lamb, mutton, horse, and goat.
- 3.161 Refined foods:** Highly processed foods that have been stripped of their original nutrient content and fiber. For example, refined white flour, white pasta and white rice.
- 3.162 Registered**
- 3.163 Risk factor:** A causative element which could increase the possibility of developing a disease. Cancer risk factors may include: age, family history, exposure to certain chemicals or radiation, tobacco use and specific genetic changes.
- 3.164 Saturated fatty acids:** Fatty acids containing maximum number of hydrogen atoms that each carbon atom can carry. They do not have double bonds.
- 3.165 Satiety:** Feeling of satisfaction after food intake.
- 3.166 Sentinel Event:** A patient safety event (not primarily related to the natural course of the patient's illness or underlying condition) that reaches a patient and results in death, permanent harm, or severe temporary harm. Severe temporary harm is critical, potentially life-threatening harm lasting for a limited time with no permanent residual but requires transfer to a higher level of care/monitoring for a prolonged period of time, transfer to a higher level of care for a life-threatening condition, or additional major surgery, procedure, or treatment to resolve the condition.
- 3.167 Stability:** The extent to which a product retains, within specified limits and throughout its period of storage and use.
- 3.168 Standardized, Commercially-Available Parenteral Nutrition Product:** A standardized parenteral nutrition formulation available from a manufacturer and requiring fewer compounding steps before administration. Examples of these products are concentrated amino acids (with or without electrolytes), concentrated dextrose and with or without intravenous lipid emulsions in multi-chamber bags. The term "premixed" should be avoided as these products require activation and mixing prior to administration.
- 3.169 Standardized Parenteral Nutrition Formulation:** An organization-specific parenteral nutrition formulation intended to meet the daily maintenance requirements of a specific patient population (eg, age-specific, stress-specific, or disease state-specific) and differentiated by route of administration (central vs. peripheral vein).
- 3.170 Supportive care:** Provision of care to patients who have a serious or life-threatening disease to improve the quality of their life. The goal is to prevent or treat as early as possible the symptoms of a disease, side effects caused by treatment of a disease, and the social and psychological problems related to a disease or its treatment.
- 3.171 Systemic therapy:** A medicinal remedy that travels through the bloodstream, reaching and affecting cells all over the body. Examples of systemic therapy are chemotherapy and immunotherapy.
- 3.172 Therapeutic Diet:** A diet intervention ordered by a healthcare practitioner as part of the treatment for a disease or clinical condition manifesting an altered nutrition status, to eliminate, decrease, or increase certain substances in the diet (e.g., sodium, potassium).

- 3.173 Total Nutrient Admixture:** A parenteral nutrition formulation, also referred to as 3-in-1, containing intravenous lipid emulsion as well as the other components of parenteral nutrition (dextrose, amino acids, vitamins, minerals, water, and other additives) in a single container.
- 3.174 Transitional Feeding:** Progression from one mode of feeding to another while continuously administering estimated nutrient requirements.
- 3.175 Trans-fatty acids:** Are mainly produced during hydrogenation of oils; a few also occur naturally in very small quantities.
- 3.176 Trace elements:** Minerals needed by the body in very small quantities for the appropriate growth, development, and physiology of the organism.
- 3.177 Triglycerides:** The major type of dietary fat and the principal form in which energy is stored in the body. A complex of fatty acids and glycerol.
- 3.178 Unsaturated fatty acids:** Fatty acids in which there is a shortage of hydrogen atoms. The carbon atoms then become linked by double bonds. Unsaturated fatty acids are less stable than saturated fatty acids.
- 3.179 Vascular Access Device:** Catheter placed directly into the arterial or venous system for diagnostic or therapeutic purposes including infusion therapy and/or phlebotomy.
- 3.180 Vitamins:** Vitamins are organic compounds and vital nutrients that the body needs in small amounts to sustain life. Sources of vitamins include plant-based or animal-based food products and supplements.
- 3.181 Weaning:** Reducing breastfeeding with increased complementary feeding with the aim of stopping breastfeeding usually at 24 months onwards.



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