Standards of Practice for Nutrition Support Dietitians

American Society for Parenteral and Enteral Nutrition, Board of Directors

Introduction
The American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.) is a professional Society of physicians, nurses, dietitians, pharmacists, and nutritionists committed to promoting quality patient care, education, and research in the field of nutrition and metabolic support in all health care settings. The diversity of our membership emphasizes both the importance of good nutrition in clinical practice and the necessity for a team approach. These “Standards for Nutrition Support Dietitians” represent an update of a similar 1990 set of standards from A.S.P.E.N. The activities described in this document also reflect information obtained from a 1997 survey of practice activities performed by board-certified nutrition support dietitians.1

A.S.P.E.N. has developed these standards as the general guidelines for registered dietitians in the provision of specialized nutrition support. Their application in any individual case should be determined by the best judgment of the professional. The standards represent a consensus of A.S.P.E.N.’s members as to the range of activities (as appropriate to the individual's position, education, and practice environment) a Nutrition Support Dietitian may perform at the minimal level of practice necessary to assure safe and effective enteral and parenteral nutrition care. Use of the word "shall" within this document indicates standards strictly to be followed to conform to the standard; use of "should" indicates that among several possibilities one is particularly suitable, without mentioning or excluding others or that a certain course of action is preferred but not necessarily required. "May" is used to indicate a course of action that is permissible within the limits of recommended practice.

These standards do not constitute medical or other professional advice and should not be taken as such. To the extent that the information published herein may be used to assist in the care of patients, this is the result of the sole professional judgment of the attending health professional whose judgment is the primary component of quality medical care. The information presented in these standards is not a substitute for the exercise of such judgment by the health professional.

These standards have been developed, reviewed, and approved by the A.S.P.E.N. Dietetics Practice Section and the A.S.P.E.N. Board of Directors.

These Standards of Practice for Nutrition Support Dietitians (NSDs) should be used in conjunction with the following publications:


Chapter I: Scope of Practice

As the importance of specialized nutrition support continues to be recognized, and the technology of enteral and parenteral nutrient delivery advances, the role of the NSD continues to expand. The NSD’s role has clearly emerged as a specialty practice within professional dietetics. The goal of the NSD, working in conjunction with other health care professionals, which include a pharmacist, a nurse, and a physician, is to support, restore, and maintain optimal nutritional health for those individuals with potential or known alterations in nutritional status.

The NSD is a registered dietitian with clinical expertise or credentialing in nutrition support obtained through education, training, or experience in this field. The NSD assures optimal nutrition support through (a) individualized nutrition screening and assessment; (b) development of a medical nutrition therapy (MNT) care plan and its implementation; (c) monitoring and reassessment of an individual’s response to the nutrition care delivered; and (d) development of a transitional feeding care plan or termination of a nutrition support care plan, as appropriate. Other activities may include management of nutrition support services, including developing policies and procedures and supervising personnel and budgets; recommending and maintaining enteral and parenteral formularies; evaluating equipment for enteral feeding delivery; participating in nutrition support committees; and assuring optimal reimbursement for nutrition support activities.

The NSD should provide or assist with the education and training of patients, caregivers, and health care professionals concerning theories, principles, and practices of specialized nutrition support. Furthermore, the NSD may take an active role in research activities to include participation in or generation of research and outcomes studies, with evaluation, interpretation, and application of research results.

The NSD may practice in a variety of settings (eg, acute and subacute facilities, ambulatory/outpatient clinics, long-term care facilities, home care) for all age groups and across all developmental stages along the continuum of care. The NSD may not always work with a formal nutrition support service because the NSD practice may vary on the basis of the individual’s position and practice environment, allowing the NSD to have independent, interdependent, and collaborative functions.

Standard 1: Competency

The NSD shall demonstrate competence to practice nutrition support. Education, knowledge, experiences, and abilities shall circumscribe the NSD’s competence.

