


Name of Policy:	<u>Outpatient Nutrition Screening</u>	 Effective Date: 6/7/2011 Initial Effective Date: 7/1999
Policy Number:	3364-101-04-02	
Department:	Ambulatory Services	
Approving Officer:	Sr. Vice President and Executive Director, UTMC	
Responsible Agent:	Interim Director, Primary Care Clinics	
Scope:	Ambulatory Services	
<input type="checkbox"/> New policy proposal <input checked="" type="checkbox"/> Minor/technical revision of existing policy		
<input type="checkbox"/> Major revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy		

(A) Policy Statement

Nutrition screening will be completed for outpatients when appropriate to the care provided.

(B) Purpose of Policy

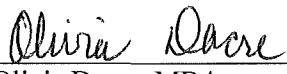
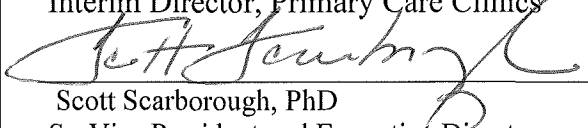
The purpose is to establish screening of outpatients to determine potential nutritional risk.

(C) Procedure

The office staff will gather information on the nutrition status of new outpatient's or other patients as appropriate. If a patient is found to be a potential nutrition risk by the following criteria, the physician may order a nutrition consult:

- Unintentional weight loss of 10 pounds or more in one month, or
- Anorexia, or
- Non-resolving nausea/vomiting, or
- Diagnosis of failure to thrive or weight and height less than the fifth percentile for pediatric patients.

The consult must be requested on form #30917, *Physician Referral Form for Medical Nutrition Therapy/RD Services*. Fax form to 419-383-3112 and mail original to Clinical Nutrition, Mulford Library Building, 3045 Arlington Ave, Toledo, OH 43614-5805.

Approved by:	Review/Revision Date:
 Olivia Dacre, MBA Interim Director, Primary Care Clinics	7/99 1/02 12/04 5/08 6/7/2011
 Scott Scarborough, PhD Sr. Vice President and Executive Director, UTMC	<u>6-7-11</u> Date <u>6/20/11</u> Date
Review/Revision Completed By: Ambulatory Services	Next Review Date: 6/1/2014
Policies Superseded by This Policy: 4-02	