

NUTRITION FOCUSED PHYSICAL EXAM PREP - PRACTICE EXAM 6 (250 QUESTIONS)

This 250-question practice exam assesses NFPE observation, interpretation, documentation, and patient-centered technique. Select the single best answer for each question. Use it as a learning assessment; local policies and interdisciplinary procedures may vary.

1. During an outpatient follow-up, the nutrition professional identifies temporal muscle wasting. Which assessment statement is most appropriate?

- A. fluid accumulation around the orbit within this nutrition assessment context
- B. loss of muscle mass in the temporal region within this nutrition assessment context
- C. normal age-related facial rounding within this nutrition assessment context
- D. subcutaneous fat gain at the temple within this nutrition assessment context

2. During an outpatient follow-up, the nutrition professional identifies orbital fat-pad loss. Which assessment statement is most appropriate?

- A. hollowing beneath the eyes from subcutaneous fat loss within this nutrition assessment context
- B. periorbital swelling from fluid excess within this nutrition assessment context
- C. a typical facial expression at rest within this nutrition assessment context
- D. dark circles caused by sleep loss alone within this nutrition assessment context

3. During an outpatient follow-up, the nutrition professional identifies buccal fat loss. Which assessment statement is most appropriate?

- A. reduced subcutaneous fat in the cheeks within this nutrition assessment context
- B. enlargement of the parotid gland within this nutrition assessment context
- C. a temporary cheek flush within this nutrition assessment context

D. normal fullness of the lower face within this nutrition assessment context

4. During an outpatient follow-up, the nutrition professional identifies clavicular prominence. Which assessment statement is most appropriate?

A. acute shoulder dislocation within this nutrition assessment context

B. normal posture with retracted shoulders within this nutrition assessment context

C. isolated swelling of the sternum within this nutrition assessment context

D. reduced muscle or fat stores over the upper chest within this nutrition assessment context

5. During an outpatient follow-up, the nutrition professional identifies acromion prominence. Which assessment statement is most appropriate?

A. a new fracture without trauma history within this nutrition assessment context

B. routine deltoid hypertrophy within this nutrition assessment context

C. visible bony shoulder contours from tissue loss within this nutrition assessment context

D. generalized upper-body edema within this nutrition assessment context

6. During an outpatient follow-up, the nutrition professional identifies interosseous hand wasting. Which assessment statement is most appropriate?

A. a short-term increase in hand fluid within this nutrition assessment context

B. loss of muscle between the metacarpals within this nutrition assessment context

C. normal tendon visibility during grip within this nutrition assessment context

D. a callus from repetitive work within this nutrition assessment context

7. During an outpatient follow-up, the nutrition professional identifies thenar muscle wasting. Which assessment statement is most appropriate?

A. loss of muscle at the base of the thumb within this nutrition assessment context

B. a localized thumb joint effusion within this nutrition assessment context

- C. expected prominence after exercise within this nutrition assessment context
- D. a superficial skin abrasion within this nutrition assessment context

8. During an outpatient follow-up, the nutrition professional identifies scapular prominence. Which assessment statement is most appropriate?

- A. a harmless difference in shoulder height within this nutrition assessment context
- B. reduced posterior shoulder muscle or fat stores within this nutrition assessment context
- C. thoracic fluid retention alone within this nutrition assessment context
- D. normal rounding of the upper back within this nutrition assessment context

9. During an outpatient follow-up, the nutrition professional identifies quadriceps wasting. Which assessment statement is most appropriate?

- A. acute knee swelling as the primary finding within this nutrition assessment context
- B. normal muscle definition after walking within this nutrition assessment context
- C. isolated calf fat gain within this nutrition assessment context
- D. loss of muscle bulk in the anterior thigh within this nutrition assessment context

10. During an outpatient follow-up, the nutrition professional identifies gastrocnemius wasting. Which assessment statement is most appropriate?

- A. a normal ankle contour within this nutrition assessment context
- B. acute lower-leg fluid overload within this nutrition assessment context
- C. loss of calf muscle mass within this nutrition assessment context
- D. a superficial bruise without tissue loss within this nutrition assessment context

11. During an outpatient follow-up, the nutrition professional identifies triceps skinfold depletion. Which assessment statement is most appropriate?

- A. localized arm inflammation within this nutrition assessment context

- B. reduced posterior upper-arm subcutaneous fat within this nutrition assessment context
- C. normal muscle hypertrophy within this nutrition assessment context
- D. a measurement of bone density within this nutrition assessment context

12. During an outpatient follow-up, the nutrition professional identifies rib visibility. Which assessment statement is most appropriate?

- A. a definitive diagnosis from one observation within this nutrition assessment context
- B. evidence of pulmonary edema within this nutrition assessment context
- C. a sign of excess visceral fat within this nutrition assessment context
- D. possible depletion of fat and muscle stores over the thorax within this nutrition assessment context

13. During an outpatient follow-up, the nutrition professional identifies dry scaling skin. Which assessment statement is most appropriate?

- A. a diagnosis of one nutrient deficiency by itself within this nutrition assessment context
- B. proof of a food allergy within this nutrition assessment context
- C. a skin integrity finding requiring nutrition and hydration context within this nutrition assessment context
- D. a reliable marker of calorie excess within this nutrition assessment context

14. During an outpatient follow-up, the nutrition professional identifies poor skin turgor. Which assessment statement is most appropriate?

- A. a finding that may support concern for dehydration within this nutrition assessment context
- B. a diagnostic test for protein status within this nutrition assessment context
- C. proof of chronic fat loss within this nutrition assessment context
- D. a normal response in every older adult within this nutrition assessment context

15. During an outpatient follow-up, the nutrition professional identifies brittle hair. Which assessment statement is most appropriate?

- A. a definitive marker of zinc deficiency within this nutrition assessment context
- B. proof of acute infection within this nutrition assessment context
- C. a nonspecific finding interpreted with the full assessment within this nutrition assessment context
- D. a direct measure of lean body mass within this nutrition assessment context

16. During an outpatient follow-up, the nutrition professional identifies pale conjunctiva. Which assessment statement is most appropriate?

- A. a diagnosis of iron deficiency without testing within this nutrition assessment context
- B. a cue to consider anemia and correlate with laboratory data within this nutrition assessment context
- C. evidence of fluid overload only within this nutrition assessment context
- D. a measure of subcutaneous fat loss within this nutrition assessment context

17. During an outpatient follow-up, the nutrition professional identifies glossitis. Which assessment statement is most appropriate?

- A. an oral finding that warrants diet and clinical correlation within this nutrition assessment context
- B. a specific diagnosis from appearance alone within this nutrition assessment context
- C. a measure of muscle wasting within this nutrition assessment context
- D. evidence that intake is adequate within this nutrition assessment context

18. During an outpatient follow-up, the nutrition professional identifies angular cheilosis. Which assessment statement is most appropriate?

- A. a conclusive diagnosis of one vitamin deficit within this nutrition assessment context
- B. a sign of increased fat stores within this nutrition assessment context
- C. a muscle-strength measurement within this nutrition assessment context
- D. a lip finding that may prompt review of nutrient intake and absorption within this nutrition assessment context

19. During an outpatient follow-up, the nutrition professional identifies taste alteration. Which assessment statement is most appropriate?

- A. a symptom that can reduce intake and should be assessed further within this nutrition assessment context
- B. proof that a patient is well nourished within this nutrition assessment context
- C. a precise estimate of protein stores within this nutrition assessment context
- D. a substitute for diet history within this nutrition assessment context

20. During an outpatient follow-up, the nutrition professional identifies dysphagia report. Which assessment statement is most appropriate?

- A. a reason to ignore oral intake records within this nutrition assessment context
- B. a swallowing concern requiring prompt interdisciplinary follow-up within this nutrition assessment context
- C. a direct diagnosis of malnutrition within this nutrition assessment context
- D. a routine finding that needs no action within this nutrition assessment context

21. During an outpatient follow-up, the nutrition professional identifies nausea with meals. Which assessment statement is most appropriate?

- A. a measure of body fat stores within this nutrition assessment context
- B. proof of food intolerance without history within this nutrition assessment context
- C. a finding unrelated to nutrition care within this nutrition assessment context
- D. a barrier to intake that should be characterized and addressed within this nutrition assessment context

22. During an outpatient follow-up, the nutrition professional identifies early satiety. Which assessment statement is most appropriate?

- A. evidence of increased appetite within this nutrition assessment context
- B. proof of normal gastric function within this nutrition assessment context
- C. a symptom that may limit meal volume and total intake within this nutrition assessment context
- D. a finding that replaces calorie assessment within this nutrition assessment context

23. During an outpatient follow-up, the nutrition professional identifies diarrhea. Which assessment statement is most appropriate?

- A. proof of a specific food trigger within this nutrition assessment context
- B. a symptom that can affect hydration, absorption, and nutrient losses within this nutrition assessment context
- C. evidence of healthy bowel function within this nutrition assessment context
- D. a direct measure of muscle mass within this nutrition assessment context

24. During an outpatient follow-up, the nutrition professional identifies constipation. Which assessment statement is most appropriate?

- A. proof that protein intake is adequate within this nutrition assessment context
- B. a sign of acute fat depletion within this nutrition assessment context
- C. a laboratory result within this nutrition assessment context
- D. a symptom to assess with fluid, fiber, mobility, and medication context within this nutrition assessment context

25. During an outpatient follow-up, the nutrition professional identifies bilateral ankle edema. Which assessment statement is most appropriate?

- A. a reliable indicator of improved muscle stores within this nutrition assessment context
- B. proof of adequate protein intake within this nutrition assessment context
- C. a fluid-related finding that can mask weight loss within this nutrition assessment context
- D. a finding that rules out malnutrition within this nutrition assessment context

26. During an outpatient follow-up, the nutrition professional identifies sacral edema. Which assessment statement is most appropriate?

- A. a dependent fluid finding requiring position-aware inspection within this nutrition assessment context
- B. a marker of increased subcutaneous fat within this nutrition assessment context
- C. proof of normal hydration within this nutrition assessment context

D. a finding that always reflects infection within this nutrition assessment context

27. During an outpatient follow-up, the nutrition professional identifies ascites. Which assessment statement is most appropriate?

A. an accurate estimate of visceral fat within this nutrition assessment context

B. proof of improved oral intake within this nutrition assessment context

C. a replacement for physical examination within this nutrition assessment context

D. abdominal fluid accumulation that can obscure body-weight trends within this nutrition assessment context

28. During an outpatient follow-up, the nutrition professional identifies handgrip weakness. Which assessment statement is most appropriate?

A. a diagnosis of malnutrition by itself within this nutrition assessment context

B. a substitute for a complete NFPE within this nutrition assessment context

C. a functional finding that should be measured consistently when used within this nutrition assessment context

D. proof of normal muscle reserves within this nutrition assessment context

29. During an outpatient follow-up, the nutrition professional identifies reduced sit-to-stand performance. Which assessment statement is most appropriate?

A. a direct measure of serum protein within this nutrition assessment context

B. a functional cue that can support concern about strength and mobility within this nutrition assessment context

C. proof of a vitamin deficiency within this nutrition assessment context

D. a finding unrelated to nutrition status within this nutrition assessment context

30. During an outpatient follow-up, the nutrition professional identifies fatigue during meals. Which assessment statement is most appropriate?

- A. a functional barrier that may reduce ability to meet needs within this nutrition assessment context
- B. proof that calorie needs are low within this nutrition assessment context
- C. a direct measure of edema within this nutrition assessment context
- D. a reason to omit meal observation within this nutrition assessment context

31. During an outpatient follow-up, the nutrition professional identifies dentures that do not fit. Which assessment statement is most appropriate?

- A. a direct diagnosis of nutrient deficiency within this nutrition assessment context
- B. proof that appetite is normal within this nutrition assessment context
- C. a sign of adequate chewing ability within this nutrition assessment context
- D. an oral-mechanical barrier that may limit food texture choices within this nutrition assessment context

32. During an outpatient follow-up, the nutrition professional identifies missing teeth. Which assessment statement is most appropriate?

- A. proof of inadequate protein stores within this nutrition assessment context
- B. a direct diagnosis of dysphagia within this nutrition assessment context
- C. a factor that may affect chewing and food selection within this nutrition assessment context
- D. a finding unrelated to intake within this nutrition assessment context

33. During an outpatient follow-up, the nutrition professional identifies mouth pain. Which assessment statement is most appropriate?

- A. a symptom that can limit oral intake and needs cause assessment within this nutrition assessment context
- B. evidence of normal food tolerance within this nutrition assessment context
- C. a direct measure of fat mass within this nutrition assessment context
- D. a sign that supplements are unnecessary within this nutrition assessment context

34. During an outpatient follow-up, the nutrition professional identifies visible edema with weight gain. Which assessment statement is most appropriate?

- A. proof of successful nutrition repletion within this nutrition assessment context
- B. a situation in which scale weight may not reflect improved tissue stores within this nutrition assessment context
- C. evidence that muscle mass increased within this nutrition assessment context
- D. a reason to stop assessing intake within this nutrition assessment context

35. During an outpatient follow-up, the nutrition professional identifies unintentional weight loss history. Which assessment statement is most appropriate?

- A. a high-priority trend to quantify by time frame and usual weight within this nutrition assessment context
- B. a finding to dismiss if BMI is high within this nutrition assessment context
- C. proof of one specific deficiency within this nutrition assessment context
- D. a reason to avoid physical assessment within this nutrition assessment context

36. During an outpatient follow-up, the nutrition professional identifies reduced intake for several days. Which assessment statement is most appropriate?