Intent of Standard

The practice of nutrition support varies with the specialty practice of the dietitian (eg, critical care, pediatrics, home care). Minimum qualifications are required of all dietitians who practice nutrition support and include:

1.1 Current, valid registration to practice as a professional Registered Dietitian in the United States of America by the Commission on Dietetic Registration (CDR).

1.2 A current, valid license or certification to practice professional dietetics in those states with regulatory requirements.

1.3 Documentation of three or more of the following:
1.3.1 Certification by the National Board of Nutrition Support Certification, Inc as a Certified Nutrition Support Dietitian (CNSD);

1.3.2 Formal education, training, or continuing professional education in nutrition support;

1.3.3 A minimum of 30% to 50% professional practice time devoted to the practice of nutrition support;

1.3.4 Participation in the health care institution's nutrition support activities;

1.3.5 Membership in professional societies devoted to nutrition support.

Chapter II: Standards of Care

Standard 2: Screening and Assessment

The NSD shall work in collaboration with other health care professionals to assess the nutritional state of a patient.

Intent of Standard

The intent of assessing nutritional state is to establish baseline subjective and objective nutritional parameters, identify nutrition deficits, and determine nutritional risk factors for individual patients. The assessment of nutritional requirements establishes daily energy, macronutrient, micronutrient, and fluid requirements, based on subjective and objective findings. Nutrition assessment is documented in the medical record to facilitate subsequent communication, monitoring, and quality improvement.

2.1 The NSD may participate in the collection of data to determine if individuals are nutritionally-at-risk.

2.1.1 The NSD works with other health care professionals to ensure that a mechanism for nutrition screening and rescreening, with established criteria for identifying a patient who is or may become malnourished, is operational and effective. The screening may include the patient's age, gender, diagnosis, past medical/surgical history, weight history or growth history, history of nutrient intake, special dietary requirements, current use of specialized nutrition support, drug-nutrient interactions, and food allergies; the ability to obtain food; and any factors that may interfere with nutrient intake.

2.1.2 The NSD should assure that results of the nutrition screening are documented in the medical record.

2.2 All patients who are classified as nutritionally-at-risk should undergo a comprehensive assessment. The NSD should review the medical and nutrition history and evaluate the following:

2.2.1 Anthropometric measurements;

2.2.2 Physical assessment (eg, fluid balance, functional status, clinical signs of malnutrition);

2.2.3 Biochemical indices;

2.2.4 Clinical factors that may interfere with ingestion of optimal nutrients (mechanical, physiologic, or psychological);

2.2.5 Alterations in digestion, absorption, or metabolism of nutrients;
2.2.6 Dietary intake history, including consumption of nutrition/herbal supplements;

2.2.7 Medication usage (both physician-prescribed and self-prescribed);

2.2.8 Socioeconomic status and access to medical care.

2.3 The NSD shall complete a quantitative and qualitative nutrition assessment before initiation of specialized nutrition support. This includes:

2.3.1 Determination of nutrient and fluid needs based upon the patient's resting energy expenditure, activity, hemodynamic status, metabolic demands, disease state and treatment, organ system function, current nutritional state, medications, and goals of medical nutrition therapy;

2.3.2 Documentation of the results of nutrition assessment and recommendations in the medical record with appropriate communication to the health care team.

Standard 3: Medical Nutrition Therapy Care Plan

The NSD shall share in the development of a medical nutrition therapy care plan based on the results of the nutrition assessment.

Intent of Standard

Patient-specific outcomes are achieved through the implementation of the nutrition care plan. Goals are defined, documented, monitored, and modified to facilitate the most efficient and effective clinical outcome(s). The medical nutrition therapy care plan addresses the specific patient needs identified in the nutrition assessment and serves as a guide to all health care professionals who collaborate in the care of the patient. All medical nutrition therapy care plans should be based on the most current medical evidence as it pertains to each patient’s disease state and clinical condition.

