

CLINICAL NUTRITION MANAGEMENT

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) clinical nutrition management Handbook provides management components for the practical application of medical nutrition therapy in medical treatment.

2. SUMMARY OF CONTENTS/MAJOR CHANGES

a. Changes have been made to provide the revision to the Scope of Practice and credentialing for Clinical Dietitians, Clinical Dietetic Technicians, Registered Dietetic Technicians, and Dietetic Health Technicians.

b. Changes have been made to reflect current terminology.

3. RELATED DIRECTIVE: VHA Directive 1109, to be published.

4. RESPONSIBLE OFFICE: The Office of Nutrition and Food Service (110A), is responsible for the contents of this VHA Handbook.

5. DOCUMENTS RESCINDED: VHA Manual M-2, Part III, Chapter 2, dated March 24, 1994, is rescinded.

6. RECERTIFICATION: This document is scheduled for recertification on or before the last day of December 2006.

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Under Secretary for Health

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CLINICAL NUTRITION MANAGEMENT

1. PURPOSE

This Veterans Health Administration (VHA) clinical nutrition management Handbook provides management components for the practical application of medical nutrition therapy in medical treatment. **NOTE:** *Attention to these components enhances the contributions of nutrition intervention and education programs in improvement and maintenance of the patient's health.*

2. RESPONSIBILITIES

a. The Chief, Nutrition and Food Service or Program Manager delegates the responsibility for administering the clinical nutrition program and supervising the clinical dietitian and clinical dietetic technician, whom are the primary providers of medical nutrition therapy for eligible patients, to the Chief, Clinical Nutrition Section or Clinical Nutrition Manager. **NOTE:** *Where there is no Chief, Clinical Nutrition Section or Clinical Nutrition Manager, the Chief Nutrition and Food Service or Program Manager, assumes this responsibility.*

b. Veterans Integrated Service Network (VISN) or Regional Nutrition Councils help provide guidance on VISN or Regional nutrition issues and policies. The councils contain representatives from each facility Nutrition and Food Service staff and other multidisciplinary members with an interest in veteran patients' nutritional care. The purpose of these councils is to facilitate consistent nutrition care and patient nutritional services across the continuum of care within the network or region.

c. The Registered Dietitian (RD) is responsible for:

(1) Providing for the patient's overall nutritional care by using:

(a) Pertinent data obtained from the patient or caregiver, and

(b) The medical record and directly from health care team members.

(2) Preparing and implementing each interdisciplinary medical nutrition therapy care plan.

(3) Evaluating the patient's nutrition therapy and status in terms of process and outcome.

NOTE: *Close coordination between the dietitian and other health care team members enables the dietitian to provide appropriate medical nutrition therapy for patient, education for patient and caregiver, and to effectively integrate nutrition therapy into the total treatment program.*

(4) Overseeing the nutritional therapy (evaluation and implementation) provided by the clinical dietetic technician and health technician (dietetic).

(a) Clinical dietetic technicians and health technicians (dietetic) are utilized at medical centers and/or health care systems where local management determines that such positions are available to support and augment the role of the clinical dietitians.

(b) Medical nutrition services are provided to all eligible patients in all treatment modalities: acute, extended care or long-term care, ambulatory care, and community care programs.

3. DEFINITIONS

a. **American Dietetic Association (ADA)**. The ADA is the national professional association, which accredits educational and pre-professional training programs in dietetics.

b. **Commission on Dietetic Registration (CDR)**. The CDR is the autonomous credentialing agency for ADA, which evaluates credentials, administers proficiency examinations, and issues certificates of registration to qualifying dietitians and dietetic technicians.

c. **Nutrition Screening**. Nutrition screening is an interdisciplinary process which involves gathering pre-established data from the medical record, computer, or by brief patient interview. The collected data is then evaluated to determine if the patient is nutritionally compromised or at risk for malnutrition, based on the criteria developed by the registered dietitian and the interdisciplinary care team. *NOTE: Locally established systems determine which health professional will screen, evaluate and document the individual patients' nutritional risk status.*

d. **Nutrition Assessment**. The nutrition assessment process includes evaluating the nutrition needs of individuals based on appropriate laboratory results, anthropometric, physical, and dietary data to determine the nutrient and calorie needs; formulating and updating the nutrition status level; and confirming or reassigning a nutrition status. At completion of this activity the need for nutrition therapy interventions, or further assessment, is identified.

e. **Nutrition Education**. The nutrition education process utilizes instruction or counseling to bring about desirable changes in behavior, attitudes, environmental influences, and understanding of food. Such desirable changes lead to food and nutrition practices which are scientifically sound, practicable, and consistent while meeting individual needs with available food resources.

f. **Nutrition Intervention**. Nutrition intervention is the preventative or rehabilitative action undertaken to bring about positive effects or maintain nutrition status.

