LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER - SHREVEPORT

NUTRITIONAL CARE

PURPOSE:

A. To ensure the provision of appropriate medical nutrition therapy to all patients, including nutritional education for the promotion of health and prevention of disease.

B. To identify patients at nutritional risk and establish the need for further assessment by a registered dietitian.

C. To provide timely nutritional intervention for patients identified at nutritional risk by a clinical dietitian.

D. To document data pertinent to the nutritional care of the patient and develop a nutrition care plan for the individual patient and continuum of care.

POLICY:

A. Louisiana State University Health Sciences Center, Nutritional Services, and the contracted vendor are committed to providing a comprehensive nutrition care program including medical nutrition therapy in a timely, effective, and efficient manner. The program incorporates individual, ethnic, and religious food preferences. The nutrition care program is integrated with physicians, nursing, pharmacy, and other appropriate disciplines as needed.

B. All inpatients will be screened for possible nutritional risk within 8 hours of admission by nursing staff and a nutrition consult completed per Invision as indicated. Physician or nursing initiated nutrition consults, as well as assessments on patients initiated on enteral or parenteral nutrition support, shall be completed within 48 hours of notification by a registered dietitian or designee. Patients at moderate or severe nutrition risk according to the following screening criteria will also be assessed within 48 hours of notification: NPO/Clear liquid diet order >4 days, prealbumin <15, geriatric surgery >75 years old. Ongoing monitoring of patients at nutritional risk occurs routinely.

C. All outpatients will be screened for possible nutritional risk upon each clinic visit by nursing staff and a nutrition consult initiated as indicated by designated screening criteria. A physician or nurse may refer outpatients to a dietitian by writing a consult and sending it to a designated place for the outpatient dietitian to retrieve.
PROCEDURE:

INTERDISCIPLINARY ROLES:

A. Inpatient Nursing:

1. Completes Nutritional Screening on the Patient History/Assessment and Discharge Record within 8 hours of patient admission. Consults for clinical nutrition services may be initiated by nursing staff and/or physicians via the INVISION patient information system when the potential for nutritional risk or need of nutritional education is identified.

2. A consult should be ordered for **adult** patients with nutritional risk criteria including, but not limited to, the following:
   
   a. Unintentional weight loss of greater than 10 pounds/month
   b. Geriatric surgery patients >75 years
   c. Difficulty chewing and swallowing (dysphagia)
   d. DKA/new onset Diabetes Mellitus/Gestational Diabetes Mellitus
   e. Chronic Disease State (i.e. Renal Failure, Liver Disease, AIDS/HIV, Chronic GI Disease)
   f. Malnutrition or cachexia
   g. Multiple trauma, burns, or stress
   h. Diarrhea and/or vomiting > 4 days
   i. Enteral or parenteral nutrition support
   j. Pregnancy in ≤16 year old, multiple births, &/or lactating
   k. Pressure ulcers

3. **Pediatric** nutritional risk criteria includes, but is not limited to, the following:

   a. Unintentional weight loss in past month
   b. Multi trauma/stress/sepsis/burns
   c. Malnutrition or FTT
   d. Inborn errors of metabolism
   e. Enteral/parenteral nutrition support
   f. DKA/new onset diabetes
   g. Chronic disease state (i.e. renal disease, liver disease, GI disease, cystic fibrosis, HIV/AIDS.)
   h. Obesity
   i. Severe vomiting &/or diarrhea >4 days
   j. NICU grad<6 months old
4. Nursing Staff will document intake and weight on Graphic Chart/I&O (Form S/N 1191). Nursing will assist in documentation of intake for Calorie Count at bedside.

B. Outpatient Nursing:

1. Completes Nutritional Screening upon patient visit to outpatient clinic and initiates a Nutrition Consult as indicated.

2. Outpatient screening criteria includes, but is not limited to, the following:
   - End Stage/Chronic Renal Disease
   - Uncontrolled Diabetes
   - Elevated lipids
   - Malnutrition

C. Inpatient Dietitian:

1. A nutrition assessment is completed on inpatients identified at moderate or severe nutritional risk. A follow up assessment by the dietitian will be completed weekly and twice weekly, respectively, following the initial nutrition assessment or consult. Follow up assessments will include review of the same components as the initial assessment and evaluation.

2. The Nutrition Assessment and Plan of Care will include a chart review of laboratory data, diagnosis, anthropometric measurements, weight history, pertinent medications, diet order, nutritional needs, appropriateness of diet order, assessment of nutritional status, and recommendations/nutrition goals.

3. A dietitian, physician, or nurse may initiate a Calorie Count. Calorie Counts will be conducted for 3 days unless otherwise ordered by physician. Calorie Counts are documented at the bedside and results recorded in progress notes upon completion.

4. Food Drug Interaction Education will be provided to patients receiving Warfarin (Coumadin).

D. Outpatient Dietitian:

1. The dietitian schedules appointments for all consults received from outpatient clinics in a timely manner. Appointments may be scheduled Monday through Friday between the hours of 8-4:30. Dietitians are available to see “walk-ins” as their schedule allows.
2. The dietitian mails an appointment notification to the patient stating the date and time of appointment. Classes may be scheduled if there are numerous consults for the same type of counseling—these patients will be notified in the same manner.

3. Patients who need or desire nutritional follow-up after hospital consultation may be referred to the outpatient dietitian for scheduling.

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Administrator

10/22/03

Date

Written: 5/95
Revised: 3/95, 10/97, 4/00, 9/00, 3/01, 4/01, 6/03, 9/03
Clinical Board Approved: 6/00, 10/17/00, 5/15/01, 10/21/03