

Major Hospital A Major Health Partner	Medical Staff Delegation to Dietitians for Evaluation and Ordering of Diets, Supplements, and Nutrition Support MS-16
Does this policy meet a regulatory standard? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Formulated by: Clin. Nutri. Services Manager Approved by: P & T, Med Exec., Board of Directors Effective Date: 03/30/2015

PURPOSE: To establish an efficient and effective way to implement medical nutrition therapy interventions recommended by the registered dietitian (RD) within their scope of practice for patients.

GUIDELINE STATEMENTS:

1. Oral Diets

- 1.1. Initiate regimen following a physician's order for oral diet.
- 1.2. Modify diet to reflect a pre-existing medical problem.
- 1.3. Adjust carbohydrate levels for diabetic diets based on estimated energy needs.
- 1.4. Initiate or modify between meal and night-time snacks.
- 1.5. Adjust calories and protein based on estimated needs for renal, hepatic, weight reduction, weight gain and wounds.
- 1.6. Downgrade diet consistency/texture when PO intake is affected or a choking hazard may occur (i.e. regular consistency to soft, mechanical soft, pureed).
- 1.7. Liberalize diet consistency in concurrence with speech therapist.

2. Supplements

- 2.1. The RD will initiate or change oral supplement orders when estimated energy needs are not met due to a current/new condition or intake as evidenced by objective nursing documentation, calorie count, subjective information, clinical judgment or patient preference.

3. Enteral Nutrition.

- 3.1. The RD, upon specific consult by the physician, may manage enteral feedings.
- 3.2. The physician writes an order stating, "RD to manage enteral feed."
- 3.3. Order formula change per patient tolerance or discharge needs.
- 3.4. Adjust infusion volume/rate.
- 3.5. Modify hours of feeding.

4. Parenteral Nutrition.

- 4.1. The RD, upon specific consult by the physician, may adjust parenteral nutrition rate of infusion.

5. Vitamin/Mineral Supplements.

- 5.1. The RD may order vitamin and mineral supplementation when patient's oral and/or enteral feeding intake is less than 100% of RDA or as indicated for disease

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state and/or wound care.

6. Labs.

- 6.1. The RD may order nutrition specific labs when deemed appropriate to monitor interventions or better assess patient’s nutritional status (e.g. albumin, pre-albumin, 24 hours urea nitrogen to assess nitrogen balance).

7. Miscellaneous

- 7.1. The RD may order calorie counts when deemed appropriate through nutritional assessment.
- 7.2. The RD may order weights when needed to provide an accurate nutritional assessment.

8. A physician may discontinue RD orders at his/her discretion or may limit changes made by the RD by initiating an order to that effect in the chart. The following orders are not authorized in the clinical protocols for registered dietitians:

- 8.1. Initiate an oral diet unless consulted to do so.
- 8.2. Diet advance from clear liquids to solid foods unless consulted to do so
- 8.3. Initiate enteral or parenteral feedings unless consulted to do so.

9. A dietitian must be both registered and certified to practice dietetics to utilize these protocols. Orders written under this policy require RD name, credentials.

10. Monitoring of the RD will be done via chart audits and yearly competencies to ensure that appropriateness of orders and appropriate nutrition therapy are maintained

11. Reviewing & Revising

Reviewed	Revised
12/1/15	06/27/22
3/28/16	
2/16/17	
2/5/18	
3/10/26	

References:

Medicare and Medicaid Programs; Regulatory Provisions To Promote Program Efficiency, Transparency, and Burden Reduction; Part II. 79 FR 27105 (2014)

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Staff Delegation (2020)