

PRACTICE TIPS: Hospital RDs and Nutrition (Diet) Order Writing

- 1. Hospital RDs do not need to have Hospital privileges to write nutrition (diet) orders.** Hospital RDs may utilize methods to accomplish nutrition (diet) order writing as determined by each Hospital and approved by its medical staff. The admitting MD/DO is the practitioner responsible for the care of the patient/client; this includes nutrition therapeutic diet order writing.
- 2. The current federal regulation for hospitals which has been in existence since 1986 and enacted via the Code of Federal Regulations (CFR) is as follows:**

§482.28(b)(1) - Therapeutic diets must be prescribed by the practitioner or practitioners responsible for the care of the patients.

Interpretive Guidelines §482.28(b)(1)

Therapeutic diets must be:

- Prescribed in writing by the practitioner responsible for the patient's care;
- Documented in the patient's medical record (including documentation about the patient's tolerance to the therapeutic diet as ordered); and
- Evaluated for nutritional adequacy.

In accordance with State law and hospital policy, a dietitian may assess a patient's nutritional needs and provide recommendations or consultations for patients, but the patient's diet must be prescribed by the practitioner responsible for the patient's care.

Survey Procedures §482.28(b)(1)

Verify that therapeutic diet orders are prescribed and authenticated by the practitioner(s) responsible for the care of the patient.

- 3. The Hospital Governing Body must approve the medical staff bylaws and other medical staff rules and regulations which may include RDs as one of the allied health professionals who are permitted to accept delegated MD/DO orders.** This allows the MD/DO to delegate to the RD to write an order for a therapeutic nutrition (diet) order or other pertinent orders such as applicable labs related to nutrition interventions, dietary supplements, or nutritional supplements.
 - a) Dietary supplements refer to nutrients, e.g. vitamins, minerals, amino acids, and herbs that are added to a patient's/client's diet when they are missing or not consumed in enough quantity.
 - b) Nutritional supplements refer to products that are used to compliment a patient's/client's dietary needs, e.g., enteral and parenteral products and meal replacement products.

4. **Hospital RDs build rapport with the MDs/DOs** to ensure that staff RDs and DTRs (credentialed dietetics practitioners) are recognized as the Hospital's source for nutrition care services and food management services.
5. **How should RDs work with MDs/DOs and nutrition (diet) orders?**
- a) For complex nutrition cases; i.e. a patient/client with multiple co-morbidities, Hospital RDs must complete the assessment, design the intervention plan, and contact the MD/DO with a report on the assessment, plan and recommended nutrition (diet) order and nutrition therapies/treatment. In some Hospitals, the MD/DO may actually write an order for an RD to complete a nutrition assessment and report on a recommendation. The RD must record in the EHR/written progress notes per Hospital procedure the RD's assessment and recommendation. After the RD's "report back" and consultation with the MD/DO, the MD/DO either concurs or denies the treatment plan and nutrition (diet) order and then gives the RD further instructions. The MD/DO may delegate to the RD to write the nutrition (diet) order. The RD writes the nutrition (diet) order and the MD/DO must co-sign this order written by the RD per Hospital policy/state law designated time frame (i.e. 24 or 48 hours).
 - b) Another scenario for complex nutrition cases is; i.e. a patient/client with multiple co-morbidities, the MD/DO may write an order for an RD to complete a nutrition care consult and write the nutrition (diet) order (the consult referral may mean to complete an assessment, intervention plan, and recommendation report). The RD must record in the EHR/paper progress notes the RD's assessment and recommendation and then write the nutrition (diet) order per Hospital procedures. The MD/DO must co-sign this order written by the RD per Hospital policy/state law designated time frame (i.e. 24 or 48 hours).
 - c) Most nutrition consults/assessments/plans/therapies/treatments requested in a MD/DO order to the RD are usually done because of patient/client complexities of conditions and chronic diseases and based on the medical diagnoses. Hence, the MD/DO requests the RD to provide a report recommendation for those complex nutrition cases. The MD/DO may then write an order for the RD to write the nutrition (diet) order or delegate to the RD to write the nutrition (diet) order. Again, the MD/DO must co-sign this order written by the RD per the Hospital policy/state law designated time frame (i.e. 24 or 48 hours).
 - d) RDs should not request the Hospital's Governing Body to approve in its medical staff bylaws and subsequent policies a general nutrition "service" for all patients/clients to receive dietary supplements or nutritional supplements. RDs must provide individualized patient/client-centered care and individualized nutritional counseling. The RD should contact the MD/DO to provide a nutrition care recommendation for those patients who are screened as requiring nutrition interventions that do not meet the original nutrition (diet)

order. The RD then provides further nutrition assessment, makes recommendations and contacts the MD/DO with the report for nutrition (diet) order modifications. The MD/DO may delegate to the RD to write the nutrition (diet) order for the implementation of the modified nutrition plan which may include the addition of a supplement. The MD/DO must co-sign this order written by the RD per Hospital policy/state law designated time frame (i.e. 24 or 48 hours).