3.1 The NSD shall establish a medical nutrition therapy care plan based upon the results of the comprehensive nutrition assessment.

3.2 The NSD shall recommend the appropriate route of nutrition support based upon the patient’s current medical condition. The recommendation shall provide the assessed nutrient and energy requirements and should ideally achieve nutrition objectives safely and cost-effectively.

3.2.1 The gastrointestinal (GI) tract should be used when there is no contraindication.

3.2.2 Parenteral nutrition should be initiated when nutrient and energy needs cannot be met by the enteral route.

3.2.3 The route of nutrition support should be reassessed periodically during the course of therapy, as indicated by the patient’s physiologic/anatomic condition or response to therapy.

3.3 The NSD may recommend, write orders, or obtain verbal orders for enteral and parenteral formulations (as guided by professional licensure or delineated by clinical privileges of an institution); and adjust regimens on the basis of response to therapy, clinical condition, and nutritional parameters. The nutrition formulation recommended/selected shall be appropriate for the medical condition and estimated nutrient and energy needs and compatible with the route of access.

3.3.1 The medical nutrition therapy care plan should include recommendations for oral diets, enteral tube feedings, and parenteral formulations as appropriate.
3.3.2 The selection of disease-specific solutions should be based on established criteria.

3.3.3 Feeding formulations should be tailored to current medical condition constraints and clinical status that affect tolerance and nutrient utilization.

3.3.4 Recommendations for feeding formulations should be made with consideration of compatibility issues.

3.3.4.1 Enteral formulations: addition of modular nutrients and medications with regard to physical compatibility and drug-nutrient interactions.

3.3.4.2 Parenteral formulations: compatibility issues per the National Advisory Group’s Safe Practices for Parenteral Feeding Formulations.4

3.3.5 When similarly effective preparations that meet patient nutrient requirements are available, the most cost-effective product shall be selected.

3.4 The NSD shall provide and document education/information regarding nutrition support techniques and nutrition intervention to the health care team, patient, or caregiver to assist them in making informed decisions before initiating therapy.

3.4.1 Short- and long-term goals of medical nutrition therapy should be established and re-evaluated.

3.4.2 Educational needs of the patient and caregiver should be evaluated and met accordingly.

3.4.3 Medical necessity for specialized nutrition support in alternative sites should be documented.5

3.4.4 The individual’s progress toward achieving nutrition goals should be detailed in the medical record and communicated to appropriate health care professionals.

Standard 4: Implementation

The NSD shall participate in the implementation of a medical nutrition therapy care plan to ensure appropriate, safe, and cost-effective nutrition care.

Intent of Standard
Provision of nutrition care may involve many health care professionals. The NSD may be involved at several levels of the medical nutrition therapy care plan implementation, dependent upon job responsibilities, professional licensure, and credentialing and delineated by clinical privileges of an institution.

4.1 The NSD shall participate in an interdisciplinary process for recommendation of placement and management of enteral access devices.

4.2 The NSD with specialized training, demonstrated competency, and delineated clinical privileges may place nasoenteric access devices.

4.3 The NSD with specialized training and delineated clinical privileges may recommend or perform proper maintenance of enteral feeding devices (eg, tube patency) and tube site care.

4.4 The NSD may recommend placement of access devices for parenteral nutrition.
4.5 The NSD should assure that enteral formulations are prepared according to established
guidelines (Hazard Analysis Critical Control Point) for safe, aseptic, and effective nutrition
therapy.

4.5.1 The NSD shall assure that enteral feeding formulations are prepared to prevent
contamination and incompatibility of ingredients (eg, medications, modular components).

4.5.2 The NSD shall assure that written guidelines for the preparation and storage of enteral
feeding formulations are maintained, to include proper labeling (eg, including patient’s name,
type of formula, and date the formula expires). Policies and procedures shall specify
allowable hang time for enteral formulations.

