



**MONTANA STATE HOSPITAL
FORENSIC MENTAL HEALTH FACILITY
POLICY AND PROCEDURE**

**CLINICAL NUTRITION SERVICES
FOR THE FORENSIS MENTAL HEALTH FACILITY**

Effective Date: February 1, 2016

Policy: MSH FMHF-17

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- I. PURPOSE:** To describe the Nutritional Assessment and Consultation processes at Montana State Hospital (MSH) Forensic Mental Health Facility (FMHF); thereby providing guidelines for the identification and treatment of patients at nutritional risk.
- II. POLICY:** Nutritional assessments and consultation services are provided by a registered dietitian. These services will be initiated by a Licensed Independent Practitioner's order as appropriate to ensure quality nutritional care.
- III. DEFINITIONS:**
- A. *Nutritional Assessment* - the comprehensive process for defining an individual's nutrition status and needs using medical, dietary intake, and medication intake histories, physical examination, anthropometric measurements, laboratory data, and patient interview as appropriate.
- IV. RESPONSIBILITIES:**
- A. The registered dietitian is responsible for performing nutritional assessments and consultations according to policy.
- V. PROCEDURE:**
- A. Nutritional Assessment
1. Nutritional assessments will be completed on patients identified at nutritional risk with a Licensed Independent Practitioner-ordered dietary consultation, or upon recommendation by the dietitian.
 2. Nutritional assessments will be completed within seven (7) days of a Licensed Independent Practitioner's order.
 3. Nutritional assessments will be completed as required per licensure.
 4. Assessment information is documented in the "Dietary" section of the medical record. Nutritional documentation will be consistent with MSH documentation policies and will include the following information:
 - a. Weight: Current weight and weight changes,

- b. Diet Information: Current diet order, nutritional problems, appetite, nutritional counseling, comprehension of diet instruction, printed instructional material provided, etc.
 - c. Recommendations for changes in diet order, treatment plan, etc.
5. Triggers for Nutritional Assessment may include the following:
- a. Significant decrease in body weight.
 - 1) 5% weight loss in 30 days.
 - 2) 10% weight loss in 6 months.
 - b. Low body weight.
 - 1) 20% or more below ideal body weight or BMI of 18.5 or less.
 - 2) Request for assistance with gaining/maintaining weight.
 - c. Significant increase in weight; physical diagnosis of obesity.
 - 1) Obesity: 20% or more above ideal body weight or BMI of 25 or greater.
 - 2) Request for assistance with weight control.
 - d. Medical or psychiatric diagnoses related to nutritional therapy.
 - e. Chronic decrease in nutritional intake.
 - f. Chewing and/or swallowing difficulties.
 - g. Pregnancy.
 - h. Abnormal laboratory values pertinent to nutritional status.
 - i. Enteral or Parenteral Nutrition.
6. The following conditions are included in the nursing assessment and may trigger a Licensed Independent Practitioner -ordered referral to the dietitian:
- a. Significant low body weight/emaciated appearance,
 - b. Poor oral (po) intake,
 - c. Diagnosis/condition related to nutritional therapy, such as diabetes, renal disease, eating disorder, pregnancy, etc.
 - d. Pressure ulcer/open wound,
 - e. Swallowing or chewing difficulty/oral problems,
 - f. Low albumin, hemoglobin, or hematocrit,
 - g. Enteral tube feeding.
7. A dietary consult will be conducted as necessary for the following diet orders and/or conditions without Licensed Independent Practitioner-ordered notification:
- a. ADA/No concentrated sweets,
 - b. No added salt,
 - c. Low cholesterol/low fat,
 - d. High calorie/high protein,
 - e. Renal,
 - f. Low calorie/weight reduction,
 - g. Significant food allergies/intolerances (lactose, wheat gluten, soy egg, dairy),

h. Food-Drug Interactions.

8. Information will be obtained from the medical record, treatment team, and/or a brief interview with the patient. The nutritional assessment will address the following information if pertinent:
 - a. Identification: Name, sex, birth date, diagnosis, identification number, and admission date.
 - b. Dietary information: Diet order, diet change, supplements, food allergies or intolerances, number of days NPO, etc.
 - c. Adequacy of nutrient intake: Current, previous and required
 - d. Anthropometric measurements: Height, weight, weight history, ideal body weight range, etc.
 - e. Physical information: Dental status, chewing and swallowing ability, mobility, vision, hearing, communication ability, bowel function, hydration status, potential for skin breakdown, etc.
 - f. Biochemical data: Complete blood count (CBC), albumin, blood glucose, electrolytes, BUN, lipid profile, and others pertinent to nutritional status.
 - g. Medication: Medications pertinent to nutritional status, and those causing drug-nutrient interaction.
 - h. Clinical data: Medical diagnoses or conditions which may affect any aspect of ingestion, digestion, absorption, or utilization or nutrients.
 - i. Personal food preferences: Food intolerances, allergies, aversions, religious, cultural, or ethnic preferences.