- A. proof that malnutrition is present without assessment within this nutrition assessment context
- B. a normal pattern that needs no follow-up within this nutrition assessment context
- C. a direct measure of body composition within this nutrition assessment context
- D. a history that should be integrated with symptoms and physical findings within this nutrition assessment context

37. During an outpatient follow-up, the nutrition professional identifies severe fat loss at multiple sites. Which assessment statement is most appropriate?

- A. a diagnosis based only on a single site within this nutrition assessment context
- B. evidence of fluid overload within this nutrition assessment context

- C. a pattern that supports concern when combined with the clinical history within this nutrition assessment context
- D. proof of normal nutrition status within this nutrition assessment context

38. During an outpatient follow-up, the nutrition professional identifies severe muscle loss at multiple sites. Which assessment statement is most appropriate?

- A. a single numeric laboratory value within this nutrition assessment context
- B. a pattern requiring documentation by site and severity within this nutrition assessment context
- C. a normal consequence of one missed meal within this nutrition assessment context
- D. evidence that edema is absent within this nutrition assessment context

39. During an outpatient follow-up, the nutrition professional identifies unilateral limb size difference. Which assessment statement is most appropriate?

- A. definite generalized muscle wasting within this nutrition assessment context
- B. proof of symmetric fat loss within this nutrition assessment context
- C. a conclusion that needs no further assessment within this nutrition assessment context
- D. a finding that requires comparison and clinical context before interpretation within this nutrition assessment context

40. During an outpatient follow-up, the nutrition professional identifies contractures. Which assessment statement is most appropriate?

- A. proof of inadequate dietary protein within this nutrition assessment context
- B. a factor that may complicate positioning and visual comparison within this nutrition assessment context
- C. a direct marker of edema severity within this nutrition assessment context
- D. a finding that makes NFPE impossible within this nutrition assessment context

41. During an outpatient follow-up, the nutrition professional identifies darkly pigmented skin. Which assessment statement is most appropriate?

- A. a characteristic that can affect visual assessment and requires careful technique within this nutrition assessment context
- B. a reason to omit skin assessment within this nutrition assessment context
- C. proof of dehydration within this nutrition assessment context
- D. a direct estimate of fat stores within this nutrition assessment context

42. During an outpatient follow-up, the nutrition professional identifies patient discomfort during palpation. Which assessment statement is most appropriate?

- A. a reason to continue without consent within this nutrition assessment context
- B. proof that tissue loss is severe within this nutrition assessment context
- C. a signal to pause, explain, and use a respectful modified approach within this nutrition assessment context
- D. a requirement to abandon all assessment within this nutrition assessment context

43. During an outpatient follow-up, the nutrition professional identifies limited ability to reposition. Which assessment statement is most appropriate?

- A. a practical constraint requiring adaptation of the examination sequence within this nutrition assessment context
- B. evidence that nutrition assessment is unnecessary within this nutrition assessment context
- C. proof of fluid overload within this nutrition assessment context
- D. a direct diagnosis of sarcopenia within this nutrition assessment context

44. During an outpatient follow-up, the nutrition professional identifies medical tubing near an assessment site. Which assessment statement is most appropriate?

- A. a reason to remove the tubing within this nutrition assessment context
- B. proof that the site is normal within this nutrition assessment context
- C. a sign that edema cannot be assessed within this nutrition assessment context

D. a cue to protect equipment and select another safe observation approach within this nutrition assessment context

45. During an outpatient follow-up, the nutrition professional identifies recent surgery. Which assessment statement is most appropriate?

A. proof of nutrient deficiency within this nutrition assessment context

B. a context that may alter appearance, tolerance, and interpretation of findings within this nutrition assessment context

C. a reason to use no clinical judgment within this nutrition assessment context

D. evidence that intake history is irrelevant within this nutrition assessment context

46. During an outpatient follow-up, the nutrition professional identifies pressure injury. Which assessment statement is most appropriate?

A. proof that the patient is overfed within this nutrition assessment context

B. a direct measurement of muscle mass within this nutrition assessment context

C. a skin finding that should be described and coordinated with the care team within this nutrition assessment context

D. a reason to avoid nutrition screening within this nutrition assessment context

47. During an outpatient follow-up, the nutrition professional identifies frail older adult appearance. Which assessment statement is most appropriate?

A. proof that muscle loss is always normal aging within this nutrition assessment context

B. a reason to skip an NFPE within this nutrition assessment context

C. a cue to assess trends and function without assuming cause from age alone within this nutrition assessment context

D. a definitive diagnosis of malnutrition within this nutrition assessment context

48. During an outpatient follow-up, the nutrition professional identifies obesity with poor intake. Which assessment statement is most appropriate?

- A. a situation where body size does not exclude malnutrition risk within this nutrition assessment context
- B. proof that fat stores ensure adequate nutrition within this nutrition assessment context
- C. a reason to ignore weight change within this nutrition assessment context
- D. evidence that an NFPE has no value within this nutrition assessment context

49. During an outpatient follow-up, the nutrition professional identifies facial asymmetry. Which assessment statement is most appropriate?

- A. proof of bilateral temporal wasting within this nutrition assessment context
- B. a direct measure of edema within this nutrition assessment context
- C. evidence of adequate fat stores within this nutrition assessment context
- D. a reason to compare sides and avoid overcalling generalized loss within this nutrition assessment context

50. During an outpatient follow-up, the nutrition professional identifies visible wound drainage. Which assessment statement is most appropriate?

- A. proof of a specific vitamin deficiency within this nutrition assessment context
- B. a clinical concern to report and integrate with nutrition support planning within this nutrition assessment context
- C. a direct measure of food intake within this nutrition assessment context
- D. a finding unrelated to healing needs within this nutrition assessment context

51. A hospitalized adult has temporal muscle wasting on the NFPE. What is the best way to interpret this observation?

- A. loss of muscle mass in the temporal region within this nutrition assessment context
- B. fluid accumulation around the orbit within this nutrition assessment context
- C. normal age-related facial rounding within this nutrition assessment context
- D. subcutaneous fat gain at the temple within this nutrition assessment context

52. A hospitalized adult has orbital fat-pad loss on the NFPE. What is the best way to interpret this observation?

- A. periorbital swelling from fluid excess within this nutrition assessment context
- B. a typical facial expression at rest within this nutrition assessment context
- C. hollowing beneath the eyes from subcutaneous fat loss within this nutrition assessment context
- D. dark circles caused by sleep loss alone within this nutrition assessment context

53. A hospitalized adult has buccal fat loss on the NFPE. What is the best way to interpret this observation?

- A. enlargement of the parotid gland within this nutrition assessment context
- B. reduced subcutaneous fat in the cheeks within this nutrition assessment context
- C. a temporary cheek flush within this nutrition assessment context
- D. normal fullness of the lower face within this nutrition assessment context

54. A hospitalized adult has clavicular prominence on the NFPE. What is the best way to interpret this observation?

- A. acute shoulder dislocation within this nutrition assessment context
- B. normal posture with retracted shoulders within this nutrition assessment context
- C. isolated swelling of the sternum within this nutrition assessment context
- D. reduced muscle or fat stores over the upper chest within this nutrition assessment context

55. A hospitalized adult has acromion prominence on the NFPE. What is the best way to interpret this observation?

- A. a new fracture without trauma history within this nutrition assessment context
- B. visible bony shoulder contours from tissue loss within this nutrition assessment context
- C. routine deltoid hypertrophy within this nutrition assessment context

D. generalized upper-body edema within this nutrition assessment context

56. A hospitalized adult has interosseous hand wasting on the NFPE. What is the best way to interpret this observation?

- A. loss of muscle between the metacarpals within this nutrition assessment context
- B. a short-term increase in hand fluid within this nutrition assessment context
- C. normal tendon visibility during grip within this nutrition assessment context
- D. a callus from repetitive work within this nutrition assessment context

57. A hospitalized adult has thenar muscle wasting on the NFPE. What is the best way to interpret this observation?

- A. a localized thumb joint effusion within this nutrition assessment context
- B. expected prominence after exercise within this nutrition assessment context
- C. loss of muscle at the base of the thumb within this nutrition assessment context
- D. a superficial skin abrasion within this nutrition assessment context

58. A hospitalized adult has scapular prominence on the NFPE. What is the best way to interpret this observation?

- A. a harmless difference in shoulder height within this nutrition assessment context
- B. thoracic fluid retention alone within this nutrition assessment context
- C. normal rounding of the upper back within this nutrition assessment context
- D. reduced posterior shoulder muscle or fat stores within this nutrition assessment context

59. A hospitalized adult has quadriceps wasting on the NFPE. What is the best way to interpret this observation?

- A. loss of muscle bulk in the anterior thigh within this nutrition assessment context
- B. acute knee swelling as the primary finding within this nutrition assessment context

- C. normal muscle definition after walking within this nutrition assessment context
- D. isolated calf fat gain within this nutrition assessment context

60. A hospitalized adult has gastrocnemius wasting on the NFPE. What is the best way to interpret this observation?

- A. a normal ankle contour within this nutrition assessment context
- B. loss of calf muscle mass within this nutrition assessment context
- C. acute lower-leg fluid overload within this nutrition assessment context
- D. a superficial bruise without tissue loss within this nutrition assessment context

61. A hospitalized adult has triceps skinfold depletion on the NFPE. What is the best way to interpret this observation?

- A. localized arm inflammation within this nutrition assessment context
- B. normal muscle hypertrophy within this nutrition assessment context
- C. reduced posterior upper-arm subcutaneous fat within this nutrition assessment context
- D. a measurement of bone density within this nutrition assessment context

62. A hospitalized adult has rib visibility on the NFPE. What is the best way to interpret this observation?

- A. a definitive diagnosis from one observation within this nutrition assessment context
- B. evidence of pulmonary edema within this nutrition assessment context
- C. a sign of excess visceral fat within this nutrition assessment context
- D. possible depletion of fat and muscle stores over the thorax within this nutrition assessment context

63. A hospitalized adult has dry scaling skin on the NFPE. What is the best way to interpret this observation?

- A. a diagnosis of one nutrient deficiency by itself within this nutrition assessment context

- B. proof of a food allergy within this nutrition assessment context
- C. a reliable marker of calorie excess within this nutrition assessment context
- D. a skin integrity finding requiring nutrition and hydration context within this nutrition assessment context

64. A hospitalized adult has poor skin turgor on the NFPE. What is the best way to interpret this observation?

- A. a diagnostic test for protein status within this nutrition assessment context
- B. a finding that may support concern for dehydration within this nutrition assessment context
- C. proof of chronic fat loss within this nutrition assessment context
- D. a normal response in every older adult within this nutrition assessment context

65. A hospitalized adult has brittle hair on the NFPE. What is the best way to interpret this observation?

- A. a nonspecific finding interpreted with the full assessment within this nutrition assessment context
- B. a definitive marker of zinc deficiency within this nutrition assessment context
- C. proof of acute infection within this nutrition assessment context
- D. a direct measure of lean body mass within this nutrition assessment context

66. A hospitalized adult has pale conjunctiva on the NFPE. What is the best way to interpret this observation?

- A. a diagnosis of iron deficiency without testing within this nutrition assessment context
- B. evidence of fluid overload only within this nutrition assessment context
- C. a cue to consider anemia and correlate with laboratory data within this nutrition assessment context
- D. a measure of subcutaneous fat loss within this nutrition assessment context

67. A hospitalized adult has glossitis on the NFPE. What is the best way to interpret this observation?

- A. a specific diagnosis from appearance alone within this nutrition assessment context

- B. an oral finding that warrants diet and clinical correlation within this nutrition assessment context
- C. a measure of muscle wasting within this nutrition assessment context
- D. evidence that intake is adequate within this nutrition assessment context

68. A hospitalized adult has angular cheilosis on the NFPE. What is the best way to interpret this observation?

- A. a conclusive diagnosis of one vitamin deficit within this nutrition assessment context
- B. a sign of increased fat stores within this nutrition assessment context
- C. a lip finding that may prompt review of nutrient intake and absorption within this nutrition assessment context
- D. a muscle-strength measurement within this nutrition assessment context

69. A hospitalized adult has taste alteration on the NFPE. What is the best way to interpret this observation?

- A. a symptom that can reduce intake and should be assessed further within this nutrition assessment context
- B. proof that a patient is well nourished within this nutrition assessment context
- C. a precise estimate of protein stores within this nutrition assessment context
- D. a substitute for diet history within this nutrition assessment context

70. A hospitalized adult has dysphagia report on the NFPE. What is the best way to interpret this observation?

- A. a reason to ignore oral intake records within this nutrition assessment context
- B. a direct diagnosis of malnutrition within this nutrition assessment context
- C. a routine finding that needs no action within this nutrition assessment context
- D. a swallowing concern requiring prompt interdisciplinary follow-up within this nutrition assessment context

71. A hospitalized adult has nausea with meals on the NFPE. What is the best way to interpret this observation?

- A. a barrier to intake that should be characterized and addressed within this nutrition assessment context
- B. a measure of body fat stores within this nutrition assessment context
- C. proof of food intolerance without history within this nutrition assessment context
- D. a finding unrelated to nutrition care within this nutrition assessment context

72. A hospitalized adult has early satiety on the NFPE. What is the best way to interpret this observation?

- A. evidence of increased appetite within this nutrition assessment context
- B. proof of normal gastric function within this nutrition assessment context
- C. a symptom that may limit meal volume and total intake within this nutrition assessment context
- D. a finding that replaces calorie assessment within this nutrition assessment context

73. A hospitalized adult has diarrhea on the NFPE. What is the best way to interpret this observation?

- A. proof of a specific food trigger within this nutrition assessment context
- B. a symptom that can affect hydration, absorption, and nutrient losses within this nutrition assessment context
- C. evidence of healthy bowel function within this nutrition assessment context
- D. a direct measure of muscle mass within this nutrition assessment context

74. A hospitalized adult has constipation on the NFPE. What is the best way to interpret this observation?

- A. proof that protein intake is adequate within this nutrition assessment context
- B. a sign of acute fat depletion within this nutrition assessment context
- C. a laboratory result within this nutrition assessment context
- D. a symptom to assess with fluid, fiber, mobility, and medication context within this nutrition assessment context

75. A hospitalized adult has bilateral ankle edema on the NFPE. What is the best way to interpret this observation?

- A. a reliable indicator of improved muscle stores within this nutrition assessment context
- B. a fluid-related finding that can mask weight loss within this nutrition assessment context
- C. proof of adequate protein intake within this nutrition assessment context
- D. a finding that rules out malnutrition within this nutrition assessment context

76. A hospitalized adult has sacral edema on the NFPE. What is the best way to interpret this observation?

- A. a marker of increased subcutaneous fat within this nutrition assessment context
- B. proof of normal hydration within this nutrition assessment context
- C. a finding that always reflects infection within this nutrition assessment context
- D. a dependent fluid finding requiring position-aware inspection within this nutrition assessment context

77. A hospitalized adult has ascites on the NFPE. What is the best way to interpret this observation?

- A. an accurate estimate of visceral fat within this nutrition assessment context
- B. proof of improved oral intake within this nutrition assessment context
- C. abdominal fluid accumulation that can obscure body-weight trends within this nutrition assessment context
- D. a replacement for physical examination within this nutrition assessment context

78. A hospitalized adult has handgrip weakness on the NFPE. What is the best way to interpret this observation?

- A. a functional finding that should be measured consistently when used within this nutrition assessment context
- B. a diagnosis of malnutrition by itself within this nutrition assessment context

- C. a substitute for a complete NFPE within this nutrition assessment context
- D. proof of normal muscle reserves within this nutrition assessment context

79. A hospitalized adult has reduced sit-to-stand performance on the NFPE. What is the best way to interpret this observation?