4.6 The NSD shall verify that specialized nutrition support is administered in accordance with
the prescribed medical nutrition therapy care plan and consistent with patient tolerance.

4.7 The NSD should participate in the monitoring of written orders for specialized nutrition
support by verifying comprehension of written orders with other health care professionals to
minimize errors in formulation composition or administration.

4.8 The NSD should collaborate with other members of the health care team to develop
protocols that ensure the administration and delivery of safe and effective nutrition support to
provide optimal patient care.

4.8.1 Protocols will be established and should include guidelines for administration,
monitoring, and infection control.

4.8.2 Protocols will be reviewed regularly to ensure that they are consistent with current
knowledge of feeding formulations and access devices.

Standard 5: Monitoring

The NSD, in collaboration with other members of the health care team, shall monitor and
evaluate the patient’s clinical status, the effectiveness and appropriateness of medical
nutrition therapy, and progress toward attainment of desired outcomes. The NSD shall
participate in the development and implementation of policies and procedures for monitoring
patients receiving specialized nutrition support.

Intent of Standard

Patient monitoring is essential for determining the success of the medical nutrition therapy
care plan. It is imperative in the evaluation of the patient’s progress toward fulfilling the
medical nutrition therapy goals.

5.1 The NSD, with interdisciplinary collaboration, shall monitor the clinical and metabolic
response to specialized nutrition support to provide a basis for modifying the medical nutrition
therapy care plan. The evaluation shall include use of multiple sources of data, including
patient interview, medical records, clinical and nutritional status, laboratory indices, and
discussion with caregivers as appropriate.

5.1.1 The NSD’s role in monitoring patients may include any of the following: A nutrition-
focused physical examination (including but not limited to signs of fluid, energy, or nutrient
depletion or excess); inspection of nutrition access devices; assessment of adequacy of
nutrient intake (eg, oral, enteral, parenteral); evaluation of weight changes; fluid balance;
acid/base balance; review of pertinent, nutrition-related laboratory data; review of
medications; assessment of organ function and hemodynamic status; tolerance of nutrition
therapy (see 5.4.1); substrate tolerance (eg, glycemic control, triglyceride levels); evaluation
of appropriateness of medical nutrition therapy (use of oral, enteral, or parenteral route);
scheduling of formula administration; transitional feeding; functional performance status; and
discontinuation of therapy.
5.1.2 The NSD shall monitor patients for physical, social, psychological, cognitive, and environmental factors that may influence the response to nutrition support.3

5.1.3 The NSD shall evaluate and document drug-nutrient and nutrient-nutrient interactions in order to minimize adverse side effects.

5.2 The NSD shall be involved in the development of protocols for timely review and documentation of the patient’s clinical, metabolic, and nutritional status.

5.3 The NSD, based upon delineated clinical privileges, may recommend or order laboratory tests and other monitoring methods (eg, intake and output, body weight measurements, blood gases) necessary for evaluating and adjusting the medical nutrition therapy care plan.

5.4 The NSD shall document that the feeding formulation progresses toward or meets the nutrient needs of the patient. Feeding formulation progression will be based on patient tolerance.

5.4.1 GI tolerance to the initiation and advancement of tube feedings should be reviewed. GI tolerance includes evaluation of stool frequency and consistency, gastric residuals, reflux, abdominal distention, presence or quality of bowel sounds, presence of flatulence, aspiration, nausea, vomiting, and malabsorption. Recommendations for alteration in the feeding plan (route, formula, amount) based on GI tolerance should be made as appropriate.

5.4.2 The frequency of monitoring shall increase for patients who are critically ill, have debilitating diseases or infections, are at risk for refeeding syndrome, or are transitioning between parenteral, enteral (tube), and oral nutrition.3

5.5 The NSD should recommend adjunctive services for optimization of nutrition care (eg, physical, occupational, or speech therapy; social services; psychology; or dental services) as indicated.

5.6 The NSD should evaluate compliance of patient, family, and health care professionals with nutrition care protocols or medical nutrition therapy plans.

