



DEPARTMENTAL POLICY & PROCEDURE

Entity Name & Region: Clinical Nutrition Service-WR

Subject: Guidelines For The Issuance Of Enteral Formula As Take Home Supply

Dates: Original August 2000 Version 1

Effective: August 2012

Reference: 028010-08 Version-7

Replaces Number: NUT-01-01-08 Version 6

Targeted Employees/Departments: Clinical Nutrition Services, Logistic Department, Medical & Nursing Staff

1. Purpose:

- 1.1 To establish the policy and procedures for the control of prescribing and dispensing of take-home of enteral formula to discharged patients, Home Health Care Patients, or eligible patients who have visited the Outpatient clinics at King Abdu-Aziz Medical City-Jeddah (KAMC-J).
- 1.2 To provide guidelines for writing prescriptions for the issuance of Enteral Formula for adult and pediatric patients.

2. Definitions:

- 2.1 **Business Center Patients:** are either self-paying patients or ineligible National Guard Health Affairs (NGHA) patients who are either insured or credit patients.
- 2.2 **Discharge Planning:** is a multidisciplinary process aimed at maximizing hospital resources to ensure optimal patient care from the pre-admission and/or admission setting until after discharge. The process requires the development of a plan that facilitates a timely and safe discharge in considering the patient's medical, psychosocial and financial needs.
- 2.3 **Eligibility:** refers to the appropriateness of acceptance and retention of patients for medical care within the Program.
- 2.4 **Nasogastric Feeding Tubes:** is a medical device passed through the nares (nostrils) into the esophagus and stomach used to provide nutrition to patients who cannot obtain nutrition by swallowing (*Krause's Food & Nutrition Therapy-12th Edition, 2008*).
- 2.5 **Enteral Formula:** is the term used for nutritional supplements recommended for undernourished and specific disease condition patients either by oral or tube feeding (*Krause's Food & Nutrition Therapy-12th Edition, 2008*).
- 2.6 **Feeding Pumps:** is a mechanical device using suction or pressure to raise or move liquids (milk and water) into inflatable objects.
- 2.7 **Percutaneous Endoscopic Gastrostomy (PEG):** is a medical device passed through the skin and the stomach wall, directly into the stomach used to provide nutrition to patients who cannot obtain nutrition by swallowing.



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2.8 QuadraMed Computerized Patient Record (QCPR): is electronic documentation system.

3. Policy Statements:

- 3.1** Clinical Dietitians are the only responsible persons in issuing enteral formula as Take Home Supplies.
- 3.2** It is the policy of the Clinical Nutrition Services at KAMC-J to provide a limited supply of enteral formula take home supplies to all eligible patients in order to ensure continuation of treatment and optimization of care.
- 3.3** The Central Stores will issue enteral formula supplies based on the written directive of the Clinical Dietitian to the patient.
- 3.4** The Chief Clinical Nutrition Services will suggest state how often the update is provided and update Central Stores/ Materials Management with the list of approved Clinical Dietitian's names and signatures.
- 3.5** The appropriate Take Home Supply Form will be used to request enteral formula supplies.
- 3.6** Self-paying patients will be issued with an enteral formula supply not exceeding one (1) month, the cost of which should be billed to the account of the patient according to the rates established by the Business Center. Patients must secure the required invoice before proceeding to the Central Store to pick up their supply.
- 3.7** Non-NGHA eligible patients for certain diseases will be assessed by the Social Services Department as a "needy patient" and within 24 hours of assessment approval from the Deputy Executive Director, Medical Services must be obtained before of enteral formula supplies are issued.



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4. Procedures:

4.1. Inpatients:

4.1.1 The attending Clinical Dietitian will authorize commencement of the procedure for the issuance of a minimal supply of enteral formula by editing an order in the electronic System (QCPR)-Clinical Dietitian Record.

4.1.2 Requests will be made for a minimal quantity of enteral formula that in the judgment of the Clinical Dietitian will ensure continuity of treatment and nutrition supply for a period of not exceeding thirty (30) days or until the patient is scheduled for appointment with the Clinical Dietitian whichever is sooner.