- A. a functional cue that can support concern about strength and mobility within this nutrition assessment context
- B. a direct measure of serum protein within this nutrition assessment context
- C. proof of a vitamin deficiency within this nutrition assessment context
- D. a finding unrelated to nutrition status within this nutrition assessment context

80. A hospitalized adult has fatigue during meals on the NFPE. What is the best way to interpret this observation?

- A. proof that calorie needs are low within this nutrition assessment context
- B. a direct measure of edema within this nutrition assessment context
- C. a functional barrier that may reduce ability to meet needs within this nutrition assessment context
- D. a reason to omit meal observation within this nutrition assessment context

81. A hospitalized adult has dentures that do not fit on the NFPE. What is the best way to interpret this observation?

- A. a direct diagnosis of nutrient deficiency within this nutrition assessment context
- B. an oral-mechanical barrier that may limit food texture choices within this nutrition assessment context
- C. proof that appetite is normal within this nutrition assessment context
- D. a sign of adequate chewing ability within this nutrition assessment context

82. A hospitalized adult has missing teeth on the NFPE. What is the best way to interpret this observation?

- A. proof of inadequate protein stores within this nutrition assessment context
- B. a direct diagnosis of dysphagia within this nutrition assessment context
- C. a finding unrelated to intake within this nutrition assessment context
- D. a factor that may affect chewing and food selection within this nutrition assessment context

83. A hospitalized adult has mouth pain on the NFPE. What is the best way to interpret this observation?

- A. a symptom that can limit oral intake and needs cause assessment within this nutrition assessment context
- B. evidence of normal food tolerance within this nutrition assessment context
- C. a direct measure of fat mass within this nutrition assessment context
- D. a sign that supplements are unnecessary within this nutrition assessment context

84. A hospitalized adult has visible edema with weight gain on the NFPE. What is the best way to interpret this observation?

- A. proof of successful nutrition repletion within this nutrition assessment context
- B. a situation in which scale weight may not reflect improved tissue stores within this nutrition assessment context
- C. evidence that muscle mass increased within this nutrition assessment context
- D. a reason to stop assessing intake within this nutrition assessment context

85. A hospitalized adult has unintentional weight loss history on the NFPE. What is the best way to interpret this observation?

- A. a finding to dismiss if BMI is high within this nutrition assessment context
- B. proof of one specific deficiency within this nutrition assessment context
- C. a high-priority trend to quantify by time frame and usual weight within this nutrition assessment context
- D. a reason to avoid physical assessment within this nutrition assessment context

86. A hospitalized adult has reduced intake for several days on the NFPE. What is the best way to interpret this observation?

- A. proof that malnutrition is present without assessment within this nutrition assessment context
- B. a normal pattern that needs no follow-up within this nutrition assessment context
- C. a direct measure of body composition within this nutrition assessment context
- D. a history that should be integrated with symptoms and physical findings within this nutrition assessment context

87. A hospitalized adult has severe fat loss at multiple sites on the NFPE. What is the best way to interpret this observation?

- A. a diagnosis based only on a single site within this nutrition assessment context
- B. a pattern that supports concern when combined with the clinical history within this nutrition assessment context
- C. evidence of fluid overload within this nutrition assessment context
- D. proof of normal nutrition status within this nutrition assessment context

88. A hospitalized adult has severe muscle loss at multiple sites on the NFPE. What is the best way to interpret this observation?

- A. a single numeric laboratory value within this nutrition assessment context
- B. a normal consequence of one missed meal within this nutrition assessment context
- C. evidence that edema is absent within this nutrition assessment context
- D. a pattern requiring documentation by site and severity within this nutrition assessment context

89. A hospitalized adult has unilateral limb size difference on the NFPE. What is the best way to interpret this observation?

- A. definite generalized muscle wasting within this nutrition assessment context
- B. proof of symmetric fat loss within this nutrition assessment context

C. a finding that requires comparison and clinical context before interpretation within this nutrition assessment context

D. a conclusion that needs no further assessment within this nutrition assessment context

90. A hospitalized adult has contractures on the NFPE. What is the best way to interpret this observation?

A. a factor that may complicate positioning and visual comparison within this nutrition assessment context

B. proof of inadequate dietary protein within this nutrition assessment context

C. a direct marker of edema severity within this nutrition assessment context

D. a finding that makes NFPE impossible within this nutrition assessment context

91. A hospitalized adult has darkly pigmented skin on the NFPE. What is the best way to interpret this observation?

A. a reason to omit skin assessment within this nutrition assessment context

B. a characteristic that can affect visual assessment and requires careful technique within this nutrition assessment context

C. proof of dehydration within this nutrition assessment context

D. a direct estimate of fat stores within this nutrition assessment context

92. A hospitalized adult has patient discomfort during palpation on the NFPE. What is the best way to interpret this observation?

A. a signal to pause, explain, and use a respectful modified approach within this nutrition assessment context

B. a reason to continue without consent within this nutrition assessment context

C. proof that tissue loss is severe within this nutrition assessment context

D. a requirement to abandon all assessment within this nutrition assessment context

93. A hospitalized adult has limited ability to reposition on the NFPE. What is the best way to interpret this observation?

- A. evidence that nutrition assessment is unnecessary within this nutrition assessment context
- B. proof of fluid overload within this nutrition assessment context
- C. a direct diagnosis of sarcopenia within this nutrition assessment context
- D. a practical constraint requiring adaptation of the examination sequence within this nutrition assessment context

94. A hospitalized adult has medical tubing near an assessment site on the NFPE. What is the best way to interpret this observation?

- A. a reason to remove the tubing within this nutrition assessment context
- B. proof that the site is normal within this nutrition assessment context
- C. a cue to protect equipment and select another safe observation approach within this nutrition assessment context
- D. a sign that edema cannot be assessed within this nutrition assessment context

95. A hospitalized adult has recent surgery on the NFPE. What is the best way to interpret this observation?

- A. a context that may alter appearance, tolerance, and interpretation of findings within this nutrition assessment context
- B. proof of nutrient deficiency within this nutrition assessment context
- C. a reason to use no clinical judgment within this nutrition assessment context
- D. evidence that intake history is irrelevant within this nutrition assessment context

96. A hospitalized adult has pressure injury on the NFPE. What is the best way to interpret this observation?

- A. proof that the patient is overfed within this nutrition assessment context
- B. a direct measurement of muscle mass within this nutrition assessment context

- C. a reason to avoid nutrition screening within this nutrition assessment context
- D. a skin finding that should be described and coordinated with the care team within this nutrition assessment context

97. A hospitalized adult has frail older adult appearance on the NFPE. What is the best way to interpret this observation?

- A. proof that muscle loss is always normal aging within this nutrition assessment context
- B. a cue to assess trends and function without assuming cause from age alone within this nutrition assessment context
- C. a reason to skip an NFPE within this nutrition assessment context
- D. a definitive diagnosis of malnutrition within this nutrition assessment context

98. A hospitalized adult has obesity with poor intake on the NFPE. What is the best way to interpret this observation?

- A. proof that fat stores ensure adequate nutrition within this nutrition assessment context
- B. a reason to ignore weight change within this nutrition assessment context
- C. a situation where body size does not exclude malnutrition risk within this nutrition assessment context
- D. evidence that an NFPE has no value within this nutrition assessment context

99. A hospitalized adult has facial asymmetry on the NFPE. What is the best way to interpret this observation?

- A. proof of bilateral temporal wasting within this nutrition assessment context
- B. a direct measure of edema within this nutrition assessment context
- C. a reason to compare sides and avoid overcalling generalized loss within this nutrition assessment context
- D. evidence of adequate fat stores within this nutrition assessment context

100. A hospitalized adult has visible wound drainage on the NFPE. What is the best way to interpret this observation?

- A. a clinical concern to report and integrate with nutrition support planning within this nutrition assessment context
- B. proof of a specific vitamin deficiency within this nutrition assessment context
- C. a direct measure of food intake within this nutrition assessment context
- D. a finding unrelated to healing needs within this nutrition assessment context

101. When documenting a focused nutrition examination, the clinician notes temporal muscle wasting. Which entry is most accurate?

- A. fluid accumulation around the orbit within this nutrition assessment context
- B. normal age-related facial rounding within this nutrition assessment context
- C. subcutaneous fat gain at the temple within this nutrition assessment context
- D. loss of muscle mass in the temporal region within this nutrition assessment context

102. When documenting a focused nutrition examination, the clinician notes orbital fat-pad loss. Which entry is most accurate?

- A. periorbital swelling from fluid excess within this nutrition assessment context
- B. hollowing beneath the eyes from subcutaneous fat loss within this nutrition assessment context
- C. a typical facial expression at rest within this nutrition assessment context
- D. dark circles caused by sleep loss alone within this nutrition assessment context

103. When documenting a focused nutrition examination, the clinician notes buccal fat loss. Which entry is most accurate?

- A. reduced subcutaneous fat in the cheeks within this nutrition assessment context
- B. enlargement of the parotid gland within this nutrition assessment context
- C. a temporary cheek flush within this nutrition assessment context
- D. normal fullness of the lower face within this nutrition assessment context

104. When documenting a focused nutrition examination, the clinician notes clavicular prominence. Which entry is most accurate?

- A. acute shoulder dislocation within this nutrition assessment context
- B. reduced muscle or fat stores over the upper chest within this nutrition assessment context
- C. normal posture with retracted shoulders within this nutrition assessment context
- D. isolated swelling of the sternum within this nutrition assessment context

105. When documenting a focused nutrition examination, the clinician notes acromion prominence. Which entry is most accurate?

- A. a new fracture without trauma history within this nutrition assessment context
- B. routine deltoid hypertrophy within this nutrition assessment context
- C. generalized upper-body edema within this nutrition assessment context
- D. visible bony shoulder contours from tissue loss within this nutrition assessment context

106. When documenting a focused nutrition examination, the clinician notes interosseous hand wasting. Which entry is most accurate?

- A. a short-term increase in hand fluid within this nutrition assessment context
- B. normal tendon visibility during grip within this nutrition assessment context
- C. loss of muscle between the metacarpals within this nutrition assessment context
- D. a callus from repetitive work within this nutrition assessment context

107. When documenting a focused nutrition examination, the clinician notes thenar muscle wasting. Which entry is most accurate?

- A. a localized thumb joint effusion within this nutrition assessment context
- B. loss of muscle at the base of the thumb within this nutrition assessment context
- C. expected prominence after exercise within this nutrition assessment context

D. a superficial skin abrasion within this nutrition assessment context

108. When documenting a focused nutrition examination, the clinician notes scapular prominence. Which entry is most accurate?

- A. reduced posterior shoulder muscle or fat stores within this nutrition assessment context
- B. a harmless difference in shoulder height within this nutrition assessment context
- C. thoracic fluid retention alone within this nutrition assessment context
- D. normal rounding of the upper back within this nutrition assessment context

109. When documenting a focused nutrition examination, the clinician notes quadriceps wasting. Which entry is most accurate?

- A. acute knee swelling as the primary finding within this nutrition assessment context
- B. normal muscle definition after walking within this nutrition assessment context
- C. isolated calf fat gain within this nutrition assessment context
- D. loss of muscle bulk in the anterior thigh within this nutrition assessment context

110. When documenting a focused nutrition examination, the clinician notes gastrocnemius wasting. Which entry is most accurate?

- A. a normal ankle contour within this nutrition assessment context
- B. acute lower-leg fluid overload within this nutrition assessment context
- C. loss of calf muscle mass within this nutrition assessment context
- D. a superficial bruise without tissue loss within this nutrition assessment context

111. When documenting a focused nutrition examination, the clinician notes triceps skinfold depletion. Which entry is most accurate?

