NUTRITIONAL CARE

Purpose:

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

2. To identify patients with a nutritional diagnosis and establish the need for further assessment by a registered dietitian.

3. To provide timely nutritional intervention for patients identified with a nutritional diagnosis by a clinical dietitian.

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

Policy:

1. LSUHSC 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, and other appropriate disciplines as needed.

2. All inpatients will be screened for possible nutritional risk within eight (8) hours of admission by nursing staff and a nutrition consult should be generated via the EHR system within twenty-four (24) hours of patient admission, as indicated by admit nutrition screening criteria.

3. Physician or nursing initiated nutrition consults shall be completed within forty-eight (48) hours of notification by a registered dietitian or designee.

4. All outpatients will be screened for possible nutritional risk upon each clinic visit by medical staff and a nutrition consult initiated as indicated. A physician may refer outpatients to a dietitian via the EHR consult.

Procedure:

Interdisciplinary Roles:

1. Inpatient Nursing:

   a. Completes Nutritional Screening within eight (8) hours of patient admission. Nutrition consults may be initiated by nursing staff within twenty-four (24) hours of patient admission and/or physicians via EHR system when the potential for nutritional risk or need of nutritional education is identified.
b. A consult should be ordered for patients meeting the following criteria:

1) Category 1 (One or more of the following):
   - NPO – 7 days
   - Newly diagnosed renal failure
   - Newly diagnosed diabetic/gestational dm (seen by diabetes education)*
   - Diagnosis of malnutrition/failure to thrive
   - Ventilation patient
   - Enteral/Parenteral feeding
   - Decubitis/Wounds/Burns
   - Trauma
   - Cystic fibrosis (seen by peds pulmonary)*
   - NICU grad < 6 months

2) Category 2 (two or more of the following):
   - NPO >3 days
   - Nausea/Vomiting >72 hours
   - Diarrhea/Constipation >72 hours
   - Swallowing/Chewing difficulty
   - Unintentional weight loss

   * Note that Pediatric and Diabetes Education dietitians follow separate policies that may be obtained within the individual department.

c. Neonatal Intensive Care Unit screening guidelines follow different criteria than above, that which nursing is not responsible for.

d. Nursing will assist in documentation of intake for Calorie Count at bedside.

2. Inpatient Dietitian:

a. A nutrition assessment is completed on all consults and on inpatients identified as having a nutrition diagnosis.

b. The Nutrition Assessment and Plan of Care will include a chart review of laboratory data, diagnosis, height, weight Body Mass Index, weight history, pertinent medications, diet order, nutritional needs, appropriateness of diet order, assessment of nutritional status, and recommendations/nutrition goals, as appropriate, according to the Nutrition Care Process.

c. A follow up assessment by the dietician will be completed weekly or twice weekly, depending on nutrition diagnosis. Follow up assessments will include review of the same components as the initial assessment and evaluation.

d. Ongoing monitoring of patients for nutritional risk occurs routinely. Patients at nutrition risk according to the follow screening criteria will also be assessed within 48 hours of notification:
   - Initiation on parenteral nutrition support
• Initiation on enteral nutrition support
• NPO/Clear liquid diet order > 4 days
• Prealbumin <15

e. Each Neonatal Intensive Care patient is screened weekly by a dietitian. Each patient with a nutrition diagnosis will receive an assessment.

f. A dietitian or physician may initiate a Calorie Count. Calorie Counts will be conducted for three (3) days unless otherwise ordered by physician. Calorie Counts are documented at the bedside by the patient, patient’s family, or nursing staff and results recorded in progress notes upon completion.

3. Outpatient Dietitian:

a. The dietitian schedules appointments for all consults received from outpatient clinics in a timely manner. Appointments may be scheduled Tuesdays and Thursdays between the hours of 8-4:30. Dietitians are available to see “walk-ins” as their schedule allows.

b. 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.

c. 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

11/21/12

Date

Clinical Board Approved: 6/00, 10/17/00, 5/15/01, 10/21/03, 9/19/06, 1/16/07, 5/19/09, 2/16/10, 11/20/12
Written: 5/95
Revised: 3/95, 10/97, 4/00, 9/00, 3/01, 4/01, 6/03, 9/03, 9/06, 12/06, 1/07, 4/09, 1/10, 11/12