6. What about disease-specific and condition-specific nutrition protocols?

- a) Protocols are usually written for the more complicated situations. Protocols help with providing timely care. Per the Hospital patient mix and core businesses, chronic diseases, and acute illnesses, the RD staff may decide on 3 to 4 disease-specific and condition-specific nutrition protocols that may be most beneficial to assist with implementing quality nutrition care. Keep it simple and accessible for the MD/DO to order one of the 3-4 nutrition established and medical staff approved protocols.
- b) To assist with selecting the appropriate nutrition protocols centered around diseases or conditions, RDs should study a number of variables during the process:
 - i. Consider the Hospital's average length of stay for patients/clients.
 - ii. Know the Hospital's patient mix and core businesses (e.g., orthopedic, cardiovascular, oncology). This information may also assist the RD staff with determining the Hospital's "formulary" of nutrition (diet) orders.
 - iii. Reflect on the percentage of Hospital patient/clients who are or are not in need of a nutrition assessment and nutrition intervention.
 - iv. Other questions the Hospital RD and Clinical Nutrition Manager should ask:
 - 1) What types of practice specific RD services are required (diabetes teaching, nephrology, oncology, pediatric/NICU, critical care, nutrition support), and how is competency demonstrated?
 - 2) How many board certified specialist RDs in gerontology, pediatrics, nephrology, oncology and sports dietetics are needed?
 - 3) Does the Hospital need RDs with certifications in nutrition support, exercise, and diabetes?
- c) A protocol example: MD/DO writes a nutrition (diet) order for "cystic fibrosis nutrition protocol". This means the MD has delegated authority for implementation of the protocol. The protocol should list what needs to happen for the patient/client (#1, #2, and #3, etc). The protocol may list orders for nutrition assessment, intervention plan, treatments, the types of diets, enzymes, and supplements based on parameters designed by the RD (incorporate all dietary and nutritional supplements).

- d) If the protocol designates the RD to write a nutrition (diet) order, including orders for supplements, the MD/DO must co-sign this order written by the RD per Hospital policy/state law designated time frame (i.e. 24 or 48 hours).

REFERENCES AND RESOURCES:

RDs in Hospital practice settings utilizing therapeutic diet and nutrition care order writing with or without Hospital privileges continue to be inspected through the Code of Federal Regulations as enforced by the Centers for Medicare & Medicaid Services (CMS), State Departments of Health, and, if accreditation applicable, by Accrediting Organizations (i.e.; The Joint Commission, American Osteopathic Association Healthcare Facilities Accreditation Program, DNV National Integrated Accreditation for Healthcare Organizations) who have been granted deeming authority by CMS.

Code of Federal Regulations – Title 42 – Public Health (42 CFR)

- Chapter IV pertains to the Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (DHHS)
 - Part 482 is the Condition of Participation for Hospitals (CoPs)
 - ✓ With its Interpretive Guidelines and Survey Procedures

42 CFR 482 CoPs affect RDs in the hospital practice setting:

1. 482.12: Condition of Participation: Governing Body

The Governing Body must....

- a) 482.12(a)(1) Determine, in accordance with State law, which categories of practitioners are eligible candidates for appointment to the medical staff
- b) 482.12(a)(2) Appoint members of the medical staff after considering the recommendations of the existing members of the medical staff
- c) 482.12(a)(3) Assure that the medical staff has bylaws
- d) 482.12(a)(4) Approve medical staff bylaws and other medical staff rules and regulations
- e) 482.12(a)(5) Ensure medical staff is accountable to the governing body for the quality of care provided to patients
- f) 482.12(a)(6) Ensure the criteria for selection are individual character, competence training, experience and judgment
- g) 482.12(c) Care of Patients; Every Medicare or Medicaid patient is under to the care of ...

2. 482.22 Condition of Participation: Medical Staff

- a) 482.22(b) Medical Staff Organization and Accountability
- b) 482.22(c) Medical Staff Bylaws

3. **482.23 Condition of Participation: Nursing Services**
 - a) 482.23(c) Preparation and Administration of Drugs – drugs and biological
 - b) 482.23(c)(2)(i) If verbal orders are used, they are to be used infrequently
4. **482.24 Condition of Participation: Medical Record Services**
 - a) 482.24(c)(1) - All patient medical record entries must be legible, complete, dated, timed, and authenticated in written or electronic form by the person responsible for providing or evaluating the service provided, consistent with hospital policies and procedures.
5. **482.28 Condition of Participation: Food and Dietetic Services**
 - a) 482.28(b)(1) Therapeutic diets must be prescribed by the practitioner or practitioners responsible for the care of the patients.

ADA Web site – Practice – Quality Management – www.eatright.org/quality

Locate Quality Management resources on the ADA Web site path as follows:

- Log onto the “For Members/ADA Member Center” with your member ID and Password; On the Left Green NAV select “Practice”; Hover to select “Quality Management”; then on the QM page - select “Practice Resources”, “Regulatory”, “State Resources”, “Licensure”, Accreditation Organizations”...
- Under “Practice Resources” – Select “Order Writing and Privileges”

Order Writing and Privileging

- [Practice Applications: Therapeutic Diet Orders](#) (September 2009 *Journal*)
 - [Ask Questions: Therapeutic Diet Orders](#) (Summer 2009 *ADA Times*)
 - [Clinical Privileging: What It Is ... and Isn't](#) (March 2009 *Journal*)
 - [Government Regulations and the Profession of Dietetics](#) (August 2006 *Journal*)
- Under “Regulatory” – Select “Centers for Medicare and Medicaid Services”

Centers for Medicare and Medicaid Services (CMS)

- [Medicare State Operations Manual Appendix](#) – Hospital – 370 Page document
- [CMS Memos from Survey and Certification Group](#)
 - Centers for Medicare and Medicaid Services (CMS) has issued the following memo:
 - [Verbal Orders](#) (Requirements for History and Physical Examinations; Authentication of Verbal Orders February 2008)