B. Nutrition consultations

1. The dietitian will provide nutrition consultations upon notification with a Licensed Independent Practitioner-ordered consultation. The order will include a brief reason for the consultation.
2. Nutrition consultations will be completed within seven (7) days of a Licensed Independent Practitioner's order.
3. Nutrition consultations may be individual or group, and may include family/responsible person and/or members of the treatment team.
4. The dietitian will determine the type and frequency of follow-up care after the initial consultation. Follow-up consultation may include evaluation of nutritional care, diet education, or other nutritional concerns.
5. Documentation of Diet Instruction will include a description of:
 - a. The diet instruction provided to the patient and/or responsible person.
 - b. Patient response, participation and understanding.
 - c. Printed instructional material provided to the patient and/or responsible person.

6. Nutrition Education Materials
 - a. Printed instructional materials for nutrition education purposes are as follows, but are not limited to:
 - 1) Simplified Diet Manual,
 - 2) FMHF printed diet instructions,
 - 3) The American Dietetic Association,
 - 4) The Montana Dietetic Association,
 - 5) The American Diabetes Association,
 - 6) The American Health Association,
 - 7) National Dairy Board,
 - 8) U.S. Department of Agriculture.

- C. Treatment Planning
 1. The nutritional aspect of the treatment plan will be developed by analysis of information obtained from the nutritional assessment. Nutritional goals and recommendations for interventions will be integrated into the multidisciplinary treatment plan.

 2. Therapeutic goals related to nutritional needs will be based on the following standards (refer to the Diet Manual):
 - a. Metropolitan Height/Weight Tables,
 - b. Average Weight of American Aged 65-94,
 - c. Dietary Reference Intakes,
 - d. Nutrition-related laboratory values,
 - e. Centers for Disease Control and Prevention – Body Mass Index for Adults.

- D. Diet Orders and Nutritional Supplements
 1. The MSH Nutritional Care Manual describes each therapeutic diet available at FMHF and will be utilized by contracted dietary services at FMHF to standardize diet ordering. The manual will be available to FMHF staff and dietary contract services.

 2. Licensed Independent Practitioner diet orders will be legible, concise, and written in an understandable manner to promote accurate communication in the medical record. The following information will be included in diet orders:
 - a. Patient Name,
 - b. Pod,
 - c. Date,
 - d. Specific diet order; including food allergies/intolerances,
 - e. Licensed Independent Practitioner's signature.

 3. FMHF Contract Dietary Services will receive written notification of:
 - a. New diet orders,
 - b. Change in diet order,
 - c. Discontinued or canceled diet orders,

- d. Pod transfers,
 - e. Isolation or special trays.
4. All written diet orders will be sent to FMHF Dietary Services within 24 hours of signed order.
 5. Special requests for meals or supplemental foods will be provided as ordered to accommodate alterations in diets or meal service schedules due to new admissions, personal dietary needs, or other circumstances.
 6. Supplemental Foods will be provided upon Licensed Independent Practitioner's order. The dietitian will recommend appropriate nutritional supplemental foods according to Licensed Independent Practitioner orders.
 7. Supplements will be prepared daily, covered, labeled and held in refrigeration according to department policies and procedures. Nursing Services will distribute the supplemental foods at 10:00 am, 2:00 pm, and HS.
 8. All diet orders will be maintained by the dietitians in TIER to provide a current resource of all regular and therapeutic diets. These diet order reports will be printed by dietary staff daily for use in food preparation and meal service.
- E. Diet Compliance
1. Dietary compliance plays a vital role in disease prevention and health maintenance. Dietary and Nursing Services will be responsible to ensure dietary compliance of patients receiving Licensed Independent Practitioner-ordered diets.
 2. The MSH Canteen will comply with Licensed Independent Practitioner-ordered diets as feasible to promote diet compliance.
 - a. The dietitian will provide diet information to the Canteen staff to help the nursing/rehab staff guide appropriate purchase selections of food items.
 3. The dietitian will provide additional diet instructions, printed instructional material, community dietary referrals regarding special diets or other nutrition information as requested by the patient, family, or treatment team.
- F. Discharge Planning
1. The dietitian will provide timely discharge diet instructions upon notification with a Licensed Independent Practitioner-ordered diet consultation or as planned by the treatment team.

2. Discharge diet instruction may include education involving:
 - a. therapeutic or modified diets,
 - b. food-drug interactions,
 - c. nutritional care for certain diagnoses/conditions.
3. The dietitian will address nutritional concerns regarding diet and/or nutritional status in a manner consistent with MSH FMHF policy as appropriate to ensure continued nutritional care after discharge.
4. The dietitian will provide additional diet instructions, printed instructional material, community dietary referrals regarding special diets or other nutrition information as requested by the patient, family or treatment team.

VI. REFERENCES: Simplified Diet Manual, Centers for Disease Control & Prevention, American Dietetic Association, U.S. Department of Health and Human Services and U.S. Department of Agriculture.

VII. COLLABORATED WITH: MSH Registered Dietitians, Director of Nursing, Dietary Services Manager, Medical Director

VIII. RESCISSIONS: None, new MSH FMHF policy.

IX. DISTRIBUTION: All MSH FMHF policy manuals.

X. ANNUAL REVIEW AND AUTHORIZATION: This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per M.C.A. § 307-106-330.

XI. FOLLOW-UP RESPONSIBILITY: Registered Dietitian.

XII. ATTACHMENTS: For internal use only.

- A. Nutritional Assessment Form.
- B. Dietitian Consultation Form.
- C. Body Mass Index for Adults (from the CDC).
- D. BMI Ranges for Adults.

Signatures:

John Glueckert
Hospital Administrator

Thomas Gray, MD
Medical Director