5.7 The NSD shall document results of the evaluation in the medical record and communicate them to the appropriate health care professionals. The plan of care shall be reviewed and modified accordingly. Modifications of energy or nutrient delivery to the patient will be based upon the specific disease state, current clinical condition, medical/surgical therapy, nutritional status, and the anticipated duration of inadequate oral intake or need for specialized nutrition support.

Standard 6: Reassessment, Updating, and Termination of Medical Nutrition Therapy Care Plan

The NSD will participate in the reassessment and updating of the medical nutrition therapy care plan and changes in stated goals of the patient and family when appropriate. Reassessment promotes the continued provision of adequate and appropriate nutrition support.

Intent of Standard
The NSD plays a key role in reassessment and transitioning the patient between the different methods of nutrient delivery. The nutritional regimen is modified as dictated by the patient’s clinical status and monitoring parameters. Determining the optimal mode of nutrient delivery, evaluation of nutrient consumption, and identifying the appropriateness of termination of specialized nutrition support is important for providing optimal and cost-effective patient care.
6.1 The NSD shall monitor the transition from parenteral to enteral (tube) nutrition/oral diet, from enteral (tube) nutrition to an oral diet, and for the termination of specialized nutrition support.

6.1.1 Parenteral nutrition should not be discontinued until a desired amount of energy, nutrient, and fluid requirements are met and documented by enteral intake.

6.1.2 Enteral (tube) nutrition should not be discontinued until a desired amount of energy, nutrient, and fluid requirements are met and documented by oral intake.

6.1.3 Recommendations should be made for the gradual decrease or cycling of parenteral nutrition or enteral (tube) nutrition in order to maintain adequate energy and nutrient delivery.

6.2 The NSD shall assure and document adequacy of energy and nutrient intake (approximately 60% of estimated requirements) before discontinuing parenteral or enteral nutrition support and progressing to the next stage of nutrition intervention (eg, oral diet).

6.2.1 A quantitative and qualitative estimate of intake should be determined.

6.2.2 Tolerance of enteral (tube) nutrition should include assessment of GI function (see 5.4.1); adequacy of energy, nutrient, and fluid intake; and metabolic status.

6.2.3 Tolerance of adequate oral intake and consistency of foods should include assessment of sucking ability in infants, chewing or swallowing difficulties, gag reflex, pain with eating, changes in elimination patterns, and GI function.

6.2.4 If appropriate, oral nutrition supplements should be recommended to improve oral nutrient intake.

6.3 The NSD shall play an active role in facilitating communication of the patient/resident/client's nutrition care plan between care sites to assure continuity of care.

6.4 The NSD shall assist with decisions regarding termination of specialized nutrition support when clinically indicated or when an advance directive is activated.

6.4.1 Protocols shall be developed that address the termination of nutrition support for patients with irreversible neurologic damage, metastatic and untreatable cancer, severe intractable end-organ failure, or other conditions not likely to benefit from nutrition therapy. Patients or their durable power of attorney for health care should be involved in the decisions regarding the withdrawal of specialized nutrition support.

6.4.2 Protocols should provide latitude of clinical judgment in permitting the discontinuation of specialized nutrition support in accordance with local practice standards and current local, state, and federal law.

Chapter III: Management of Nutrition Support Services

Standard 7: Administrative Management

The NSD may provide administrative management of the nutrition support program. The NSD may participate in management activities, to include directing the nutrition support service, as appropriate to the individual's job responsibilities, education, and practice environment.

Intent of Standard
The NSD may contribute to the development of practice guidelines and institutional policies and procedures that ensure that a patient receives an appropriate nutrition care plan and safe delivery of parenteral and enteral nutrition support.
7.1 The NSD shall participate in the development of policies and procedures (guidelines for use) for patient care aspects of specialized nutrition support.

7.1.1 There shall be documentation of the regular review and revision of policies and procedures for the provision of specialized nutrition support.