4. CREDENTIALING

a. **Clinical Dietitians**

(1) Clinical dietitian credentials are to be consistent with current Office of Personnel Management (OPM) standards of professional education and training for dietitians.

(2) Dietitians have completed a course of study from a 4-year ADA approved program leading to a Baccalaureate Degree from the fields of human nutrition, nutrition science, food and nutrition, or dietetics. As of February 15, 1990, all applicants for dietitian and nutritionist series must be registered with the CDR of the ADA. The RD must have successfully completed the registration examination administered by the CDR. Dietitians waiting to take the registration

examination or awaiting the results of the examination may be hired in a "Registration Eligible" status. These dietitians receive closer supervision by staff RDs based on locally set policies.

(3) Registered dietitians must maintain continuing education hours specified by the CDR.

b. **Clinical Dietetic Technician and Dietetic Technician, Registered.** *NOTE: See the VHA Supplement to MP-5, Part I, Chapter 338, Appendix 338A, Change 56.*

(1) Clinical Dietetic Technicians are individuals with associate or baccalaureate degrees with appropriate course work in nutrition care and/or diet therapy, natural sciences, food sciences, medical terminology, communications, and education.

(2) Dietetic Technicians, registered (DTR) are individuals who have completed a course of study from an ADA approved dietetics program leading to an Associate Degree or a Baccalaureate Degree and have had a supervised practice experience in various health care and food service facilities and community programs. The DTR has successfully completed the Registration Examination for Dietetic Technicians and maintains continuing education hours specified by the CDR. *NOTE: This level of training and registration is preferred, but not required, for individuals practicing as clinical dietetic technicians.*

c. Health Technicians, (dietetic) have work experience and/or course work in dietetic and/or nutrition-related fields.

5. SCOPE OF PRACTICE

Each VA Facility must implement a Scope of Practice, which defines the activities, and responsibilities of a registered clinical dietitian, clinical dietetic technician and health technician (dietetic). *NOTE: The individual dietitian, clinical dietetic technician, and health technician (dietetic), are skilled in performing activities outlined in their respective Scope of Practice and are evaluated through local competency assessment tools and a professional oversight process.*

a. **Clinical Dietitians.** Clinical dietitians provide medical nutrition services outlined in the following Scope of Practice:

(1) **Nutrition Assessment.** The nutrition assessment process identifies patients requiring intervention for nutrition abnormalities using, but not limited to, the following criteria:

(a) Nutrition History. The nutrition history includes:

1. Evaluation of nutrient intake and hydration status;
2. Activity level;
3. Appetite;
4. Intake of vitamins, minerals, and/or nutrition supplements;
5. Recent weight change;

6. Weight history;
 7. Taste change(s);
 8. Eating and feeding problems;
 9. Nausea;
 10. Vomiting;
 11. Diarrhea;
 12. Constipation;
 13. Food intolerances, adverse reactions and/or allergies;
 14. Food-drug interactions;
 15. Unhealthy dietary behaviors;
 16. Eating disorders;
 17. Socioeconomic, religious, ethnic and cultural background;
 18. Herbal and/or complementary nutrition therapies; and
 19. Lifestyle practices to include complementary and alternative therapies.
- (b) Documented Medical History.
 - (c) Current Diagnosis and Medical Treatment Modalities.
 - (d) Current Drug Therapy and Over the Counter Medication.
 - (e) Anthropometric Measurements. These may include height, weight, skinfold measurements, mid-arm circumference, mid-arm muscle circumference, elbow breadth, wrist circumference, and body impedance as appropriate.
 - (f) Clinical Signs and Symptoms of Nutritional Deficiencies. These may include subjective global assessment.
- (2) **Medical Nutrition Therapy Plan and Intervention.** In cooperation with patients or significant others and with other medical center disciplines, the dietitian develops and implements the interdisciplinary nutrition care plan and communicates, monitors, and documents (in the medical record) response to nutrition therapy in accordance with Joint Commission on Accreditation of Healthcare Organizations (JCAHO). The plan and intervention includes:

(a) Calorie and nutrient requirements (using indirect calorimetry, basal energy expenditure (BEE) and resting energy expenditure (REE) formulas).

(b) Current diet prescription or nutrition support recommending appropriate changes.