- A. localized arm inflammation within this nutrition assessment context
- B. reduced posterior upper-arm subcutaneous fat within this nutrition assessment context

- C. normal muscle hypertrophy within this nutrition assessment context
- D. a measurement of bone density within this nutrition assessment context

112. When documenting a focused nutrition examination, the clinician notes rib visibility. Which entry is most accurate?

- A. a definitive diagnosis from one observation within this nutrition assessment context
- B. evidence of pulmonary edema within this nutrition assessment context
- C. a sign of excess visceral fat within this nutrition assessment context
- D. possible depletion of fat and muscle stores over the thorax within this nutrition assessment context

113. When documenting a focused nutrition examination, the clinician notes dry scaling skin. Which entry is most accurate?

- A. a diagnosis of one nutrient deficiency by itself within this nutrition assessment context
- B. proof of a food allergy within this nutrition assessment context
- C. a skin integrity finding requiring nutrition and hydration context within this nutrition assessment context
- D. a reliable marker of calorie excess within this nutrition assessment context

114. When documenting a focused nutrition examination, the clinician notes poor skin turgor. Which entry is most accurate?

- A. a finding that may support concern for dehydration within this nutrition assessment context
- B. a diagnostic test for protein status within this nutrition assessment context
- C. proof of chronic fat loss within this nutrition assessment context
- D. a normal response in every older adult within this nutrition assessment context

115. When documenting a focused nutrition examination, the clinician notes brittle hair. Which entry is most accurate?

- A. a nonspecific finding interpreted with the full assessment within this nutrition assessment context
- B. a definitive marker of zinc deficiency within this nutrition assessment context
- C. proof of acute infection within this nutrition assessment context
- D. a direct measure of lean body mass within this nutrition assessment context

116. When documenting a focused nutrition examination, the clinician notes pale conjunctiva. Which entry is most accurate?

- A. a diagnosis of iron deficiency without testing within this nutrition assessment context
- B. evidence of fluid overload only within this nutrition assessment context
- C. a cue to consider anemia and correlate with laboratory data within this nutrition assessment context
- D. a measure of subcutaneous fat loss within this nutrition assessment context

117. When documenting a focused nutrition examination, the clinician notes glossitis. Which entry is most accurate?

- A. a specific diagnosis from appearance alone within this nutrition assessment context
- B. a measure of muscle wasting within this nutrition assessment context
- C. evidence that intake is adequate within this nutrition assessment context
- D. an oral finding that warrants diet and clinical correlation within this nutrition assessment context

118. When documenting a focused nutrition examination, the clinician notes angular cheilosis. Which entry is most accurate?

- A. a conclusive diagnosis of one vitamin deficit within this nutrition assessment context
- B. a lip finding that may prompt review of nutrient intake and absorption within this nutrition assessment context
- C. a sign of increased fat stores within this nutrition assessment context
- D. a muscle-strength measurement within this nutrition assessment context

119. When documenting a focused nutrition examination, the clinician notes taste alteration. Which entry is most accurate?

- A. proof that a patient is well nourished within this nutrition assessment context
- B. a symptom that can reduce intake and should be assessed further within this nutrition assessment context
- C. a precise estimate of protein stores within this nutrition assessment context
- D. a substitute for diet history within this nutrition assessment context

120. When documenting a focused nutrition examination, the clinician notes dysphagia report. Which entry is most accurate?

- A. a reason to ignore oral intake records within this nutrition assessment context
- B. a direct diagnosis of malnutrition within this nutrition assessment context
- C. a routine finding that needs no action within this nutrition assessment context
- D. a swallowing concern requiring prompt interdisciplinary follow-up within this nutrition assessment context

121. When documenting a focused nutrition examination, the clinician notes nausea with meals. Which entry is most accurate?

- A. a measure of body fat stores within this nutrition assessment context
- B. proof of food intolerance without history within this nutrition assessment context
- C. a barrier to intake that should be characterized and addressed within this nutrition assessment context
- D. a finding unrelated to nutrition care within this nutrition assessment context

122. When documenting a focused nutrition examination, the clinician notes early satiety. Which entry is most accurate?

- A. a symptom that may limit meal volume and total intake within this nutrition assessment context
- B. evidence of increased appetite within this nutrition assessment context
- C. proof of normal gastric function within this nutrition assessment context
- D. a finding that replaces calorie assessment within this nutrition assessment context

123. When documenting a focused nutrition examination, the clinician notes diarrhea. Which entry is most accurate?

- A. proof of a specific food trigger within this nutrition assessment context
- B. evidence of healthy bowel function within this nutrition assessment context
- C. a symptom that can affect hydration, absorption, and nutrient losses within this nutrition assessment context
- D. a direct measure of muscle mass within this nutrition assessment context

124. When documenting a focused nutrition examination, the clinician notes constipation. Which entry is most accurate?

- A. proof that protein intake is adequate within this nutrition assessment context
- B. a sign of acute fat depletion within this nutrition assessment context
- C. a laboratory result within this nutrition assessment context
- D. a symptom to assess with fluid, fiber, mobility, and medication context within this nutrition assessment context

125. When documenting a focused nutrition examination, the clinician notes bilateral ankle edema. Which entry is most accurate?

- A. a reliable indicator of improved muscle stores within this nutrition assessment context
- B. a fluid-related finding that can mask weight loss within this nutrition assessment context
- C. proof of adequate protein intake within this nutrition assessment context
- D. a finding that rules out malnutrition within this nutrition assessment context

126. When documenting a focused nutrition examination, the clinician notes sacral edema. Which entry is most accurate?

- A. a dependent fluid finding requiring position-aware inspection within this nutrition assessment context
- B. a marker of increased subcutaneous fat within this nutrition assessment context
- C. proof of normal hydration within this nutrition assessment context

D. a finding that always reflects infection within this nutrition assessment context

127. When documenting a focused nutrition examination, the clinician notes ascites. Which entry is most accurate?

A. an accurate estimate of visceral fat within this nutrition assessment context

B. proof of improved oral intake within this nutrition assessment context

C. abdominal fluid accumulation that can obscure body-weight trends within this nutrition assessment context

D. a replacement for physical examination within this nutrition assessment context

128. When documenting a focused nutrition examination, the clinician notes handgrip weakness. Which entry is most accurate?

A. a diagnosis of malnutrition by itself within this nutrition assessment context

B. a substitute for a complete NFPE within this nutrition assessment context

C. proof of normal muscle reserves within this nutrition assessment context

D. a functional finding that should be measured consistently when used within this nutrition assessment context

129. When documenting a focused nutrition examination, the clinician notes reduced sit-to-stand performance. Which entry is most accurate?

A. a functional cue that can support concern about strength and mobility within this nutrition assessment context

B. a direct measure of serum protein within this nutrition assessment context

C. proof of a vitamin deficiency within this nutrition assessment context

D. a finding unrelated to nutrition status within this nutrition assessment context

130. When documenting a focused nutrition examination, the clinician notes fatigue during meals. Which entry is most accurate?

- A. proof that calorie needs are low within this nutrition assessment context
- B. a functional barrier that may reduce ability to meet needs within this nutrition assessment context
- C. a direct measure of edema within this nutrition assessment context
- D. a reason to omit meal observation within this nutrition assessment context

131. When documenting a focused nutrition examination, the clinician notes dentures that do not fit. Which entry is most accurate?

- A. a direct diagnosis of nutrient deficiency within this nutrition assessment context
- B. an oral-mechanical barrier that may limit food texture choices within this nutrition assessment context
- C. proof that appetite is normal within this nutrition assessment context
- D. a sign of adequate chewing ability within this nutrition assessment context

132. When documenting a focused nutrition examination, the clinician notes missing teeth. Which entry is most accurate?

- A. proof of inadequate protein stores within this nutrition assessment context
- B. a direct diagnosis of dysphagia within this nutrition assessment context
- C. a finding unrelated to intake within this nutrition assessment context
- D. a factor that may affect chewing and food selection within this nutrition assessment context

133. When documenting a focused nutrition examination, the clinician notes mouth pain. Which entry is most accurate?

- A. a symptom that can limit oral intake and needs cause assessment within this nutrition assessment context
- B. evidence of normal food tolerance within this nutrition assessment context
- C. a direct measure of fat mass within this nutrition assessment context
- D. a sign that supplements are unnecessary within this nutrition assessment context

134. When documenting a focused nutrition examination, the clinician notes visible edema with weight gain. Which entry is most accurate?

- A. proof of successful nutrition repletion within this nutrition assessment context
- B. evidence that muscle mass increased within this nutrition assessment context
- C. a situation in which scale weight may not reflect improved tissue stores within this nutrition assessment context
- D. a reason to stop assessing intake within this nutrition assessment context

135. When documenting a focused nutrition examination, the clinician notes unintentional weight loss history. Which entry is most accurate?

- A. a high-priority trend to quantify by time frame and usual weight within this nutrition assessment context
- B. a finding to dismiss if BMI is high within this nutrition assessment context
- C. proof of one specific deficiency within this nutrition assessment context
- D. a reason to avoid physical assessment within this nutrition assessment context

136. When documenting a focused nutrition examination, the clinician notes reduced intake for several days. Which entry is most accurate?

- A. proof that malnutrition is present without assessment within this nutrition assessment context
- B. a history that should be integrated with symptoms and physical findings within this nutrition assessment context
- C. a normal pattern that needs no follow-up within this nutrition assessment context
- D. a direct measure of body composition within this nutrition assessment context

137. When documenting a focused nutrition examination, the clinician notes severe fat loss at multiple sites. Which entry is most accurate?

- A. a diagnosis based only on a single site within this nutrition assessment context
- B. evidence of fluid overload within this nutrition assessment context

- C. a pattern that supports concern when combined with the clinical history within this nutrition assessment context
- D. proof of normal nutrition status within this nutrition assessment context

138. When documenting a focused nutrition examination, the clinician notes severe muscle loss at multiple sites. Which entry is most accurate?

- A. a single numeric laboratory value within this nutrition assessment context
- B. a normal consequence of one missed meal within this nutrition assessment context
- C. evidence that edema is absent within this nutrition assessment context
- D. a pattern requiring documentation by site and severity within this nutrition assessment context

139. When documenting a focused nutrition examination, the clinician notes unilateral limb size difference. Which entry is most accurate?

- A. definite generalized muscle wasting within this nutrition assessment context
- B. proof of symmetric fat loss within this nutrition assessment context
- C. a conclusion that needs no further assessment within this nutrition assessment context
- D. a finding that requires comparison and clinical context before interpretation within this nutrition assessment context

140. When documenting a focused nutrition examination, the clinician notes contractures. Which entry is most accurate?

- A. proof of inadequate dietary protein within this nutrition assessment context
- B. a direct marker of edema severity within this nutrition assessment context
- C. a factor that may complicate positioning and visual comparison within this nutrition assessment context
- D. a finding that makes NFPE impossible within this nutrition assessment context

141. When documenting a focused nutrition examination, the clinician notes darkly pigmented skin. Which entry is most accurate?

- A. a reason to omit skin assessment within this nutrition assessment context
- B. a characteristic that can affect visual assessment and requires careful technique within this nutrition assessment context
- C. proof of dehydration within this nutrition assessment context
- D. a direct estimate of fat stores within this nutrition assessment context

142. When documenting a focused nutrition examination, the clinician notes patient discomfort during palpation. Which entry is most accurate?

- A. a signal to pause, explain, and use a respectful modified approach within this nutrition assessment context
- B. a reason to continue without consent within this nutrition assessment context
- C. proof that tissue loss is severe within this nutrition assessment context
- D. a requirement to abandon all assessment within this nutrition assessment context

143. When documenting a focused nutrition examination, the clinician notes limited ability to reposition. Which entry is most accurate?

- A. a practical constraint requiring adaptation of the examination sequence within this nutrition assessment context
- B. evidence that nutrition assessment is unnecessary within this nutrition assessment context
- C. proof of fluid overload within this nutrition assessment context
- D. a direct diagnosis of sarcopenia within this nutrition assessment context

144. When documenting a focused nutrition examination, the clinician notes medical tubing near an assessment site. Which entry is most accurate?

- A. a reason to remove the tubing within this nutrition assessment context
- B. proof that the site is normal within this nutrition assessment context
- C. a sign that edema cannot be assessed within this nutrition assessment context

D. a cue to protect equipment and select another safe observation approach within this nutrition assessment context

145. When documenting a focused nutrition examination, the clinician notes recent surgery. Which entry is most accurate?

- A. proof of nutrient deficiency within this nutrition assessment context
- B. a context that may alter appearance, tolerance, and interpretation of findings within this nutrition assessment context
- C. a reason to use no clinical judgment within this nutrition assessment context
- D. evidence that intake history is irrelevant within this nutrition assessment context

146. When documenting a focused nutrition examination, the clinician notes pressure injury. Which entry is most accurate?

- A. proof that the patient is overfed within this nutrition assessment context
- B. a direct measurement of muscle mass within this nutrition assessment context
- C. a skin finding that should be described and coordinated with the care team within this nutrition assessment context
- D. a reason to avoid nutrition screening within this nutrition assessment context

147. When documenting a focused nutrition examination, the clinician notes frail older adult appearance. Which entry is most accurate?

- A. proof that muscle loss is always normal aging within this nutrition assessment context
- B. a reason to skip an NFPE within this nutrition assessment context
- C. a definitive diagnosis of malnutrition within this nutrition assessment context
- D. a cue to assess trends and function without assuming cause from age alone within this nutrition assessment context

148. When documenting a focused nutrition examination, the clinician notes obesity with poor intake. Which entry is most accurate?

