


Name of Policy: <u>MNT Order Writing Privileges for Dietitians</u> Policy Number: 3364-104-210 Department: Clinical Nutrition Approving Officer: AVP Patient Care Services/CNO Responsible Agent: Chief Clinical Dietitian Scope: Clinical Nutrition	 <p>THE UNIVERSITY OF TOLEDO 1872</p>
Effective Date: 4/1/20 Initial Effective Date: 8/2006	
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy	
<input checked="" type="checkbox"/> Minor/technical revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy	

(A) Policy Statement

The Registered Dietitian (RD) will utilize an approved process when writing Medical Nutrition Therapy (MNT) orders in the medical record, with and without physician co-signature. Medical Nutrition Therapy (MNT) protocol for Registered, Licensed Dietitians (RD), allows the qualified RD, LD to accept delegation for writing nutrition-related orders within their scope of practice, as defined by the Academy of Nutrition and Dietetics and State Medical Board of Ohio. This protocol meets the criteria set forth by the Centers for Medicare and Medicaid Services (CMS) and has been approved by the Medical Executive Committee. These privileges may be utilized whenever the registered dietitian is involved in patient care and allows the RD/LD to order Medical Nutrition Therapies as defined below (following successful completion of competency training and through the annual performance appraisal review). Specialty certifications in advanced nutrition practice may be obtained to further support one’s competency level. Supervision by a physician currently credentialed in accordance with the Bylaws and Rules and Regulations of the University Medical Center Staff.

(B) Purpose of Policy

To provide an efficient and effective process for initiating medical nutrition therapy by the Registered Dietitian.

(C) Procedure

Physician:

1. Has direct control of patient care in all cases and at all times.
2. May discontinue orders of MNT at any time.

Registered Dietitian, Licensed Dietitian (RD, LD):

1. The RD may *order or change* when necessary to complete the nutrition screen, assessment, reassessment/follow-up to implement nutrition care plans:
 - a. Height and weight
 - b. Therapeutic diets
 - i. Downgrade texture and liquid consistency: (i.e. change from Regular to Chopped or Thin Liquid to Thick Liquid) due to (includes but not limited to) the following: dentition, shortness of breath, weakness, impaired self-feeding, patient request, aspiration precautions, suspected swallowing dysfunction.
 - ii. Diet will not be advanced from NPO to an oral diet/enteral nutrition OR from a liquid diet to solids unless authorized by a physician.

- iii. Advance or downgrade based on Speech & Language Pathologist recommendations, including recommendations from outside health care facilities or nursing requests.
 - iv. Modify or liberalize diet restrictions to increase the patient's oral intake if the patient is eating <50% of meals and/or <50% of caloric needs for 2 days (i.e. 2 gm Sodium to Regular; Diabetic Male/Female to a Regular; Heart Health to Regular.)
 - v. Order a more restrictive diet when warranted for clinical condition, i.e. from Regular to Heart Healthy.
 - vi. Diet order when patient is mechanically ventilated
- c. Enteral nutrition (from approved Formulary or follow non-formulary policy)
- i. Modify rate or type of enteral product
 - ii. Protein, calorie, probiotic or fiber modular component
 - iii. Fluid flushes to maintain hydration or prevent occlusion
 - iv. Discontinue when condition warrants or enteral access has been discontinued
 - v. Make therapeutic substitution if physician orders TF not included on formulary.
- d. Parenteral nutrition (RD's with CNSC, or RD without CNSC, but with previous CNSC experience over 10 years).
- i. Parenteral orders, rates/volume and dosing wt
- e. Nutritional counseling or education as inpatient or outpatient, including referral to DSMT program
- f. Calorie count
- i. The RD/LD may discontinue a nutrient analysis/calorie count before the 3-day period when the outcome is obvious.
- g. Oral nutritional supplements (order from approved formulary and discontinue when condition warrants)
- i. Upon patient or family request, or diet history.
 - ii. The average intake is sub-optimal based on objective documentation.
 - iii. Make therapeutic substitution if non-formulary
 - iv. Current supplement is inappropriate to meet nutritional requirements.
 - v. Changes in clinical condition, i.e. - development of hyperglycemia, renal insufficiency or wound development.
- h. Request patient to be assisted, fed, or supervised at meal times.
4. Document rationale for order in the electronic medical record.
5. Contact the physician to discuss any recommendations for orders outside the scope of MNT or by the request of the physician and document discussion in the medical record.
6. Communicate with physicians and other healthcare professionals, including patient safety and quality of care issues, through interdisciplinary round and care team meetings.
7. **Verbal orders will be followed per policy for the following: nutritionally related lab orders, vitamin and mineral supplementation, and other physician-driven protocols or order writing sets.**

References

FAQs - CMS Final Rule Related to Therapeutic Diet Orders

<http://www.eatrightpro.org/resource/advocacy/quality-health-care/consumer-protection-and-licensure/faqs-cms-final-rule-related-to-therapeutic-diet-orders>

Ohio Board of Dietetics

<http://www.dietetics.ohio.gov/>

PRACTICE TIPS: Hospital Regulation - Ordering Privileges for the RDN

<http://www.eatrightpro.org/~media/eatrightpro%20files/advocacy/practice-tips-implementation-steps-ordering-privileges-for-the-rdn.ashx>

PRACTICE TIPS: Implementation Steps – Ordering Privileges for the RDN

<http://www.eatrightpro.org/~media/eatrightpro%20files/advocacy/practice-tips-implementation-steps-ordering-privileges-for-the-rdn.ashx>

Therapeutic Diet Orders: State Status and Regulation

<http://www.eatrightpro.org/resource/advocacy/quality-health-care/consumer-protection-and-licensure/therapeutic-diet-orders-state-status-and-regulation>

<p>Approved by:</p> <p>/s/ _____ Date _____ Michele Lovett RD, LD Chief Clinical Dietitian</p> <p>/s/ _____ Date _____ Monecca Smith MSN, RN AVP of Patient Care Services/CNO <i>Review/Revision Completed By: Clinical Nutrition</i></p>	<p>Review/Revision Date: 6/2/2008 8/20/09 03/26/10 7/1/2011 1/30/17 1/30/20 3/18/20</p>
<p>Next Review Date: 4/20/2023</p>	
<p>Policies Superseded by This Policy:</p>	