(c) Initiating or making alterations in diet prescriptions or nutritional therapies per locally established guidelines. These may include, but are not limited to:

1. Ordering adjustments in the calorie level of the diet based on patient's calorie and nutrient requirements;

2. Ordering consistency modifications for the diet based on patient's tolerance and clinical status;

3. Ordering changes in feeding schedules and adjusting the quantity of food according to patient's tolerance;

4. Prescribing nutrition supplements, as appropriate, within diet order or medical nutrition therapy plan; and

5. Determining appropriate feeding modalities for oral diets, i.e., recognizing the need and recommending specialized nutrition intervention (enteral or parenteral nutrition).

(d) Identifying nutrition inadequacies due to prescribed dietary restrictions and individualized patient needs.

(e) Establishing nutritional therapy and educational goals.

(f) Planning and implementing appropriate modifications and interventions.

(g) Initiating follow-up at defined intervals to ensure established nutrition intervention and educational goals and outcomes are met.

(3) **Monitoring Response to Nutrition Therapy.** The dietitian ascertains the effects of intervention methods, and the patient's response to the intervention used, which includes:

(a) Continually identifying the need to alter the care plan by evaluating modalities, intervention methods, and the patient's response to the intervention used;

(b) Ordering appropriate laboratory tests to monitor nutritional status in accordance with locally established policy;

(c) Ordering measured weights and heights as appropriate;

(d) Initiating referral of clients to appropriate services if warranted, i.e., Social Work Service, Speech Pathology, Hospital Based Primary Care (HBPC), etc.; and

(e) Identifying the cost(s) and the benefit(s) of outcomes produced from nutrition intervention.

(4) **Nutrition Counseling.** The dietitian initiates nutrition counseling consistent with the patient's current diet or nutrition therapy needs, recording intervention, and counseling in the medical record. This includes the patient's degree of comprehension and the clinician's assessment of the patient's readiness to learn, expected compliance, and identification of respective barriers. Counseling includes:

(a) Providing nutrition counseling to patients when food-drug interaction significantly alters the patient's food selection;

(b) Evaluating and documenting progress toward desired outcomes and/or goals;

(c) Initiating health maintenance nutrition education;

(d) Evaluating and implementing alternate method(s) or system(s) for nutrition education, as appropriate;

(e) Monitoring, evaluating, and documenting individualized nutrition therapy plans;

(f) Referring or scheduling patients for follow-up in the Ambulatory Care Nutrition Clinic or inpatient and/or outpatient group education activities;

(g) Evaluating educational materials for content, reading level, and other pertinent factors;

(h) Employing computer application in nutrition intervention, when appropriate; and

(i) Documenting findings utilizing established practice guidelines and quality improvement and assessment indicators.

(5) **Nutrition Therapy Process.** The dietitian participates with other health care team members and the patient in planning and implementing suitable therapy intervention(s) through the exchange of information and education. This includes:

(a) Actively participating in interdisciplinary team meetings, ward rounds, discharge planning conferences, peer reviews, performance improvement activities, etc., to monitor and share findings and recommendations with team members.

(b) Educating the interdisciplinary team members on the role of nutrition in health and disease and the role of the clinical dietitian in giving nutrition guidance.

(c) Serving as a consultant to the medical and supporting staff regarding diet prescriptions and modifications, nutrition assessment, current nutrition concepts, and research related to nutrition.

(d) Providing consultation and training to other appropriate health care programs and services within the Department of Veterans Affairs (VA) systems or other community resources and/or programs.

(e) Initiating or participating in nutrition research.

(f) Overseeing the work of the clinical dietetic technician and health technician (dietetic) and remaining responsible for decisions and judgments concerning the patient's overall nutrition therapy process.

b. **Clinical Dietetic Technicians.** Clinical Dietetic Technicians play a key role in providing quality, efficient, and appropriate client nutritional care in various practice settings under the direction of the RD. Clinical dietetic technicians provide medical nutrition therapy services outlined in the following Scope of Practice:

- (1) Nutrition screening;
- (2) Assessing the patient's nutritional status and performing anthropometric measurements;
- (3) Developing, implementing, and reviewing nutrition care plans for mildly compromised and low risk patients;
- (4) Documenting patient nutritional care in the medical record;
- (5) Obtaining food preferences and diet histories;
- (6) Designing specialized meal patterns for selected nutritional therapies;
- (7) Counseling patients and families on nutritional therapies as directed by the RD;
- (8) Teaching basic nutrition classes;
- (9) Monitoring food quality and meal acceptance;
- (10) Verifying diet orders and diet changes;
- (11) Observing and recording the patient's food intake;
- (12) Adjusting meal patterns and nourishments;
- (13) Participating in the Peer Review Process; and
- (14) Collecting data for studies and performance improvement or assessment reviews.

