



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

CLINICAL NUTRITION SERVICES

Effective Date: April 29, 2020

Policy: DS-01

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- I. PURPOSE:** To describe Montana State Hospital's (MSH) Nutritional Assessment and Consultation process; 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 Nutritionist (RDN). These services will be initiated by a Licensed Independent Practitioner's order to ensure quality nutritional care.
- III. DEFINITIONS:**
- A. **Nutritional Assessment:** The comprehensive process for defining an individual's nutrition status, problems, and needs using medical, dietary intake, and medication intake histories, physical examination, anthropometric measurements, laboratory data, and patient interview as appropriate.
 - B. **Nutrition Therapy:** A component of the medical treatment which includes oral, enteral, or parenteral nutrition/hydration.
 - C. **Nutrition Focused Physical Examination:** Physical assessment designed to identify the presence/absence of physical signs suggestive of nutrient deficits or excess.
 - D. **Assessment, Diagnosis, Intervention, and Monitoring Evaluation (ADIME):** Process used to ensure high quality nutrition care to patients. ADIME is used as a means of charting patient progress and to encourage a universal language among nutrition professionals.
- IV. RESPONSIBILITIES:**
- A. The Registered Dietitian Nutritionist (RDN) is responsible for performing nutritional assessments and consultations according to MSH policy.
 - B. The Licensed Independent Practitioner is responsible for ordering nutrition consultations as indicated per MSH policy.
 - C. The Licensed Nurse is responsible for conducting the initial nursing assessment which includes items which may trigger a Licensed Independent Practitioner referral to the RDN.
- V. PROCEDURE:**
- A. Nutritional Assessment:
 - 1. Nutritional assessments will be completed for patients identified at nutritional risk with a Licensed Independent Practitioner-ordered nutrition consultation or upon recommendation by the RDN.

2. Nutritional assessments will be completed within seven (7) days of the 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 patient's medical record. Nutritional documentation will be consistent with MSH documentation policies and should include the following information using the Academy of Nutrition and Dietetics ADIME format and Nutrition Care Process as appropriate.
 - a. Food and nutrition-related history and current diet orders.
 - b. Anthropometric information and measurements.
 - c. Biochemical data, medical tests, and procedures as applicable.
 - d. Nutrition Focused Physical Examination findings.
 - e. Pertinent patient history.
 - f. Recommendations for changes/additions to treatment plan.
5. Triggers for Nutritional Assessment may include but are not limited to:
 - a. Significant and unplanned changes in body weight;
+/- 5% of body weight in 1 month
+/- 10% of body weight in 6 months
 - b. Patient or provider request with assistance in weight management;
 - c. BMI <18.5 or BMI >30;
 - 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;
 - j. Skin breakdown or pressure ulcers.
6. The following conditions are included in the nursing assessment and may trigger a Licensed Independent Practitioner-ordered referral to the RDN:
 - 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. Enteral tube feeding;
 - g. Gastrointestinal Issues;
 - h. Food allergies and/or sensitivities.

The RDN may self-initiate nutrition consultation/assessment as necessary for patients determined to be at risk or have special nutritional needs.

B. Nutrition consultations:

1. The RDN 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 RDN 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 education will include a description of:
 - a. The diet education provided to the patient and/or responsible person and where it was obtained;
 - b. Patient response, participation, and understanding.
6. A copy of the nutrition assessment will be given to the Licensed Independent Practitioner and Medical Clinic provider as indicated, medical record copies will be filed in the Dietary section of the patient's medical record.
7. Nutrition Education Materials
 - a. Printed instructional materials for nutrition education purposes are from reputable sources such as those listed below:
 - i. Academy of Nutrition and Dietetics Nutrition Care Manual;
 - ii. The American Diabetes Association;
 - iii. American Heart Association;
 - iv. National Dairy Board;
 - v. U.S. Department of Agriculture;
 - vi. Center for Disease Control and Prevention (CDC).
 - b. Additional sources are per RDN discretion and special need.

C. Treatment Planning and Compliance.

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 patient's multidisciplinary treatment plan.
2. Dietary compliance plays a vital role in disease prevention and health maintenance. Dietary and Nursing Services are responsible to ensure dietary compliance of patients receiving Licensed Independent Practitioner-ordered diets.
3. Diet restriction orders are to be sent to the canteen staff to help guide the patient's choices per orders. The RDN will provide support, education, and diet information to canteen staff as needed and requested.

D. Diet Orders and Nutritional Supplements.

1. The Academy of Nutrition and Dietetics Nutrition Care Manual describes therapeutic diets recognized at MSH which are used to standardize diet orders.
2. The Academy of Nutrition and Dietetics Nutritional Care Manual is available to all staff online at www.nutritioncaremanual.org (contact RDN if there are questions regarding access).
3. Printed copies of the nutrition care manual are available in the RDN office and in the Dietary Department for use.
4. Diet orders and requests for nutrition consultation will be written on the designated and approved Physician Diet Order Form and sent to the Dietary Department.
5. Dietary Services will receive written notification of:
 - a. New diet orders;
 - b. Change in diet order;
 - c. Discontinued or canceled diet orders;
 - d. Unit transfers or patient discharges;
 - e. Isolation or special trays.
6. All written diet orders will be sent to Dietary Services within 24 hours of signed order.
7. 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.
8. Supplemental foods will be provided according to the Licensed Independent Practitioner's order as available. The RDN will recommend appropriate nutritional supplemental foods to fulfill Licensed Independent Practitioner orders.
9. Supplemental foods (snacks) will be prepared daily, covered, labeled, and held in refrigeration according to Dietary Department policies and procedures. Nursing Services will distribute the supplemental foods at 10:00 am, 2:00 pm, and HS.
10. All diet orders will be maintained in TIER by the RDN to provide a current resource of all regular and therapeutic diets. Diet order reports will be printed by dietary staff routinely for use in food preparation and meal service.

E. Discharge Planning:

1. The RDN will provide timely discharge diet instructions upon notification by a Licensed Independent Practitioner-ordered nutrition 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 RDN will address nutritional concerns regarding diet and/or nutritional status in a manner consistent with MSH policy as appropriate to ensure continued nutritional care after discharge.

4. The RDN 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:** Academy of Nutrition and Dietetics Nutrition Care Manual
www.nutritioncaremanual.org.
- VII. COLLABORATED WITH:** Medical Director; MSH Registered Dietitian (RDN); Director of Nursing; Dietary Manager.
- VIII. RESCISSIONS:** DS-01, *Clinical Nutrition Services* dated April 8, 2016; DS-01, *Clinical Nutrition Services* dated November 9, 2009; DS-01, *Clinical Nutrition Services* dated October 30, 2006; DS-01, *Clinical Nutrition Services* dated June 30, 2003; DS-01, *Clinical Nutrition Services* dated May 20, 2002; DS-01, *Clinical Nutrition Services* dated February 14, 2000; and H.O.P.P. 11 D01-D081485 *Diet Orders and Nutritional Supplements* dated October 8, 1996.
- IX. DISTRIBUTION:** All hospital 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 ARM § 37-106-330.
- XI. FOLLOW-UP RESPONSIBILITY:** Registered RDN.
- XII. ATTACHMENTS:** For internal use.
- A. Physician Diet Order Form
 - B. Nutrition Assessment (ADIME) Note

Signatures:

Kyle Fouts
Hospital Administrator

Thomas Gray, MD
Medical Director