Screening, writing notes, ADIME, processes, IDT

What is a dietitian?

1. Experts in nutrition science (breadth and depth of knowledge as well as common misconceptions/unhealthy trends).
2. Skilled in both the knowledge and practice of following a healthy diet

What does a dietitian do (in the hospital)?

1. Help people eat better
2. Nutrition education (theory and practice)
3. Nutrition support (TF, TPN)

How to succeed as a dietitian?

1. Have clinical experience
2. Know your medications (GI meds, sedatives, bowel care, etc)
3. Lab values
4. Medical abbreviations
5. Work closely with the kitchen (substitutions, allergens, additional options). Ideally you should be the go to person for all things food related
6. Good communication with the IDT: OT, PT, SLP, RT, case management, Pharmacy
7. Learn your MNT's

MNT's

Medical Nutrition Therapies: RD guide containing information about and plan of action for nutrition related medical conditions (Nutrition instruction manual for disease states)

Examples: Pancreatitis, Bariatric surgery, colostomy/ileostomy surgeries

Includes: Lab values, macronutrient recommendations, diet texture/advancement recommendations, education needs, protocol information

Clinical Preparation (Internship and employment)

1. MNT's
    a. Hospital specific MNT's versus generalized MNT's
    b. YOU DON'T NEED TO MEMORIZE (right away)
2. Quick reference guides
    a. Medications, lab values, macronutrient recommendations, equations
3. Copy of your policies and procedures
    a. Screening criteria (disease state, Malnutrition screening tool, nursing driven screening tool, NPO, LOS, BMI, wounds, MD consults)

b. Prioritization: Initial and follow up timeline (timeline for when you must see a patient for an initial or follow up visit)

Documentation (ADIME, or something like it)

Short Note (everything except nutrition support):

Intervention: Diet order changes, supplements, texture modifications, education, additional orders (weights, RN communications, medications, lab value checks)

PES: Problem, etiology (clinically driven), signs/symptoms (objective data, pt report)

Assessment: Why is the pt here, why you are seeing them, what you learned and your intervention

Goals: Education comprehension, PO intake/supplement intake, tolerance to nutrition support, etc

Monitor/Evaluate: PO intake, weight, education comprehension, GI tolerance, ability to self feed

Time

Long note (nutrition support)
Above plus:

1. Nutrition support recommendations (initiation, advancement, goal); provisions
2. Anthropometric data
3. Macronutrient needs
4. Labs, medications, other relevant data

Policy/Purpose

An initial screening, assessment, and prioritization is implemented to identify patients who may require medical nutrition therapy(ies). Patients identified at nutrition risk during the initial screening will be further evaluated with a comprehensive assessment and receive nutrition intervention(s) as indicated.

Procedure

Nursing

- Gathers information from patients within 24 hours (or per facility policy) of admission based on predetermined validated nutrition criteria and documents in the medical record.
- Based on results of initial assessment, consults dietitian.

RDN/NDTR*

- Acts on consults resulting from the nutrition screen within designated timeframes.
- The nutrition screen consists of five “check boxes” and a validated malnutrition screening tool (MST)[1]. The MST measures the risk of malnutrition. The nutrition screen appears as follows:

1. Choose from the list:
    - Newly diagnosed diabetic or new diabetic symptoms
    - Enteral Feeding
    - Stage 2 pressure ulcer or greater
    - Vent support
    - No nutrition concerns

2. The Malnutrition Screening Tool (MST)

    - Have you recently lost weight without trying?
        - No - 0
        - Unsure - 2
    - If yes, how much weight have you lost?
        - 2-13 lb - 1
        - 14-23 lb - 2
        - 24-33 lb - 3
        - 34 lb or more - 4
        - Unsure - 2
    - Have you been eating poorly because of a decreased appetite?
        - No - 0
        - Yes - 1
    - A Score of 2 or more, results in notification to the RDN

Prioritization
RDN/NDTR*

- Evaluates information from the following sources as it becomes available:
    - Nursing: Nutrition-related protocol reports; patient assigned to hospital protocols that include nutrition intervention (according to a schedule specified in protocol)
    - Information Services: Diet orders and changes; New EN orders; admission diagnosis(es)
    - Pharmacy: New orders for PN
    - Consults from physicians, nurses, and other healthcare professionals
    - Multidisciplinary team conferences
    - FNS: patient visitation/meal rounds; the number of days patient has been NPO/CL
    - Laboratory: nutrition-related lab values
    - Patients requiring nutrition education prior to discharge (See B009: Patient Education)

Assessment
RDN

- Further assessment will be conducted following the Nutrition Care Process Model[2]
    - Nutrition Assessment may include, but is not limited to:
        - Medical record review
        - Patient interview
        - Nutrition focused physical exam
        - Interdisciplinary team collaboration
- Based on the Nutrition Assessment findings, the RDN identifies a Nutrition Diagnosis and gains patient agreement, as appropriate, on the appropriate Nutrition Intervention that will follow.
- When recommendations are made that require a physician order, the RDN will follow up per the outlined timeframe in the prioritization table to verify a response to the recommendation. If the physician does not respond to the recommendation by ordering the requested intervention or by another entry in the medical record, the RDN may contact the physician as needed to discuss the recommendations(s) made and document the results of the discussion.
- Nutrition Monitoring and Evaluation: The RDN monitors and evaluates the patient's response to care according to established timeframes. This may include any or all of the following: nutrition reassessment, meal rounds, interdisciplinary rounds, and/or care plan rounds/meetings. Monitoring and evaluation may or may not result in new nutrition recommendations. Results of monitoring and evaluation are documented in the patient's medical record by the RDN/NDTR*.

- When nutrition goals are met or are no longer applicable and no further nutrition diagnosis is found, the dietitian may document “No nutrition diagnosis at this time.”
- Nutrition-related problems are communicated to other disciplines through documentation in the medical record.
    - Document nutrition problems noted during assessment in the medical record.
    - Document interventions planned to resolve the nutrition problems.
    - Review/update documentation with each nutrition care follow-up.
    - If no apparent nutrition problems are found, or if the nutrition problem is resolved, the RDN documentation will indicate as such in the medical record.
- Hand-Off Communication: When the care of a patient transfers from one RDN to another, there is a “hand-off” of information about the patient. The information may be written or verbal. There must always be the opportunity to ask and respond to questions in a timely fashion. Information communicated during the “hand-off” includes the patient’s current condition, nutrition interventions implemented, and the patient’s response to the interventions.
- Documentation in the medical record shall only include approved abbreviations. See Policy B002.

PRIORITIZATION FOR ASSESSMENT

Within 2 days	Within 3 days	Within 5 days	Within 8 Days

● Physician referral ● New order for nutrition support	● RN Referral (may include but is not limited to results generated from the initial nutrition screen on admission) ● Tube feeding (in use prior to admission) ● Education referral ● Pressure ulcers (Stage II or greater) ● Hospital-wide protocols with a nutrition component[1] ● Calculate physician ordered calorie count ● BMI < 18.5	● NPO/CL	● Length of Stay (LOS)

FOLLOW-UP GUIDELINES

2X/Week	1X/Week
Patients determined to be at nutrition risk (nutrition goals not being met)	Patients determined to not be at nutrition risk (nutrition goals being met)
New or unstable EN/PN	Stable EN/PN

[*] *Patients with a LOS of 4 weeks or longer will be seen every other week if not at nutrition risk (nutrition goals being met)*

Other processes that will alert dietitians for follow-up may include but are not limited to:

- Change in patient's medical status as obtained from medical rounds or other interactions.
- Initiation of nutrition support.