c. **Health Technician (Dietetic).** The Health Technicians (Dietetic) assists and supports dietitians and clinical dietetic technicians in data gathering and in the coordination of nutrition care services to patients. The following Scope of Practice defines this level of work:

- (1) Nutrition screening, using facility established guidelines;
- (2) Interviewing patients and reviewing the medical record, using pre-established criteria;

- (3) Obtaining food preferences;
- (4) Checking on and assisting with, the evaluation of the patient's food intake;
- (5) Modifying selected meal patterns and nourishments based on facility guidelines;
- (6) Scheduling patients and families for appropriate nutrition interventions;
- (7) Providing handout information on nutrition resources available to patients and families;
- (8) Monitoring food quality and meal acceptance;
- (9) Verifying diet orders and diet changes; and
- (10) Collecting data for studies and quality improvement or assessment reviews.

6. EXPANDED SCOPE OF PRACTICE

a. Dietitian or Clinical Dietetic Technician applicants for Expanded Scope of Practice must also be approved for General Scope of Practice. The request for Expanded Scope of Practice is considered in those instances where specialized skills are required, or when the activity falls outside of the established scope, as determined by the Chief, Clinical Nutrition Section or Clinical Nutrition Manager, with recommendations from the Chief, Nutrition and Food Service Section or Program Manager, and approved by the medical facility's Chief of Staff and Director. The applicants must have documented recent training or certification in the area of specialized practice for which Expanded Scope of Practice is sought, and must have demonstrated competence to perform the functions of the requested specialized patient care service.

b. Examples of expanded scope of practice for registered dietitians may include, but are not limited to: Home Glucose Monitoring, Addictive Behavior Counseling, Enteral Tube Placement.

c. Examples of expanded scope of practice for clinical dietetic technicians may include but are not limited to: prescribing commercial nutritional supplements for selected patient populations, obtaining blood pressures.

d. Procedures for requesting, granting, and renewal of Expanded of Scope of Practice are consistent with medical center's Health Care System Bylaws. The Chief, Nutrition and Food Service or Program Manager, provides defined procedures for reviewing all initial and renewal requests for Expanded Scope of Practice.

7. NUTRITION SCREENING

a. New admissions are screened to determine whether they are nutritionally compromised, or at nutrition risk.

b. A nutrition status or nutrition risk level is assigned for each patient after evaluation and/or assessment is completed. Examples of four nutrition statuses commonly used within VA are:

- (1) Normal Nutrition Status – I;
- (2) Mildly Compromised Nutrition Status – II;
- (3) Moderately Compromised Nutrition Status – III; and
- (4) Severely Compromised Nutrition Status – IV.

c. Clinical nutrition staff use assigned nutrition status or risk levels to prioritize nutritional interventions.

8. FACILITY DIET MANUAL OR NUTRITION HANDBOOK

The facility diet manual or nutrition handbook serves as a reference for ordering diets, standards for nutrition therapy, and serves as a reference in menu and/or recipe preparation. The standards for nutrition therapy and analysis specified in the facility diet manual or nutrition handbook are in accordance with the most recent Recommended Dietary Allowances (RDA) of the Food and Nutrition Board, National Research Council, National Academy of Sciences. The nutritional deficiencies of any diet that is not in compliance with the recommended dietary allowances are specified.

a. A facility diet manual or nutrition handbook must be developed or adopted by the RD(s) in cooperation with appropriate staff. The diet manual or nutrition manual must be updated and revised per regulatory guidelines. Revisions are approved by the appropriate medical staff, and dated to identify the review date.

b. The facility diet manual or nutrition handbook must be available in all patient care areas.

9. NUTRITION INFORMATION MANAGEMENT

The Chief, Nutrition and Food Service or Program Manager, designates a Veterans Health Information Systems and Technology Architecture (VistA), Computerized Patient Record System (CPRS) and Decision Support System (DSS) Coordinator(s) for Nutrition and Food Service software. These coordinators are the service specific resource person for the computerized software and may be responsible for developing and/or maintaining the nutrition and food service data in these systems as appropriate. The Coordinator(s) also assume a significant role in Nutrition and Food Service staff training on these computer software packages.

10. DIET PRESCRIPTION

a. The physician, dentist, nurse practitioner, physician assistant, or other “privileged” clinician writes the diet prescription (order) in the medical record or electronically, using terminology and diets approved in the medical center diet and/or nutrition manual.

b. Supplemental feedings are prescribed by the dietitian, or other "privileged" provider, in consultation with the dietitian, according to policy established at the health care facility.

