



## MONTANA STATE HOSPITAL POLICY AND PROCEDURE

### CLINICAL NUTRITION SERVICES

**Effective Date:** April 28, 2016

**Policy #:** DS-01

**Page 1 of 6**

- I. PURPOSE:** To describe the Nutritional Assessment and Consultation processes at Montana State Hospital (MSH); 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 (LIP) 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 LIP-ordered dietary consultation, or upon recommendation by the dietitian.
  2. Nutritional assessments will be completed within seven (7) days of a LIP'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
    - i. 5% weight loss in 30 days
    - ii. 10% weight loss in 6 months
  - b. Low body weight
    - i. 20% or more below ideal body weight or BMI of 18.5 or less
    - ii. Request for assistance with gaining/maintaining weight
  - c. Significant increase in weight; physical diagnosis of obesity
    - i. Obesity: 20% or more above ideal body weight or BMI of 30 or greater
    - ii. 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 LIP-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 LIP-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 of 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 LIP-ordered consultation. The order will include a brief reason for the consultation.
2. Nutrition consultations will be completed within seven (7) days of a LIP'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:
    - i. Iowa Dietary Association Simplified Diet Manual
    - ii. MSH printed diet instructions
    - iii. The American Dietetic Association

- iv. The Montana Dietetic Association
- v. The American Diabetes Association
- vi. The American Health Association
- vii. National Dairy Board
- viii. 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 MSH and will be used to standardize diet ordering. The manual will be available on all units.
2. LIP 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. Unit
  - c. Date
  - d. Specific diet order; including food allergies/intolerances
  - e. Physician's signature
3. 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
  - e. Isolation or special trays
4. All written diet orders will be sent to 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 physician's order. The dietitian will recommend appropriate nutritional supplemental foods to fulfill LIP 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 LIP-ordered diets.
2. The MSH Canteen will comply with LIP-ordered diets as feasible to promote diet adherence.
  - 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 by a LIP-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 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:** Iowa Dietary Association 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



## Body Mass Index (BMI) Table

BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
<i>Height</i>	<i>Weight (in pounds)</i>																
4'10" (58")	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167
4'11" (59")	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173
5' (60")	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179
5'1" (61")	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185
5'2" (62")	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191
5'3" (63")	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197
5'4" (64")	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204
5'5" (65")	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210
5'6" (66")	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216
5'7" (67")	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223
5'8" (68")	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230
5'9" (69")	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236
5'10" (70")	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243
5'11" (71")	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250
6' (72")	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258
6'1" (73")	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265
6'2" (74")	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272
6'3" (75")	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279

Source: Evidence Report of Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults, 1998. NIH/National Heart, Lung, and Blood Institute (NHLBI)

BMI	Weight Status
Below 18.5	Underweight
18.5 – 24.9	Normal
25.0 – 29.9	Overweight
30.0 and Above	Obese