- A. proof that fat stores ensure adequate nutrition within this nutrition assessment context
- B. a reason to ignore weight change within this nutrition assessment context
- C. a situation where body size does not exclude malnutrition risk within this nutrition assessment context
- D. evidence that an NFPE has no value within this nutrition assessment context

149. When documenting a focused nutrition examination, the clinician notes facial asymmetry. Which entry is most accurate?

- A. proof of bilateral temporal wasting within this nutrition assessment context
- B. a reason to compare sides and avoid overcalling generalized loss within this nutrition assessment context
- C. a direct measure of edema within this nutrition assessment context
- D. evidence of adequate fat stores within this nutrition assessment context

150. When documenting a focused nutrition examination, the clinician notes visible wound drainage. Which entry is most accurate?

- A. a clinical concern to report and integrate with nutrition support planning within this nutrition assessment context
- B. proof of a specific vitamin deficiency within this nutrition assessment context
- C. a direct measure of food intake within this nutrition assessment context
- D. a finding unrelated to healing needs within this nutrition assessment context

151. An NFPE is completed after a patient reports declining food intake. The clinician finds temporal muscle wasting. What should this finding indicate?

- A. loss of muscle mass in the temporal region within this nutrition assessment context
- B. fluid accumulation around the orbit within this nutrition assessment context
- C. normal age-related facial rounding within this nutrition assessment context
- D. subcutaneous fat gain at the temple within this nutrition assessment context

152. An NFPE is completed after a patient reports declining food intake. The clinician finds orbital fat-pad loss. What should this finding indicate?

- A. periorbital swelling from fluid excess within this nutrition assessment context
- B. a typical facial expression at rest within this nutrition assessment context
- C. hollowing beneath the eyes from subcutaneous fat loss within this nutrition assessment context
- D. dark circles caused by sleep loss alone within this nutrition assessment context

153. An NFPE is completed after a patient reports declining food intake. The clinician finds buccal fat loss. What should this finding indicate?

- A. enlargement of the parotid gland within this nutrition assessment context
- B. reduced subcutaneous fat in the cheeks within this nutrition assessment context
- C. a temporary cheek flush within this nutrition assessment context
- D. normal fullness of the lower face within this nutrition assessment context

154. An NFPE is completed after a patient reports declining food intake. The clinician finds clavicular prominence. What should this finding indicate?

- A. acute shoulder dislocation within this nutrition assessment context
- B. normal posture with retracted shoulders within this nutrition assessment context
- C. isolated swelling of the sternum within this nutrition assessment context
- D. reduced muscle or fat stores over the upper chest within this nutrition assessment context

155. An NFPE is completed after a patient reports declining food intake. The clinician finds acromion prominence. What should this finding indicate?

- A. visible bony shoulder contours from tissue loss within this nutrition assessment context
- B. a new fracture without trauma history within this nutrition assessment context
- C. routine deltoid hypertrophy within this nutrition assessment context

D. generalized upper-body edema within this nutrition assessment context

156. An NFPE is completed after a patient reports declining food intake. The clinician finds interosseous hand wasting. What should this finding indicate?

- A. a short-term increase in hand fluid within this nutrition assessment context
- B. normal tendon visibility during grip within this nutrition assessment context
- C. loss of muscle between the metacarpals within this nutrition assessment context
- D. a callus from repetitive work within this nutrition assessment context

157. An NFPE is completed after a patient reports declining food intake. The clinician finds thenar muscle wasting. What should this finding indicate?

- A. a localized thumb joint effusion within this nutrition assessment context
- B. loss of muscle at the base of the thumb within this nutrition assessment context
- C. expected prominence after exercise within this nutrition assessment context
- D. a superficial skin abrasion within this nutrition assessment context

158. An NFPE is completed after a patient reports declining food intake. The clinician finds scapular prominence. What should this finding indicate?

- A. a harmless difference in shoulder height within this nutrition assessment context
- B. thoracic fluid retention alone within this nutrition assessment context
- C. reduced posterior shoulder muscle or fat stores within this nutrition assessment context
- D. normal rounding of the upper back within this nutrition assessment context

159. An NFPE is completed after a patient reports declining food intake. The clinician finds quadriceps wasting. What should this finding indicate?

- A. acute knee swelling as the primary finding within this nutrition assessment context
- B. normal muscle definition after walking within this nutrition assessment context

- C. isolated calf fat gain within this nutrition assessment context
- D. loss of muscle bulk in the anterior thigh within this nutrition assessment context

160. An NFPE is completed after a patient reports declining food intake. The clinician finds gastrocnemius wasting. What should this finding indicate?

- A. loss of calf muscle mass within this nutrition assessment context
- B. a normal ankle contour within this nutrition assessment context
- C. acute lower-leg fluid overload within this nutrition assessment context
- D. a superficial bruise without tissue loss within this nutrition assessment context

161. An NFPE is completed after a patient reports declining food intake. The clinician finds triceps skinfold depletion. What should this finding indicate?

- A. localized arm inflammation within this nutrition assessment context
- B. reduced posterior upper-arm subcutaneous fat within this nutrition assessment context
- C. normal muscle hypertrophy within this nutrition assessment context
- D. a measurement of bone density within this nutrition assessment context

162. An NFPE is completed after a patient reports declining food intake. The clinician finds rib visibility. What should this finding indicate?

- A. a definitive diagnosis from one observation within this nutrition assessment context
- B. evidence of pulmonary edema within this nutrition assessment context
- C. a sign of excess visceral fat within this nutrition assessment context
- D. possible depletion of fat and muscle stores over the thorax within this nutrition assessment context

163. An NFPE is completed after a patient reports declining food intake. The clinician finds dry scaling skin. What should this finding indicate?

- A. a skin integrity finding requiring nutrition and hydration context within this nutrition assessment context
- B. a diagnosis of one nutrient deficiency by itself within this nutrition assessment context
- C. proof of a food allergy within this nutrition assessment context
- D. a reliable marker of calorie excess within this nutrition assessment context

164. An NFPE is completed after a patient reports declining food intake. The clinician finds poor skin turgor. What should this finding indicate?

- A. a diagnostic test for protein status within this nutrition assessment context
- B. proof of chronic fat loss within this nutrition assessment context
- C. a normal response in every older adult within this nutrition assessment context
- D. a finding that may support concern for dehydration within this nutrition assessment context

165. An NFPE is completed after a patient reports declining food intake. The clinician finds brittle hair. What should this finding indicate?

- A. a definitive marker of zinc deficiency within this nutrition assessment context
- B. proof of acute infection within this nutrition assessment context
- C. a nonspecific finding interpreted with the full assessment within this nutrition assessment context
- D. a direct measure of lean body mass within this nutrition assessment context

166. An NFPE is completed after a patient reports declining food intake. The clinician finds pale conjunctiva. What should this finding indicate?

- A. a diagnosis of iron deficiency without testing within this nutrition assessment context
- B. a cue to consider anemia and correlate with laboratory data within this nutrition assessment context
- C. evidence of fluid overload only within this nutrition assessment context
- D. a measure of subcutaneous fat loss within this nutrition assessment context

167. An NFPE is completed after a patient reports declining food intake. The clinician finds glossitis. What should this finding indicate?

- A. a specific diagnosis from appearance alone within this nutrition assessment context
- B. a measure of muscle wasting within this nutrition assessment context
- C. evidence that intake is adequate within this nutrition assessment context
- D. an oral finding that warrants diet and clinical correlation within this nutrition assessment context

168. An NFPE is completed after a patient reports declining food intake. The clinician finds angular cheilosis. What should this finding indicate?

- A. a lip finding that may prompt review of nutrient intake and absorption within this nutrition assessment context
- B. a conclusive diagnosis of one vitamin deficit within this nutrition assessment context
- C. a sign of increased fat stores within this nutrition assessment context
- D. a muscle-strength measurement within this nutrition assessment context

169. An NFPE is completed after a patient reports declining food intake. The clinician finds taste alteration. What should this finding indicate?

- A. proof that a patient is well nourished within this nutrition assessment context
- B. a precise estimate of protein stores within this nutrition assessment context
- C. a symptom that can reduce intake and should be assessed further within this nutrition assessment context
- D. a substitute for diet history within this nutrition assessment context

170. An NFPE is completed after a patient reports declining food intake. The clinician finds dysphagia report. What should this finding indicate?

- A. a reason to ignore oral intake records within this nutrition assessment context
- B. a swallowing concern requiring prompt interdisciplinary follow-up within this nutrition assessment context
- C. a direct diagnosis of malnutrition within this nutrition assessment context
- D. a routine finding that needs no action within this nutrition assessment context

171. An NFPE is completed after a patient reports declining food intake. The clinician finds nausea with meals. What should this finding indicate?

- A. a measure of body fat stores within this nutrition assessment context
- B. proof of food intolerance without history within this nutrition assessment context
- C. a barrier to intake that should be characterized and addressed within this nutrition assessment context
- D. a finding unrelated to nutrition care within this nutrition assessment context

172. An NFPE is completed after a patient reports declining food intake. The clinician finds early satiety. What should this finding indicate?

- A. a symptom that may limit meal volume and total intake within this nutrition assessment context
- B. evidence of increased appetite within this nutrition assessment context
- C. proof of normal gastric function within this nutrition assessment context
- D. a finding that replaces calorie assessment within this nutrition assessment context

173. An NFPE is completed after a patient reports declining food intake. The clinician finds diarrhea. What should this finding indicate?

- A. proof of a specific food trigger within this nutrition assessment context
- B. evidence of healthy bowel function within this nutrition assessment context
- C. a direct measure of muscle mass within this nutrition assessment context
- D. a symptom that can affect hydration, absorption, and nutrient losses within this nutrition assessment context

174. An NFPE is completed after a patient reports declining food intake. The clinician finds constipation. What should this finding indicate?

- A. proof that protein intake is adequate within this nutrition assessment context

- B. a symptom to assess with fluid, fiber, mobility, and medication context within this nutrition assessment context
- C. a sign of acute fat depletion within this nutrition assessment context
- D. a laboratory result within this nutrition assessment context

175. An NFPE is completed after a patient reports declining food intake. The clinician finds bilateral ankle edema. What should this finding indicate?

- A. a reliable indicator of improved muscle stores within this nutrition assessment context
- B. proof of adequate protein intake within this nutrition assessment context
- C. a finding that rules out malnutrition within this nutrition assessment context
- D. a fluid-related finding that can mask weight loss within this nutrition assessment context

176. An NFPE is completed after a patient reports declining food intake. The clinician finds sacral edema. What should this finding indicate?

- A. a marker of increased subcutaneous fat within this nutrition assessment context
- B. a dependent fluid finding requiring position-aware inspection within this nutrition assessment context
- C. proof of normal hydration within this nutrition assessment context
- D. a finding that always reflects infection within this nutrition assessment context

177. An NFPE is completed after a patient reports declining food intake. The clinician finds ascites. What should this finding indicate?

- A. abdominal fluid accumulation that can obscure body-weight trends within this nutrition assessment context
- B. an accurate estimate of visceral fat within this nutrition assessment context
- C. proof of improved oral intake within this nutrition assessment context
- D. a replacement for physical examination within this nutrition assessment context

178. An NFPE is completed after a patient reports declining food intake. The clinician finds handgrip weakness. What should this finding indicate?

- A. a diagnosis of malnutrition by itself within this nutrition assessment context
- B. a substitute for a complete NFPE within this nutrition assessment context
- C. a functional finding that should be measured consistently when used within this nutrition assessment context
- D. proof of normal muscle reserves within this nutrition assessment context

179. An NFPE is completed after a patient reports declining food intake. The clinician finds reduced sit-to-stand performance. What should this finding indicate?

- A. a direct measure of serum protein within this nutrition assessment context
- B. proof of a vitamin deficiency within this nutrition assessment context
- C. a finding unrelated to nutrition status within this nutrition assessment context
- D. a functional cue that can support concern about strength and mobility within this nutrition assessment context

180. An NFPE is completed after a patient reports declining food intake. The clinician finds fatigue during meals. What should this finding indicate?

- A. proof that calorie needs are low within this nutrition assessment context
- B. a functional barrier that may reduce ability to meet needs within this nutrition assessment context
- C. a direct measure of edema within this nutrition assessment context
- D. a reason to omit meal observation within this nutrition assessment context

181. An NFPE is completed after a patient reports declining food intake. The clinician finds dentures that do not fit. What should this finding indicate?

- A. a direct diagnosis of nutrient deficiency within this nutrition assessment context
- B. proof that appetite is normal within this nutrition assessment context
- C. an oral-mechanical barrier that may limit food texture choices within this nutrition assessment context
- D. a sign of adequate chewing ability within this nutrition assessment context

182. An NFPE is completed after a patient reports declining food intake. The clinician finds missing teeth. What should this finding indicate?

- A. a factor that may affect chewing and food selection within this nutrition assessment context
- B. proof of inadequate protein stores within this nutrition assessment context
- C. a direct diagnosis of dysphagia within this nutrition assessment context
- D. a finding unrelated to intake within this nutrition assessment context

183. An NFPE is completed after a patient reports declining food intake. The clinician finds mouth pain. What should this finding indicate?

- A. a symptom that can limit oral intake and needs cause assessment within this nutrition assessment context
- B. evidence of normal food tolerance within this nutrition assessment context
- C. a direct measure of fat mass within this nutrition assessment context
- D. a sign that supplements are unnecessary within this nutrition assessment context

184. An NFPE is completed after a patient reports declining food intake. The clinician finds visible edema with weight gain. What should this finding indicate?

- A. proof of successful nutrition repletion within this nutrition assessment context
- B. a situation in which scale weight may not reflect improved tissue stores within this nutrition assessment context
- C. evidence that muscle mass increased within this nutrition assessment context
- D. a reason to stop assessing intake within this nutrition assessment context

185. An NFPE is completed after a patient reports declining food intake. The clinician finds unintentional weight loss history. What should this finding indicate?