7.2 The NSD may participate in the development of policies and procedures for operational aspects of nutrition support, including continuous quality and process improvement (CQI).

7.2.1 The NSD may develop CQI indicators that help facilitate continuity of care throughout the health care delivery system.

7.2.2 The NSD may collect data for analysis of whether standards have been met over the course of a patient’s therapy.

7.2.3 The NSD may participate in the review of collected data and the appropriate plan of action resulting from CQI.

7.3 The NSD may serve as a member of the nutrition support service, committee, or team to coordinate the provision of specialized nutrition support.

7.4 The NSD may direct, coordinate, or manage all or some of the activities of an interdisciplinary nutrition support team/service/committee (e.g., rounds, human resources, financial resources, educational programs).

7.5 The NSD should participate in the development, review, and maintenance of an adequate and cost-effective nutrition support formulary and should participate in the selection of nutrition support devices (e.g., feeding systems, enteral access devices).

Chapter IV: Promotion of Nutrition Support

Standard 8: Education, Training, and Communication

The NSD shall actively participate in nutrition support-related educational and training activities. The NSD will disseminate information regarding current accepted nutrition support techniques and practices through organizational education efforts.

Intent of Standard

Patient care issues are often complex and need interdisciplinary collaboration to solve problems and improve processes. It is important to work as a team to support continual learning that promotes optimal patient care. This education process may be achieved by presenting educational lectures or inservices or by publishing articles related to nutrition support practice standards or advancements.

8.1 The NSD shall assess learning needs of patients/caregivers, provide education on the basis of needs, and evaluate effectiveness of teaching. The NSD shall develop or use patient/caregiver educational materials related to nutrition support administration and management applicable to the patient/caregiver’s learning ability and needs and inform the patient/caregiver about community resources.

8.2 The NSD should contribute to the educational and professional development of other dietitians, students, and health care professionals through formal and informal teaching activities.

8.3 The NSD shall maintain professional competence by participating in formal education and continuing education programs.
8.4 The NSD shall supervise or mentor other dietitians interested in pursuing a certification in nutrition support, along with incorporating and coordinating their help, and assist physicians or other health care providers in pursuing a nutrition-related fellowship or training.

Standard 9: Research

The NSD should actively participate in nutrition support related research activities as related to the individual’s job responsibilities, education, experience, and practice environment.

Intent of Standard
The NSD needs to retrieve and evaluate available scientific findings regarding nutrition in order to advance individual patient care, oversee management of services, and provide education to the patient, health care professional, and others.

9.1 The NSD shall critically evaluate and apply research findings to assess, provide, and improve patient care, manage services, and educate patients, health care professionals, and others. The NSD should identify or develop research-based policies, procedures, and clinical pathways as a basis for medical nutrition therapy.

9.2 The NSD may perform and collaborate with others to perform nutrition support research. The NSD may identify research issues, participate in designing and implementing research projects, facilitate research activities, or disseminate research findings.

9.3 The NSD may participate in studies designed to examine clinical outcomes for medical nutrition therapy in specific patient populations.

9.4 The NSD may present research findings to the lay public, hospital administrators, and at national, state, and local meetings (eg, oral presentation, publication).

9.5 The NSD shall participate in the evaluation of new nutrition support products and equipment to assure optimal and cost-effective medical nutrition therapy.

Definitions
Medical nutrition therapy. The assessment of the nutritional status of a patient followed by nutrition therapy, ranging from diet modification to the administration of enteral and parenteral nutrition.2

Specialized nutrition support. Provision of specially formulated and/or delivered parenteral or enteral nutrients to maintain or restore optimal nutrition status.7

References
2. MNT Across the Continuum of Care. The American Dietetic Association, Chicago, IL, 1996
3. JCAHO Board of Directors: Comprehensive Accreditation Manual for Hospitals. Oakbrook Terrace, IL, JCAHO, 1999

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