Nutrition TO IMPROVE OUTCOMES

“Feed the Patient” – A Barrier Removed

Feeding the patient is paramount to battling malnutrition in hospitalized patients. Although “feeding the patient” sounds simplistic, many complexities stand in the way of consistently meeting the nutritional needs of the patient. However, one of the hurdles in the path to proper nutrition was recently removed. Registered Dietitian Nutritionists (RDNs)* were granted the ability to prescribe therapeutic diets for nutritionally at-risk and malnourished patients. This prescribing authority provides Registered Nurses (RNs) with an additional pathway to facilitate “feeding the patient.”

The Centers for Medicare and Medicaid Services (CMS) issued a final rule enabling RDNs in the hospital setting the ability to independently order therapeutic diets effective July 11, 2014. Currently, this rule change only applies to hospitals and critical access hospitals, not long-term care facilities or other care settings. The Academy of Nutrition and Dietetics is working diligently with CMS to get nutritional prescriptive authority for RDNs expanded to these additional care settings. The specific CMS Condition of Participation is “Food and Dietetic Services (section 482.28)” (Federal Register, 2014). The new wording says, “all patient diets, including therapeutic diets, must be ordered by a practitioner responsible for the care of the patient, or by a qualified dietitian or other clinically qualified nutrition professional as authorized by the medical staff and in accordance with State law.” The rule allows qualified RDNs to write therapeutic diet orders. This includes enteral and parenteral nutrition, because CMS considers “all patient diets to be therapeutic in nature, regardless of the modality used to support the nutritional needs of the patient” (Federal Register, 2014). The finalized rule does include the ability of the RDN to order labs if the hospital’s governing body approves this. Because there will still be diagnostic tests or additional labs that are needed that the RDN is not privileged to order, the RDN still needs to consult with other qualified health care providers in order to obtain such tests.

This new nutritional prescriptive authority of RDNs means that RNs have an enhanced opportunity to partner with other health care providers to provide optimal nutritional health for patients. Collaborating with RDNs on a daily basis and identifying nutritional needs can more readily convert into a therapeutic nutrition plan. Nurses have the opportunity to share weights, percent of meal intake, and overall nutritional status with RDNs in multiple venues. Capitalizing on huddles and care coordination sessions to communicate the patient’s tolerance of nutritional intake with insights into patient nuances creates the necessary team approach. Actively engaging RDNs in the plan of care will have new benefits. With additional health care providers available to prescribe nutrition, patients will be fed an appropriate diet sooner. Nurses will be able to help move patients toward wellness more quickly through this alignment. Increasing the likelihood of patients receiving therapeutic nutrition intervention within a shorter time frame removes an obstacle to “feeding the patient” and decreases malnutrition.

Reference

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Editor’s Note: In the May/June issue of MedSurg Matters!, we published an article, “New Safety Standards to Prevent Patient Tubing Misconnections,” which reported on new enteral connectors that were to be available this fall. The release of these connectors has been pushed back to January 2015. For more information, visit www.stayconnected2014.org.