- A. a finding to dismiss if BMI is high within this nutrition assessment context

- B. proof of one specific deficiency within this nutrition assessment context
- C. a high-priority trend to quantify by time frame and usual weight within this nutrition assessment context
- D. a reason to avoid physical assessment within this nutrition assessment context

186. An NFPE is completed after a patient reports declining food intake. The clinician finds reduced intake for several days. What should this finding indicate?

- A. proof that malnutrition is present without assessment within this nutrition assessment context
- B. a normal pattern that needs no follow-up within this nutrition assessment context
- C. a direct measure of body composition within this nutrition assessment context
- D. a history that should be integrated with symptoms and physical findings within this nutrition assessment context

187. An NFPE is completed after a patient reports declining food intake. The clinician finds severe fat loss at multiple sites. What should this finding indicate?

- A. a diagnosis based only on a single site within this nutrition assessment context
- B. evidence of fluid overload within this nutrition assessment context
- C. a pattern that supports concern when combined with the clinical history within this nutrition assessment context
- D. proof of normal nutrition status within this nutrition assessment context

188. An NFPE is completed after a patient reports declining food intake. The clinician finds severe muscle loss at multiple sites. What should this finding indicate?

- A. a single numeric laboratory value within this nutrition assessment context
- B. a pattern requiring documentation by site and severity within this nutrition assessment context
- C. a normal consequence of one missed meal within this nutrition assessment context
- D. evidence that edema is absent within this nutrition assessment context

189. An NFPE is completed after a patient reports declining food intake. The clinician finds unilateral limb size difference. What should this finding indicate?

- A. definite generalized muscle wasting within this nutrition assessment context
- B. proof of symmetric fat loss within this nutrition assessment context
- C. a conclusion that needs no further assessment within this nutrition assessment context
- D. a finding that requires comparison and clinical context before interpretation within this nutrition assessment context

190. An NFPE is completed after a patient reports declining food intake. The clinician finds contractures. What should this finding indicate?

- A. a factor that may complicate positioning and visual comparison within this nutrition assessment context
- B. proof of inadequate dietary protein within this nutrition assessment context
- C. a direct marker of edema severity within this nutrition assessment context
- D. a finding that makes NFPE impossible within this nutrition assessment context

191. An NFPE is completed after a patient reports declining food intake. The clinician finds darkly pigmented skin. What should this finding indicate?

- A. a characteristic that can affect visual assessment and requires careful technique within this nutrition assessment context
- B. a reason to omit skin assessment within this nutrition assessment context
- C. proof of dehydration within this nutrition assessment context
- D. a direct estimate of fat stores within this nutrition assessment context

192. An NFPE is completed after a patient reports declining food intake. The clinician finds patient discomfort during palpation. What should this finding indicate?

- A. a reason to continue without consent within this nutrition assessment context

- B. a signal to pause, explain, and use a respectful modified approach within this nutrition assessment context
- C. proof that tissue loss is severe within this nutrition assessment context
- D. a requirement to abandon all assessment within this nutrition assessment context

193. An NFPE is completed after a patient reports declining food intake. The clinician finds limited ability to reposition. What should this finding indicate?

- A. evidence that nutrition assessment is unnecessary within this nutrition assessment context
- B. proof of fluid overload within this nutrition assessment context
- C. a direct diagnosis of sarcopenia within this nutrition assessment context
- D. a practical constraint requiring adaptation of the examination sequence within this nutrition assessment context

194. An NFPE is completed after a patient reports declining food intake. The clinician finds medical tubing near an assessment site. What should this finding indicate?

- A. a reason to remove the tubing within this nutrition assessment context
- B. proof that the site is normal within this nutrition assessment context
- C. a cue to protect equipment and select another safe observation approach within this nutrition assessment context
- D. a sign that edema cannot be assessed within this nutrition assessment context

195. An NFPE is completed after a patient reports declining food intake. The clinician finds recent surgery. What should this finding indicate?

- A. proof of nutrient deficiency within this nutrition assessment context
- B. a reason to use no clinical judgment within this nutrition assessment context
- C. a context that may alter appearance, tolerance, and interpretation of findings within this nutrition assessment context
- D. evidence that intake history is irrelevant within this nutrition assessment context

196. An NFPE is completed after a patient reports declining food intake. The clinician finds pressure injury. What should this finding indicate?

- A. a skin finding that should be described and coordinated with the care team within this nutrition assessment context
- B. proof that the patient is overfed within this nutrition assessment context
- C. a direct measurement of muscle mass within this nutrition assessment context
- D. a reason to avoid nutrition screening within this nutrition assessment context

197. An NFPE is completed after a patient reports declining food intake. The clinician finds frail older adult appearance. What should this finding indicate?

- A. proof that muscle loss is always normal aging within this nutrition assessment context
- B. a cue to assess trends and function without assuming cause from age alone within this nutrition assessment context
- C. a reason to skip an NFPE within this nutrition assessment context
- D. a definitive diagnosis of malnutrition within this nutrition assessment context

198. An NFPE is completed after a patient reports declining food intake. The clinician finds obesity with poor intake. What should this finding indicate?

- A. proof that fat stores ensure adequate nutrition within this nutrition assessment context
- B. a reason to ignore weight change within this nutrition assessment context
- C. evidence that an NFPE has no value within this nutrition assessment context
- D. a situation where body size does not exclude malnutrition risk within this nutrition assessment context

199. An NFPE is completed after a patient reports declining food intake. The clinician finds facial asymmetry. What should this finding indicate?

- A. proof of bilateral temporal wasting within this nutrition assessment context

- B. a reason to compare sides and avoid overcalling generalized loss within this nutrition assessment context
- C. a direct measure of edema within this nutrition assessment context
- D. evidence of adequate fat stores within this nutrition assessment context

200. An NFPE is completed after a patient reports declining food intake. The clinician finds visible wound drainage. What should this finding indicate?

- A. a clinical concern to report and integrate with nutrition support planning within this nutrition assessment context
- B. proof of a specific vitamin deficiency within this nutrition assessment context
- C. a direct measure of food intake within this nutrition assessment context
- D. a finding unrelated to healing needs within this nutrition assessment context

201. At a nutrition reassessment, temporal muscle wasting is observed. Which response best reflects sound NFPE reasoning?

- A. fluid accumulation around the orbit within this nutrition assessment context
- B. normal age-related facial rounding within this nutrition assessment context
- C. subcutaneous fat gain at the temple within this nutrition assessment context
- D. loss of muscle mass in the temporal region within this nutrition assessment context

202. At a nutrition reassessment, orbital fat-pad loss is observed. Which response best reflects sound NFPE reasoning?

- A. periorbital swelling from fluid excess within this nutrition assessment context
- B. a typical facial expression at rest within this nutrition assessment context
- C. hollowing beneath the eyes from subcutaneous fat loss within this nutrition assessment context
- D. dark circles caused by sleep loss alone within this nutrition assessment context

203. At a nutrition reassessment, buccal fat loss is observed. Which response best reflects sound NFPE reasoning?

- A. enlargement of the parotid gland within this nutrition assessment context
- B. a temporary cheek flush within this nutrition assessment context
- C. reduced subcutaneous fat in the cheeks within this nutrition assessment context
- D. normal fullness of the lower face within this nutrition assessment context

204. At a nutrition reassessment, clavicular prominence is observed. Which response best reflects sound NFPE reasoning?

- A. acute shoulder dislocation within this nutrition assessment context
- B. reduced muscle or fat stores over the upper chest within this nutrition assessment context
- C. normal posture with retracted shoulders within this nutrition assessment context
- D. isolated swelling of the sternum within this nutrition assessment context

205. At a nutrition reassessment, acromion prominence is observed. Which response best reflects sound NFPE reasoning?

- A. visible bony shoulder contours from tissue loss within this nutrition assessment context
- B. a new fracture without trauma history within this nutrition assessment context
- C. routine deltoid hypertrophy within this nutrition assessment context
- D. generalized upper-body edema within this nutrition assessment context

206. At a nutrition reassessment, interosseous hand wasting is observed. Which response best reflects sound NFPE reasoning?

- A. a short-term increase in hand fluid within this nutrition assessment context
- B. normal tendon visibility during grip within this nutrition assessment context
- C. a callus from repetitive work within this nutrition assessment context
- D. loss of muscle between the metacarpals within this nutrition assessment context

207. At a nutrition reassessment, thenar muscle wasting is observed. Which response best reflects sound NFPE reasoning?

- A. loss of muscle at the base of the thumb within this nutrition assessment context
- B. a localized thumb joint effusion within this nutrition assessment context
- C. expected prominence after exercise within this nutrition assessment context
- D. a superficial skin abrasion within this nutrition assessment context

208. At a nutrition reassessment, scapular prominence is observed. Which response best reflects sound NFPE reasoning?

- A. a harmless difference in shoulder height within this nutrition assessment context
- B. reduced posterior shoulder muscle or fat stores within this nutrition assessment context
- C. thoracic fluid retention alone within this nutrition assessment context
- D. normal rounding of the upper back within this nutrition assessment context

209. At a nutrition reassessment, quadriceps wasting is observed. Which response best reflects sound NFPE reasoning?

- A. acute knee swelling as the primary finding within this nutrition assessment context
- B. normal muscle definition after walking within this nutrition assessment context
- C. loss of muscle bulk in the anterior thigh within this nutrition assessment context
- D. isolated calf fat gain within this nutrition assessment context

210. At a nutrition reassessment, gastrocnemius wasting is observed. Which response best reflects sound NFPE reasoning?

- A. a normal ankle contour within this nutrition assessment context
- B. acute lower-leg fluid overload within this nutrition assessment context
- C. a superficial bruise without tissue loss within this nutrition assessment context
- D. loss of calf muscle mass within this nutrition assessment context

211. At a nutrition reassessment, triceps skinfold depletion is observed. Which response best reflects sound NFPE reasoning?

- A. localized arm inflammation within this nutrition assessment context
- B. reduced posterior upper-arm subcutaneous fat within this nutrition assessment context
- C. normal muscle hypertrophy within this nutrition assessment context
- D. a measurement of bone density within this nutrition assessment context

212. At a nutrition reassessment, rib visibility is observed. Which response best reflects sound NFPE reasoning?

- A. a definitive diagnosis from one observation within this nutrition assessment context
- B. evidence of pulmonary edema within this nutrition assessment context
- C. a sign of excess visceral fat within this nutrition assessment context
- D. possible depletion of fat and muscle stores over the thorax within this nutrition assessment context

213. At a nutrition reassessment, dry scaling skin is observed. Which response best reflects sound NFPE reasoning?

- A. a diagnosis of one nutrient deficiency by itself within this nutrition assessment context
- B. proof of a food allergy within this nutrition assessment context
- C. a skin integrity finding requiring nutrition and hydration context within this nutrition assessment context
- D. a reliable marker of calorie excess within this nutrition assessment context

214. At a nutrition reassessment, poor skin turgor is observed. Which response best reflects sound NFPE reasoning?

- A. a finding that may support concern for dehydration within this nutrition assessment context
- B. a diagnostic test for protein status within this nutrition assessment context
- C. proof of chronic fat loss within this nutrition assessment context
- D. a normal response in every older adult within this nutrition assessment context

215. At a nutrition reassessment, brittle hair is observed. Which response best reflects sound NFPE reasoning?

- A. a definitive marker of zinc deficiency within this nutrition assessment context
- B. proof of acute infection within this nutrition assessment context
- C. a direct measure of lean body mass within this nutrition assessment context
- D. a nonspecific finding interpreted with the full assessment within this nutrition assessment context

216. At a nutrition reassessment, pale conjunctiva is observed. Which response best reflects sound NFPE reasoning?

- A. a diagnosis of iron deficiency without testing within this nutrition assessment context
- B. a cue to consider anemia and correlate with laboratory data within this nutrition assessment context
- C. evidence of fluid overload only within this nutrition assessment context
- D. a measure of subcutaneous fat loss within this nutrition assessment context

217. At a nutrition reassessment, glossitis is observed. Which response best reflects sound NFPE reasoning?

- A. an oral finding that warrants diet and clinical correlation within this nutrition assessment context
- B. a specific diagnosis from appearance alone within this nutrition assessment context
- C. a measure of muscle wasting within this nutrition assessment context
- D. evidence that intake is adequate within this nutrition assessment context

218. At a nutrition reassessment, angular cheilosis is observed. Which response best reflects sound NFPE reasoning?

- A. a conclusive diagnosis of one vitamin deficit within this nutrition assessment context
- B. a sign of increased fat stores within this nutrition assessment context
- C. a lip finding that may prompt review of nutrient intake and absorption within this nutrition assessment context
- D. a muscle-strength measurement within this nutrition assessment context

219. At a nutrition reassessment, taste alteration is observed. Which response best reflects sound NFPE reasoning?

- A. proof that a patient is well nourished within this nutrition assessment context
- B. a precise estimate of protein stores within this nutrition assessment context
- C. a substitute for diet history within this nutrition assessment context
- D. a symptom that can reduce intake and should be assessed further within this nutrition assessment context

220. At a nutrition reassessment, dysphagia report is observed. Which response best reflects sound NFPE reasoning?

- A. a swallowing concern requiring prompt interdisciplinary follow-up within this nutrition assessment context
- B. a reason to ignore oral intake records within this nutrition assessment context
- C. a direct diagnosis of malnutrition within this nutrition assessment context
- D. a routine finding that needs no action within this nutrition assessment context

