



DEPARTMENTAL POLICY & PROCEDURE

Entity Name & Region: Clinical Nutrition Service-WR

Subject: Patient Initial Assessment, Follow up & Reassessment by Clinical Dietitian

Original Date: Version 1 August 2012

Effective Date: August 2012

Reference: 028010-11 Version-1

Replaces Number: New

Targeted Employees/Departments: Clinical Nutrition Services Staff, Medical and Nurses Staff

1. Purpose:

1.1. To define the process by which the Clinical Dietitian assess, follow up and reassess patients.

2. Definitions:

2.1 DPP: is an acronym for Departmental Policy & Procedure.

2.2 KAMC-J: King Abdulaziz Medical City Jeddah, including King Khalid Hospital.

2.3 QCPR: QuadraMed Computerized Patient Record

2.4 Nutrition Screening: is an interdisciplinary process which involves gathering pre-established data from the medical record, (QCPR) System, or by brief patient interview. The collected data is then evaluated to determine if the patient is nutritionally compromised or at risk for malnutrition. This is to ensure that the provision of the highest quality of nutritional care is based on the criteria developed by the dietitian and the interdisciplinary care team.

2.5 Nutrition Care Process (NCP): is a systematic problem solving method that dietetic professionals use to critically think and make decisions to address nutrition related problems and provide safe and effective quality nutrition care.

2.6 Nutrition Assessment: is the first part of medical nutrition therapy and is a systematic process of obtaining, verifying and interpreting data (laboratory results, anthropometric, physical and dietary) in order to make decisions about the nature and cause of nutrition-related problems.

2.7 Nutrition Diagnosis: involves the identification and categorizing that describes an actual occurrence of, a risk of or potential for developing nutritional problems that dietetic professionals are able to treat independently. A nutrition diagnosis provides a link to setting realistic and measurable goals, identifying expected outcomes, selecting appropriate interventions and monitoring progress towards attaining those expected outcomes.

2.8 Nutrition Interventions: are purposefully planned actions to change a nutrition related behavior or risk factor. It involves selecting, planning and implementing appropriate actions to meet the patient's nutrition needs and is driven by the nutrition diagnosis and provides the basis upon which outcomes are measured and evaluated.



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2.9 Nutrition Monitoring and Evaluation: Monitoring refers to the review and measurement of a patient's status at pre-planned follow-up points with regard to the nutrition diagnosis, intervention goals and outcomes. Evaluation is the systematic comparison of current findings with previous status intervention goals or using cited sources used at KAMC-J. The purpose of monitoring and evaluation is to determine the degree to which progress is being made and goals or desired outcomes of nutrition care are being met.

2.10 Nutritional reassessment: is conducted periodically according to the acuity of nutritional status.

3. Policy Statements:

3.1 The initial Clinical Dietitian assessment process may identify a need for additional services and information such as, but not limited to:

- 3.1.1** Nutrition Screen by nursing for risk or presence of malnutrition
- 3.1.2** Reason for Referral
- 3.1.3** Medical Diagnosis & Procedure
- 3.1.4** Physical Examination Findings
- 3.1.5** Anthropometric Measurements
- 3.1.6** Diet History
- 3.1.7** Food Drug Interactions
- 3.1.8** Biochemical data

3.2 The mechanism for referral to Clinical Dietitian initiated consultations must be defined based on the patient's nutrition status and need for continuing nutrition care or services.

3.3 All Clinical Dietitian assessments must be completed and documented in the clinical record in the electronic system QCPR within 24hours of the initial assessment.



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3.4 To facilitate communication with other members of the healthcare team, a summary of Clinical Dietitian's plan of care must be available and visible in the Interdisciplinary Patient's Care Plan section in the electronic system QCPR.

3.5 Clinical Dietitians provide Clinical Nutrition Services through the Nutrition Care Process (NCP) as described by American Dietetic Association (ADA). The NCP includes Nutritional Assessment, Nutrition Diagnosis, Nutrition Intervention, Monitoring and Evaluation (Refer to DPP-028010-03 Version-7- Clinical Dietitian Record Content & Documentation Standards: Nutrition Care Process).

4. Procedures:

4.1 Assessment of patient's nutritional status:

4.1.1 All adults and pediatric patients will have a nutrition screening accomplished by the Nursing Unit via electronic system QCPR Nursing Admission Assessment access.

4.1.2 To check nutrition referral through electronic system QCPR to prioritize patients who are referred for further dietary assessment and those who are nutritionally at risk.

4.2.1 Patient (Pediatric and Adult) nutritionally-at-Risk: is a patient considered at nutritional risk if any one of the following is present:

4.2.1.1 Involuntary loss or gain of:

4.2.1.1.1 10% of usual body weight, within 6 months

4.2.1.1.2 Or more than 5% of usual body weight in 1 month

4.2.1.1.3 Or a weight of 20% over or under ideal body weight)

4.2.1.2 Presence of chronic disease, or increased metabolic requirements.

4.2.1.3 Altered diets or diet schedules (receiving total parenteral or enteral nutrition, recent surgery, illness, or trauma).



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4.2.1.4 Inadequate nutrition intake including not receiving food or nutrition products (impaired ability to ingest or absorb food adequately) for > 7 days.

4.2.2 Nutritional services receive referrals between 0800 hours to 16:00 hours during week days from 08:00-16:00 (weekend) the dietitian will be available in the hospital to see referrals (Refer to DPP-028010-04 Version-7-Referral System for Nutrition Consultation)

4.3 Assessment of patient's nutritional status: Timing and frequency shall be as:

4.3.1. For Critical Care Patients on Tube Feeding:

4.3.1.1 Initial Assessment: within twenty-four (24) hours of receiving referral.

4.3.1.2 Follow up & Reassessment after Initial assessment: every three (3) days

4.3.2. For Non-Critical Care Patients on Tube Feeding/On Therapeutic Diet/On Regular Diet/On Food Preferences:

4.3.2.1 Initial Assessment: within twenty-four to forty-eight (24- 48) hours of receiving referral.

4.3.2.2 Follow up and Reassessment after Initial assessment: every five (5) days.

4.3.3. For Non-Critical Care Long-Term Patients on Tube Feeding/On Regular Diet:

4.3.3.1 Initial Assessment: within twenty-four to forty-eight (24- 48) hours of receiving referral.

4.3.3.2 Follow up and reassessment after initial assessment: every two (2) weeks.



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5. Equipment/Forms:

5.1. Clinical Nutrition Departmental Form – QCPR.

6. Related References:

6.1 DPP- Referral System for Nutrition Consultation-028010-04 Version 7

6.2 DPP- Nutrition Care Process-028010-03 Version 7

6.3. American Dietetic Association www.eatright.org

6.4. American Dietetic Association Nutrition Care Process, 2011.

6.5. American Dietetic Association Evidence Based Guides for Practice, 2011.

7. Appendices:

7.1 [All related documents that must be included with this DPP for immediate reference.]

8. Recommendations:

None