- c. Dietitians order changes to diet orders written as defined in local Scope of Practice.
- d. There is an established procedure in place to verify that the recorded diet order is served to the patient. There is also a system to identify the patient prior to receiving the food.
- e. The diet prescription provides for the patient's nutritional requirements within medical limitations, based on the patient's assessed nutritional needs.

11. MENUS

- a. A procedure is established to verify that all-master regular menus and modified diets are approved by a registered dietitian. Menus are analyzed for nutrient content and adequacy and posted for review in patient treatment areas where applicable.
- b. Cyclic menus are planned by the Chief, Nutrition and Food Service, Nutrition Program Manager, or dietitian designee, to meet the nutrition needs of the population mix incorporating regional preferences consistent with diets approved in the medical center diet manual or nutrition handbook.

12. NUTRITION EDUCATION

Nutrition education, an essential component of medical nutrition therapy and services, helps individuals establish and maintain healthy lifestyles, good food habits and attitudes. Education encompasses the following groups:

a. Patients

- (1) Individual and group instructions on the prescribed medical nutrition therapy are planned and scheduled as soon as medically feasible.
- (2) Local policy is developed to prioritize nutrition education for patient and family based on whether the medical nutrition therapy plan is new to the patient, will be a "refresher" of previous therapy instruction, and the patient and family's ability to comprehend and apply the therapy plan.
- (3) Patient education material and handouts are consistent with the facility diet manual or nutrition handbook.
- (4) Health maintenance and preventive nutrition therapy are an integral part of the Nutrition Education Program.
- (5) All patient education will be documented in the medical record.

b. Family Members or Significant Others

c. Staff

- d. Community Caregivers.
- e. Students-in-Training Programs.

13. NUTRITION SUPPORT

a. Nutrition Support involves the identification and treatment of patients who are critically ill, malnourished, or nutritionally compromised. As needed, necessary staffing and resources are provided to establish and operate an interdisciplinary nutrition support team or program.

b. A Nutrition Support Team (NST) program is usually a consulting and support group to the primary care physician. Each medical center or health care system that provides total parenteral nutrition (TPN) has a formal, active, interdisciplinary NST as described in M-2, Part I, Chapter 33.

c. Quality of care indicators are established locally by the Medical Center Nutrition Committee or appropriate interdisciplinary hospital committee for monitoring and evaluating the care provided by the NST.

14. NUTRITION RESEARCH

Nutrition and Food Service cooperates with Research and Development Service and Special Diagnostic Treatment Units (SDTU) in the planning and execution of nutrition research, protocols, and related studies. Dietitians are encouraged to develop and conduct and/or actively participate in clinical research studies on nutrition and/or related topics.

15. INTERDISCIPLINARY CARE TEAM PLANNING

a. Medical centers and/or health care systems have either:

(1) A formal interdisciplinary Medical Center Nutrition Committee (MCNC) as outlined in M-2, Part I, Chapter 36, or

(2) Another appropriate interdisciplinary medical center and/or health care system committee which oversees the provision of medical nutrition therapy to patients across the continuum of care.

b. The clinical dietitian and clinical dietetic technician are active members of the interdisciplinary care planning team so that medical nutrition therapy is integrated into the patient's care plans as needed.

c. The dietitian or technician prepares medical nutrition therapy goals for the patient's care plan and discharge plan as needed, to facilitate continuity of care in the ambulatory care unit, acute care, extended care, long-term care, and in the community.

d. The dietitian or technician refers patients to nutrition resources available in the community if follow-up therapy care is indicated.

16. SUPPORT OF PATIENT CARE PROGRAMS

Programs and services with a nutrition component are supported by clinical dietitian(s). These include, but are not limited to:

- a. Ambulatory Care Clinics.
- b. Home Based Primary Care (HBPC).
- c. Nursing Home Care Units (NHCU).
- d. Domiciliary.
- e. Community Nursing Home (CNH) Inspection Teams.
- f. Residential Day Care Program (RDCP).
- g. Adult Day Health Care (ADHC).
- h. Respite Programs.
- i. State Veterans Home Inspection Teams.
- j. Geriatric Evaluation Unit (GEU).
- k. Day Hospital (DH).
- l. Geriatric Substance Abuse Teams.
- m. Bone Marrow Transplant Units.
- n. Activities of Daily Living (ADL) Program.
- o. Rehabilitation Programs.
- p. Geriatric Evaluation and Management (GEM) Program.
- q. Spinal Cord Injury (SCI) Service.
- r. Dialysis Unit.
- s. Hospice Programs.
- t. Dementia and Alzheimer's Special Treatment Programs.
- u. Solid Tissue Transplant Programs.
- v. Diabetes Education Programs.

17. REFERENCES

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