221. At a nutrition reassessment, nausea with meals is observed. Which response best reflects sound NFPE reasoning?

- A. a measure of body fat stores within this nutrition assessment context
- B. proof of food intolerance without history within this nutrition assessment context
- C. a barrier to intake that should be characterized and addressed within this nutrition assessment context
- D. a finding unrelated to nutrition care within this nutrition assessment context

222. At a nutrition reassessment, early satiety is observed. Which response best reflects sound NFPE reasoning?

- A. evidence of increased appetite within this nutrition assessment context

- B. a symptom that may limit meal volume and total intake within this nutrition assessment context
- C. proof of normal gastric function within this nutrition assessment context
- D. a finding that replaces calorie assessment within this nutrition assessment context

223. At a nutrition reassessment, diarrhea is observed. Which response best reflects sound NFPE reasoning?

- A. proof of a specific food trigger within this nutrition assessment context
- B. a symptom that can affect hydration, absorption, and nutrient losses within this nutrition assessment context
- C. evidence of healthy bowel function within this nutrition assessment context
- D. a direct measure of muscle mass within this nutrition assessment context

224. At a nutrition reassessment, constipation is observed. Which response best reflects sound NFPE reasoning?

- A. a symptom to assess with fluid, fiber, mobility, and medication context within this nutrition assessment context
- B. proof that protein intake is adequate within this nutrition assessment context
- C. a sign of acute fat depletion within this nutrition assessment context
- D. a laboratory result within this nutrition assessment context

225. At a nutrition reassessment, bilateral ankle edema is observed. Which response best reflects sound NFPE reasoning?

- A. a reliable indicator of improved muscle stores within this nutrition assessment context
- B. proof of adequate protein intake within this nutrition assessment context
- C. a finding that rules out malnutrition within this nutrition assessment context
- D. a fluid-related finding that can mask weight loss within this nutrition assessment context

226. At a nutrition reassessment, sacral edema is observed. Which response best reflects sound NFPE reasoning?

- A. a marker of increased subcutaneous fat within this nutrition assessment context
- B. proof of normal hydration within this nutrition assessment context
- C. a dependent fluid finding requiring position-aware inspection within this nutrition assessment context
- D. a finding that always reflects infection within this nutrition assessment context

227. At a nutrition reassessment, ascites is observed. Which response best reflects sound NFPE reasoning?

- A. an accurate estimate of visceral fat within this nutrition assessment context
- B. abdominal fluid accumulation that can obscure body-weight trends within this nutrition assessment context
- C. proof of improved oral intake within this nutrition assessment context
- D. a replacement for physical examination within this nutrition assessment context

228. At a nutrition reassessment, handgrip weakness is observed. Which response best reflects sound NFPE reasoning?

- A. a functional finding that should be measured consistently when used within this nutrition assessment context
- B. a diagnosis of malnutrition by itself within this nutrition assessment context
- C. a substitute for a complete NFPE within this nutrition assessment context
- D. proof of normal muscle reserves within this nutrition assessment context

229. At a nutrition reassessment, reduced sit-to-stand performance is observed. Which response best reflects sound NFPE reasoning?

- A. a direct measure of serum protein within this nutrition assessment context
- B. proof of a vitamin deficiency within this nutrition assessment context
- C. a functional cue that can support concern about strength and mobility within this nutrition assessment context
- D. a finding unrelated to nutrition status within this nutrition assessment context

230. At a nutrition reassessment, fatigue during meals is observed. Which response best reflects sound NFPE reasoning?

- A. proof that calorie needs are low within this nutrition assessment context
- B. a direct measure of edema within this nutrition assessment context
- C. a reason to omit meal observation within this nutrition assessment context
- D. a functional barrier that may reduce ability to meet needs within this nutrition assessment context

231. At a nutrition reassessment, dentures that do not fit is observed. Which response best reflects sound NFPE reasoning?

- A. a direct diagnosis of nutrient deficiency within this nutrition assessment context
- B. an oral-mechanical barrier that may limit food texture choices within this nutrition assessment context
- C. proof that appetite is normal within this nutrition assessment context
- D. a sign of adequate chewing ability within this nutrition assessment context

232. At a nutrition reassessment, missing teeth is observed. Which response best reflects sound NFPE reasoning?

- A. proof of inadequate protein stores within this nutrition assessment context
- B. a direct diagnosis of dysphagia within this nutrition assessment context
- C. a finding unrelated to intake within this nutrition assessment context
- D. a factor that may affect chewing and food selection within this nutrition assessment context

233. At a nutrition reassessment, mouth pain is observed. Which response best reflects sound NFPE reasoning?

- A. evidence of normal food tolerance within this nutrition assessment context
- B. a direct measure of fat mass within this nutrition assessment context

- C. a symptom that can limit oral intake and needs cause assessment within this nutrition assessment context
- D. a sign that supplements are unnecessary within this nutrition assessment context

234. At a nutrition reassessment, visible edema with weight gain is observed. Which response best reflects sound NFPE reasoning?

- A. a situation in which scale weight may not reflect improved tissue stores within this nutrition assessment context
- B. proof of successful nutrition repletion within this nutrition assessment context
- C. evidence that muscle mass increased within this nutrition assessment context
- D. a reason to stop assessing intake within this nutrition assessment context

235. At a nutrition reassessment, unintentional weight loss history is observed. Which response best reflects sound NFPE reasoning?

- A. a finding to dismiss if BMI is high within this nutrition assessment context
- B. proof of one specific deficiency within this nutrition assessment context
- C. a reason to avoid physical assessment within this nutrition assessment context
- D. a high-priority trend to quantify by time frame and usual weight within this nutrition assessment context

236. At a nutrition reassessment, reduced intake for several days is observed. Which response best reflects sound NFPE reasoning?

- A. a history that should be integrated with symptoms and physical findings within this nutrition assessment context
- B. proof that malnutrition is present without assessment within this nutrition assessment context
- C. a normal pattern that needs no follow-up within this nutrition assessment context
- D. a direct measure of body composition within this nutrition assessment context

237. At a nutrition reassessment, severe fat loss at multiple sites is observed. Which response best reflects sound NFPE reasoning?

- A. a diagnosis based only on a single site within this nutrition assessment context
- B. evidence of fluid overload within this nutrition assessment context
- C. a pattern that supports concern when combined with the clinical history within this nutrition assessment context
- D. proof of normal nutrition status within this nutrition assessment context

238. At a nutrition reassessment, severe muscle loss at multiple sites is observed. Which response best reflects sound NFPE reasoning?

- A. a single numeric laboratory value within this nutrition assessment context
- B. a pattern requiring documentation by site and severity within this nutrition assessment context
- C. a normal consequence of one missed meal within this nutrition assessment context
- D. evidence that edema is absent within this nutrition assessment context

239. At a nutrition reassessment, unilateral limb size difference is observed. Which response best reflects sound NFPE reasoning?

- A. definite generalized muscle wasting within this nutrition assessment context
- B. a finding that requires comparison and clinical context before interpretation within this nutrition assessment context
- C. proof of symmetric fat loss within this nutrition assessment context
- D. a conclusion that needs no further assessment within this nutrition assessment context

240. At a nutrition reassessment, contractures is observed. Which response best reflects sound NFPE reasoning?

- A. proof of inadequate dietary protein within this nutrition assessment context
- B. a direct marker of edema severity within this nutrition assessment context

- C. a factor that may complicate positioning and visual comparison within this nutrition assessment context
- D. a finding that makes NFPE impossible within this nutrition assessment context

241. At a nutrition reassessment, darkly pigmented skin is observed. Which response best reflects sound NFPE reasoning?

- A. a reason to omit skin assessment within this nutrition assessment context
- B. proof of dehydration within this nutrition assessment context
- C. a direct estimate of fat stores within this nutrition assessment context
- D. a characteristic that can affect visual assessment and requires careful technique within this nutrition assessment context

242. At a nutrition reassessment, patient discomfort during palpation is observed. Which response best reflects sound NFPE reasoning?

- A. a signal to pause, explain, and use a respectful modified approach within this nutrition assessment context
- B. a reason to continue without consent within this nutrition assessment context
- C. proof that tissue loss is severe within this nutrition assessment context
- D. a requirement to abandon all assessment within this nutrition assessment context

243. At a nutrition reassessment, limited ability to reposition is observed. Which response best reflects sound NFPE reasoning?

- A. evidence that nutrition assessment is unnecessary within this nutrition assessment context
- B. a practical constraint requiring adaptation of the examination sequence within this nutrition assessment context
- C. proof of fluid overload within this nutrition assessment context
- D. a direct diagnosis of sarcopenia within this nutrition assessment context

244. At a nutrition reassessment, medical tubing near an assessment site is observed. Which response best reflects sound NFPE reasoning?

- A. a reason to remove the tubing within this nutrition assessment context
- B. proof that the site is normal within this nutrition assessment context
- C. a sign that edema cannot be assessed within this nutrition assessment context
- D. a cue to protect equipment and select another safe observation approach within this nutrition assessment context

245. At a nutrition reassessment, recent surgery is observed. Which response best reflects sound NFPE reasoning?

- A. a context that may alter appearance, tolerance, and interpretation of findings within this nutrition assessment context
- B. proof of nutrient deficiency within this nutrition assessment context
- C. a reason to use no clinical judgment within this nutrition assessment context
- D. evidence that intake history is irrelevant within this nutrition assessment context

246. At a nutrition reassessment, pressure injury is observed. Which response best reflects sound NFPE reasoning?

- A. proof that the patient is overfed within this nutrition assessment context
- B. a direct measurement of muscle mass within this nutrition assessment context
- C. a skin finding that should be described and coordinated with the care team within this nutrition assessment context
- D. a reason to avoid nutrition screening within this nutrition assessment context

247. At a nutrition reassessment, frail older adult appearance is observed. Which response best reflects sound NFPE reasoning?

- A. a cue to assess trends and function without assuming cause from age alone within this nutrition assessment context

- B. proof that muscle loss is always normal aging within this nutrition assessment context
- C. a reason to skip an NFPE within this nutrition assessment context
- D. a definitive diagnosis of malnutrition within this nutrition assessment context

248. At a nutrition reassessment, obesity with poor intake is observed. Which response best reflects sound NFPE reasoning?

- A. proof that fat stores ensure adequate nutrition within this nutrition assessment context
- B. a reason to ignore weight change within this nutrition assessment context
- C. a situation where body size does not exclude malnutrition risk within this nutrition assessment context
- D. evidence that an NFPE has no value within this nutrition assessment context

249. At a nutrition reassessment, facial asymmetry is observed. Which response best reflects sound NFPE reasoning?

- A. proof of bilateral temporal wasting within this nutrition assessment context
- B. a reason to compare sides and avoid overcalling generalized loss within this nutrition assessment context
- C. a direct measure of edema within this nutrition assessment context
- D. evidence of adequate fat stores within this nutrition assessment context

250. At a nutrition reassessment, visible wound drainage is observed. Which response best reflects sound NFPE reasoning?

- A. proof of a specific vitamin deficiency within this nutrition assessment context
- B. a direct measure of food intake within this nutrition assessment context
- C. a finding unrelated to healing needs within this nutrition assessment context
- D. a clinical concern to report and integrate with nutrition support planning within this nutrition assessment context

Practice Exam 6: Answer Key and Explanations

- 1. B** — Loss of muscle mass in the temporal region is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.
- 2. A** — Hollowing beneath the eyes from subcutaneous fat loss is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.
- 3. A** — Reduced subcutaneous fat in the cheeks is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.
- 4. D** — Reduced muscle or fat stores over the upper chest is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.
- 5. C** — Visible bony shoulder contours from tissue loss is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.
- 6. B** — Loss of muscle between the metacarpals is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.
- 7. A** — Loss of muscle at the base of the thumb is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.
- 8. B** — Reduced posterior shoulder muscle or fat stores is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.
- 9. D** — Loss of muscle bulk in the anterior thigh is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

10. C — Loss of calf muscle mass is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

11. B — Reduced posterior upper-arm subcutaneous fat is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

12. D — Possible depletion of fat and muscle stores over the thorax is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

13. C — A skin integrity finding requiring nutrition and hydration context is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

14. A — A finding that may support concern for dehydration is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

15. C — A nonspecific finding interpreted with the full assessment is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

16. B — A cue to consider anemia and correlate with laboratory data is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

17. A — An oral finding that warrants diet and clinical correlation is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

18. D — A lip finding that may prompt review of nutrient intake and absorption is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

19. A — A symptom that can reduce intake and should be assessed further is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

20. B — A swallowing concern requiring prompt interdisciplinary follow-up is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

21. D — A barrier to intake that should be characterized and addressed is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

22. C — A symptom that may limit meal volume and total intake is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

23. B — A symptom that can affect hydration, absorption, and nutrient losses is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

24. D — A symptom to assess with fluid, fiber, mobility, and medication context is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

25. C — A fluid-related finding that can mask weight loss is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

26. A — A dependent fluid finding requiring position-aware inspection is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

27. D — Abdominal fluid accumulation that can obscure body-weight trends is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

28. C — A functional finding that should be measured consistently when used is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

29. B — A functional cue that can support concern about strength and mobility is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

30. A — A functional barrier that may reduce ability to meet needs is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

31. D — An oral-mechanical barrier that may limit food texture choices is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

32. C — A factor that may affect chewing and food selection is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

33. A — A symptom that can limit oral intake and needs cause assessment is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

34. B — A situation in which scale weight may not reflect improved tissue stores is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

35. A — A high-priority trend to quantify by time frame and usual weight is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

36. D — A history that should be integrated with symptoms and physical findings is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and

severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

37. C — A pattern that supports concern when combined with the clinical history is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

38. B — A pattern requiring documentation by site and severity is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

39. D — A finding that requires comparison and clinical context before interpretation is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

40. B — A factor that may complicate positioning and visual comparison is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