4.1.3 Enteral formula supplies refill may be considered for chronically ill or disabled patients after the approval of the Clinical Dietitians as justified by the patient clinical condition, and must not exceed thirty (30) days.

4.1.4 The Clinical Dietitian will refer to and be aware of the enclosed listings of items for issuance (Appendix).

4.1.5 The lists of enteral formula take home supplies are stipulated/ classified as items restricted to Clinical Dietitian prescribing.

4.1.6 The Clinical Dietitians will prepare a request for Central Stores using the Take Home Supply form based on the electronic system (QCPR)-Clinical Dietitian Record.

4.1.7 The Clinical Dietitian caring for the patient, together with the multidisciplinary care team, will instruct the patient and or family/carer on the enteral formula supply, its use and needs prior to patient discharge.

4.2. Outpatients:

4.2.1 Physicians are authorized to write the initial referral for enteral formula to the Clinical Dietitian at outpatient clinics, stating the patient's diagnosis and reason for the issuance enteral formula the patient requires.



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4.2.2 Upon receipt of the referral from the physicians or Clinical Dietitian will perform a further assessment to identify the (justification) and (quantity) of enteral formula the patient requires according to the availability in our Central Store Outpatient can also formally be assessed by the Dietitian.

4.2.3 Discharged patients or those who have visited the clinics will present the regular signed Take Home Supply Form with approved enteral formula items by the Clinical Dietitian to the front desk in Central Stores and the following information must be legible:

4.2.3.1 Diagnosis of the Patient (Medical and Nutritional).

4.2.3.2 Patient's eligibility based on the letter of Exception.

4.2.3.3 Printed Medical Record Number of the patient.

4.2.3.4 Nutrition Department Cost Center.

4.2.3.5 Oracle Number of Items.

4.2.3.6 Item Description & Instruction.

4.2.3.7 The Size of the Items (___ml/gm).

4.2.3.8 Quantity Prescribed with Specific Number of Units (for example: cans or boxes).

4.2.3.9 Authorized Clinical Dietitian's Name.

4.2.3.10 Authorized Clinical Dietitian's Signature.

4.2.3.11 Authorized Clinical Dietitian's Badge Number.

4.2.3.12 Date of Issuance.



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4.2.4 The Clinical Dietitian should issue to supplies for one (1) month supply for those eligible Jeddah residents, two (2) months supply for those patients living outside Jeddah.

4.2.5 The eligible patient will take the completed original Take Home Supply Form signed by the Clinical Dietitian and present the form to the Central Stores staff.

4.2.5.1 The Clinical Dietitian will take the second copy for endorsement to the Administration Assistant of the Clinical Nutrition Department.

4.2.6 Before issuing any enteral formula item, the Central Store will verify the following:

4.2.6.1 The signature of the Clinical Dietitian by comparing in the lists of updated Clinical Dietitians specimen signature which will be provided by the Chief Clinical Nutrition Services.

4.2.6.2 Patient's eligibility based on the letter of Exception.

4.2.6.3 Validity of patient card.

4.2.6.4 That the receipt for the deposit is made at the business center (if applicable)

4.2.6.5 Medical Record Number of the patient

4.2.6.6 All enteral formula Items are restricted to Clinical Dietitians.

4.2.6.7 Nutrition Department Cost Center.

4.2.6.8 Number of Items.

4.2.6.9 Oracle Number of Items.

4.2.6.10 Item Description & Instruction.

4.2.6.11 The Unit of the Items (___ml/gm).



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4.2.6.12 Quantity Prescribed.

4.2.7 The Central Store staff will not provide instructions to the patients and or family/carer on enteral formula item issued but will refer the patient to the Clinical Dietitian.

5. Equipment/Forms:

5.1 Take Home Supply Form.

5.2 Addressograph White Card.

5.3 Addressograph Machine.

6. Related References:

6.1 American Dietetic Association www.eatright.org

7. Appendices:

7.1 Take Home Supply Form.

7.2 List of Enteral Formula Items.

7.3 Approved Lists of Updated Clinical Dietitians Specimen Signatures

8. Recommendations:

None