41. A — A characteristic that can affect visual assessment and requires careful technique is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

42. C — A signal to pause, explain, and use a respectful modified approach is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

43. A — A practical constraint requiring adaptation of the examination sequence is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

44. D — A cue to protect equipment and select another safe observation approach is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and

severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

45. B — A context that may alter appearance, tolerance, and interpretation of findings is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

46. C — A skin finding that should be described and coordinated with the care team is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

47. C — A cue to assess trends and function without assuming cause from age alone is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

48. A — A situation where body size does not exclude malnutrition risk is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

49. D — A reason to compare sides and avoid overcalling generalized loss is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

50. B — A clinical concern to report and integrate with nutrition support planning is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

51. A — Loss of muscle mass in the temporal region is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

52. C — Hollowing beneath the eyes from subcutaneous fat loss is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence,

but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

53. B — Reduced subcutaneous fat in the cheeks is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

54. D — Reduced muscle or fat stores over the upper chest is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

55. B — Visible bony shoulder contours from tissue loss is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

56. A — Loss of muscle between the metacarpals is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

57. C — Loss of muscle at the base of the thumb is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

58. D — Reduced posterior shoulder muscle or fat stores is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

59. A — Loss of muscle bulk in the anterior thigh is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

60. B — Loss of calf muscle mass is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

61. C — Reduced posterior upper-arm subcutaneous fat is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not

establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

62. D — Possible depletion of fat and muscle stores over the thorax is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

63. D — A skin integrity finding requiring nutrition and hydration context is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

64. B — A finding that may support concern for dehydration is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

65. A — A nonspecific finding interpreted with the full assessment is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

66. C — A cue to consider anemia and correlate with laboratory data is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

67. B — An oral finding that warrants diet and clinical correlation is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

68. C — A lip finding that may prompt review of nutrient intake and absorption is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

69. A — A symptom that can reduce intake and should be assessed further is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

70. D — A swallowing concern requiring prompt interdisciplinary follow-up is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides

useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

71. A — A barrier to intake that should be characterized and addressed is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

72. C — A symptom that may limit meal volume and total intake is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

73. B — A symptom that can affect hydration, absorption, and nutrient losses is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

74. D — A symptom to assess with fluid, fiber, mobility, and medication context is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

75. B — A fluid-related finding that can mask weight loss is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

76. D — A dependent fluid finding requiring position-aware inspection is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

77. C — Abdominal fluid accumulation that can obscure body-weight trends is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

78. A — A functional finding that should be measured consistently when used is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

79. A — A functional cue that can support concern about strength and mobility is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides

useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

80. C — A functional barrier that may reduce ability to meet needs is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

81. B — An oral-mechanical barrier that may limit food texture choices is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

82. D — A factor that may affect chewing and food selection is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

83. A — A symptom that can limit oral intake and needs cause assessment is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

84. B — A situation in which scale weight may not reflect improved tissue stores is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

85. C — A high-priority trend to quantify by time frame and usual weight is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

86. D — A history that should be integrated with symptoms and physical findings is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

87. B — A pattern that supports concern when combined with the clinical history is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

88. D — A pattern requiring documentation by site and severity is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

89. C — A finding that requires comparison and clinical context before interpretation is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

90. A — A factor that may complicate positioning and visual comparison is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

91. B — A characteristic that can affect visual assessment and requires careful technique is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

92. A — A signal to pause, explain, and use a respectful modified approach is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

93. D — A practical constraint requiring adaptation of the examination sequence is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

94. C — A cue to protect equipment and select another safe observation approach is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

95. A — A context that may alter appearance, tolerance, and interpretation of findings is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

96. D — A skin finding that should be described and coordinated with the care team is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

97. B — A cue to assess trends and function without assuming cause from age alone is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

98. C — A situation where body size does not exclude malnutrition risk is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

99. C — A reason to compare sides and avoid overcalling generalized loss is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

100. A — A clinical concern to report and integrate with nutrition support planning is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

101. D — Loss of muscle mass in the temporal region is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

102. B — Hollowing beneath the eyes from subcutaneous fat loss is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

103. A — Reduced subcutaneous fat in the cheeks is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

104. B — Reduced muscle or fat stores over the upper chest is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but

does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

105. D — Visible bony shoulder contours from tissue loss is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

106. C — Loss of muscle between the metacarpals is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

107. B — Loss of muscle at the base of the thumb is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

108. A — Reduced posterior shoulder muscle or fat stores is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

109. D — Loss of muscle bulk in the anterior thigh is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

110. C — Loss of calf muscle mass is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

111. B — Reduced posterior upper-arm subcutaneous fat is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

112. D — Possible depletion of fat and muscle stores over the thorax is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

113. C — A skin integrity finding requiring nutrition and hydration context is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides

useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

114. A — A finding that may support concern for dehydration is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

115. A — A nonspecific finding interpreted with the full assessment is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

116. C — A cue to consider anemia and correlate with laboratory data is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

117. D — An oral finding that warrants diet and clinical correlation is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

118. B — A lip finding that may prompt review of nutrient intake and absorption is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

119. B — A symptom that can reduce intake and should be assessed further is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

120. D — A swallowing concern requiring prompt interdisciplinary follow-up is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

121. C — A barrier to intake that should be characterized and addressed is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

122. A — A symptom that may limit meal volume and total intake is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence,

but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

123. C — A symptom that can affect hydration, absorption, and nutrient losses is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

124. D — A symptom to assess with fluid, fiber, mobility, and medication context is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

125. B — A fluid-related finding that can mask weight loss is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

126. A — A dependent fluid finding requiring position-aware inspection is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

127. C — Abdominal fluid accumulation that can obscure body-weight trends is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

128. D — A functional finding that should be measured consistently when used is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

129. A — A functional cue that can support concern about strength and mobility is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

130. B — A functional barrier that may reduce ability to meet needs is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

131. B — An oral-mechanical barrier that may limit food texture choices is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

132. D — A factor that may affect chewing and food selection is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

133. A — A symptom that can limit oral intake and needs cause assessment is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

134. C — A situation in which scale weight may not reflect improved tissue stores is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

135. A — A high-priority trend to quantify by time frame and usual weight is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

136. B — A history that should be integrated with symptoms and physical findings is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

137. C — A pattern that supports concern when combined with the clinical history is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

138. D — A pattern requiring documentation by site and severity is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

139. D — A finding that requires comparison and clinical context before interpretation is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It

provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

140. C — A factor that may complicate positioning and visual comparison is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

141. B — A characteristic that can affect visual assessment and requires careful technique is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

142. A — A signal to pause, explain, and use a respectful modified approach is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

143. A — A practical constraint requiring adaptation of the examination sequence is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

144. D — A cue to protect equipment and select another safe observation approach is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

145. B — A context that may alter appearance, tolerance, and interpretation of findings is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

146. C — A skin finding that should be described and coordinated with the care team is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

147. D — A cue to assess trends and function without assuming cause from age alone is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

148. C — A situation where body size does not exclude malnutrition risk is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

149. B — A reason to compare sides and avoid overcalling generalized loss is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

150. A — A clinical concern to report and integrate with nutrition support planning is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

151. A — Loss of muscle mass in the temporal region is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

152. C — Hollowing beneath the eyes from subcutaneous fat loss is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

153. B — Reduced subcutaneous fat in the cheeks is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

154. D — Reduced muscle or fat stores over the upper chest is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

155. A — Visible bony shoulder contours from tissue loss is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but

does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

156. C — Loss of muscle between the metacarpals is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

157. B — Loss of muscle at the base of the thumb is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

158. C — Reduced posterior shoulder muscle or fat stores is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

159. D — Loss of muscle bulk in the anterior thigh is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

160. A — Loss of calf muscle mass is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

161. B — Reduced posterior upper-arm subcutaneous fat is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

162. D — Possible depletion of fat and muscle stores over the thorax is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

163. A — A skin integrity finding requiring nutrition and hydration context is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

164. D — A finding that may support concern for dehydration is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but

does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

165. C — A nonspecific finding interpreted with the full assessment is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

166. B — A cue to consider anemia and correlate with laboratory data is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

167. D — An oral finding that warrants diet and clinical correlation is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

168. A — A lip finding that may prompt review of nutrient intake and absorption is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

169. C — A symptom that can reduce intake and should be assessed further is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

170. B — A swallowing concern requiring prompt interdisciplinary follow-up is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

171. C — A barrier to intake that should be characterized and addressed is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

172. A — A symptom that may limit meal volume and total intake is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

173. D — A symptom that can affect hydration, absorption, and nutrient losses is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides

useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

174. B — A symptom to assess with fluid, fiber, mobility, and medication context is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

175. D — A fluid-related finding that can mask weight loss is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

176. B — A dependent fluid finding requiring position-aware inspection is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

177. A — Abdominal fluid accumulation that can obscure body-weight trends is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

178. C — A functional finding that should be measured consistently when used is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

179. D — A functional cue that can support concern about strength and mobility is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

180. B — A functional barrier that may reduce ability to meet needs is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

181. C — An oral-mechanical barrier that may limit food texture choices is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

182. A — A factor that may affect chewing and food selection is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

183. A — A symptom that can limit oral intake and needs cause assessment is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

184. B — A situation in which scale weight may not reflect improved tissue stores is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

185. C — A high-priority trend to quantify by time frame and usual weight is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

186. D — A history that should be integrated with symptoms and physical findings is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

187. C — A pattern that supports concern when combined with the clinical history is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

188. B — A pattern requiring documentation by site and severity is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

189. D — A finding that requires comparison and clinical context before interpretation is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

190. A — A factor that may complicate positioning and visual comparison is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

191. A — A characteristic that can affect visual assessment and requires careful technique is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

192. B — A signal to pause, explain, and use a respectful modified approach is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

193. D — A practical constraint requiring adaptation of the examination sequence is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

194. C — A cue to protect equipment and select another safe observation approach is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

195. C — A context that may alter appearance, tolerance, and interpretation of findings is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

196. A — A skin finding that should be described and coordinated with the care team is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

197. B — A cue to assess trends and function without assuming cause from age alone is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

198. D — A situation where body size does not exclude malnutrition risk is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

199. B — A reason to compare sides and avoid overcalling generalized loss is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

200. A — A clinical concern to report and integrate with nutrition support planning is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

201. D — Loss of muscle mass in the temporal region is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

202. C — Hollowing beneath the eyes from subcutaneous fat loss is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

203. C — Reduced subcutaneous fat in the cheeks is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

204. B — Reduced muscle or fat stores over the upper chest is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

205. A — Visible bony shoulder contours from tissue loss is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

206. D — Loss of muscle between the metacarpals is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

207. A — Loss of muscle at the base of the thumb is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

208. B — Reduced posterior shoulder muscle or fat stores is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

209. C — Loss of muscle bulk in the anterior thigh is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

210. D — Loss of calf muscle mass is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

211. B — Reduced posterior upper-arm subcutaneous fat is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

212. D — Possible depletion of fat and muscle stores over the thorax is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

213. C — A skin integrity finding requiring nutrition and hydration context is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

214. A — A finding that may support concern for dehydration is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

215. D — A nonspecific finding interpreted with the full assessment is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

216. B — A cue to consider anemia and correlate with laboratory data is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

217. A — An oral finding that warrants diet and clinical correlation is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

218. C — A lip finding that may prompt review of nutrient intake and absorption is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

219. D — A symptom that can reduce intake and should be assessed further is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

220. A — A swallowing concern requiring prompt interdisciplinary follow-up is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

221. C — A barrier to intake that should be characterized and addressed is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

222. B — A symptom that may limit meal volume and total intake is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

223. B — A symptom that can affect hydration, absorption, and nutrient losses is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

224. A — A symptom to assess with fluid, fiber, mobility, and medication context is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and

severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

225. D — A fluid-related finding that can mask weight loss is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

226. C — A dependent fluid finding requiring position-aware inspection is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

227. B — Abdominal fluid accumulation that can obscure body-weight trends is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

228. A — A functional finding that should be measured consistently when used is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

229. C — A functional cue that can support concern about strength and mobility is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

230. D — A functional barrier that may reduce ability to meet needs is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

231. B — An oral-mechanical barrier that may limit food texture choices is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

232. D — A factor that may affect chewing and food selection is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

233. C — A symptom that can limit oral intake and needs cause assessment is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides

useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

234. A — A situation in which scale weight may not reflect improved tissue stores is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

235. D — A high-priority trend to quantify by time frame and usual weight is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

236. A — A history that should be integrated with symptoms and physical findings is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

237. C — A pattern that supports concern when combined with the clinical history is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

238. B — A pattern requiring documentation by site and severity is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

239. B — A finding that requires comparison and clinical context before interpretation is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

240. C — A factor that may complicate positioning and visual comparison is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

241. D — A characteristic that can affect visual assessment and requires careful technique is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and

severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

242. A — A signal to pause, explain, and use a respectful modified approach is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

243. B — A practical constraint requiring adaptation of the examination sequence is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

244. D — A cue to protect equipment and select another safe observation approach is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

245. A — A context that may alter appearance, tolerance, and interpretation of findings is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

246. C — A skin finding that should be described and coordinated with the care team is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

247. A — A cue to assess trends and function without assuming cause from age alone is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

248. C — A situation where body size does not exclude malnutrition risk is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

249. B — A reason to compare sides and avoid overcalling generalized loss is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides

useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.

250. D — A clinical concern to report and integrate with nutrition support planning is the best interpretation. Interpret it with intake history, weight trend, symptoms, function, and medical context. It provides useful evidence, but does not establish a diagnosis alone. Document site, symmetry, and severity when applicable. Then compare it with assessment data and communicate concerns to the care team.