

DEPARTMENT OF THE ARMY  
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND  
2050 Worth Road  
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MEDCOM Regulation  
No. 40-45

12 September 2002

Medical Services  
**NUTRITION SCREENING OF AMBULATORY PATIENTS**

Supplementation of this regulation and establishment of forms other than MEDCOM forms are prohibited without prior approval from HQ MEDCOM, ATTN: MCHO-CL-R.

1. **HISTORY.** This is the first printing of this publication.
2. **PURPOSE.** This regulation--
  - a. Provides criteria for identifying ambulatory patients who need referral to outpatient nutrition services for medical nutrition therapy (MNT) intervention.
  - b. Establishes procedures for consulting outpatient nutrition services.
  - c. Facilitates implementation of MNT intervention as an intrinsic component of clinical practice by delineating responsibilities of ambulatory clinic health care personnel for identifying and referring to outpatient nutrition services those outpatients who are at moderate to high nutritional risk.
3. **REFERENCES.**
  - a. AR 600-9, The Army Weight Control Program.
  - b. American Dietetic Association Medical Nutrition Therapy Evidence-Based Guides for Practice. <http://www.eatright.org/qm/>
  - c. Health Affairs Policy 97-055, Clinical Reengineering: Policy for Medical Nutrition Therapy (MNT) in Direct Care Clinical Practice.
  - d. Joint Commission on Accreditation of Healthcare Organization (JCAHO) Accreditation Manuals, current editions.
4. **EXPLANATION OF ABBREVIATIONS AND TERMS.** Abbreviations and special terms used in this publication are explained in the glossary.

**5. APPLICABILITY.** This publication is applicable to all patients seen in U.S. Army Medical Command (MEDCOM) military treatment facility (MTF) ambulatory settings.

**6. RESPONSIBILITIES.**

a. The MTF commander will ensure that the MTF's performance improvement structure includes procedures to monitor compliance with the facility's ambulatory nutritional risk screening policy.

b. Health care personnel (triage nurse, physician, nurse practitioner, or other designated person) will--

(1) Identify and refer patients who need MNT intervention based on the criteria outlined in appendix A.

(2) Provide the patient with a completed Standard Form (SF) 513 (Medical Record-Consultation Sheet) or send an electronic consult via the Composite Health Care System (CHCS) to the outpatient nutrition services for those patients who meet the criteria for nutritional risk based on the guidelines described in appendix A as deemed appropriate.

c. Commanders and first sergeants will refer to outpatient nutrition services active duty soldiers experiencing inappropriate weight gain or flagged under AR 600-9 to participate in a nutrition education program specifically created for this population.

d. Registered dietitians (RDs) or authorized nutrition care providers will--

(1) Review the outpatient nutrition services consult to evaluate appropriateness of the patient's referral.

(2) Assess the patient's nutritional status and provide MNT intervention, which ranges from diet modification and counseling to recommendations for the initiation and/or alteration of type or dosage of specialized nutrition products or supplements.

(3) Answer the consult via CHCS electronic note or complete an SF 600 (Health Record-Chronological Record of Medical Care) in the patient's medical chart for review by referring health care personnel.

**7. MEDICAL NUTRITION THERAPY AS AN INTRINSIC COMPONENT OF CLINICAL PRACTICE.** As a result of the 1997 Health Affairs Policy 97-055, Clinical Reengineering: Policy for Medical Nutrition Therapy (MNT) in Direct Care Clinical Practice, MNT is an intrinsic component of clinical practice and a shared responsibility of the health care team. Recent JCAHO surveys at MTFs have cited JCAHO standards PE 1.2, 2, and 2.4 which refer to the screening, assessment, and reassessment of nutritional status in the outpatient population. Surveyors have recommended that each

MTF develop a facility-wide policy for addressing the nutritional risk of patients in ambulatory settings.

## 8. PROCEDURES

a. Nutrition screening will occur at each outpatient visit or whenever appropriate using locally developed criteria. The guidelines described in appendix A address medical conditions which place a patient at nutritional risk and indicate when MNT intervention is recommended. Health care personnel should generate an outpatient nutrition services consult if a patient meets these parameters or for other medical conditions as deemed appropriate.

b. If medical conditions meet any of the referral guidelines in appendix A, medical record entries should reflect the need for nutritional assessment and how this need was met (for example, referred for MNT or an indication of which interventions were made to reduce nutritional risk such as education, vitamin supplement prescription, etc.). If there are no findings that would indicate potential for nutritional risk, no documentation is required.

c. Although a screening tool for inclusion in the medical record is not required, it may facilitate nutritional screening. If a screening form is used, the following questions are recommended for inclusion: (also see paragraph f below):

(1) Has the patient experienced unintentional  $\geq 10\%$  change in weight over the past 6 months?

(2) Is the patient using herbal or dietary supplemental products that have been linked with adverse conditions?

(3) Does the patient have a diagnosis that requires MNT?

(4) Does the patient have mechanical difficulty chewing/swallowing food or problems with nausea/vomiting?

(5) Would the patient like to discuss any issues with a dietitian?

d. If it is not feasible to include the above questions due to time constraints of the appointment, one of the options described in (1) and (2) below may be considered.

(1) The following question could be added to the screening form: "Is further medical nutrition therapy appropriate? Yes No"

(2) The following questions could be included on the screening tool:

(a) Nutritional risk screening performed? Yes No

(b) Nutritional risk identified?                      Yes   No

(c) Referred to nutrition services?                      Yes   No

e. Screening form options include, but are not limited to SF 600s, facility-specific overprints documenting multidisciplinary screening questions, and appropriately embossed rubber stamps. If a screening form is not feasible, the facility may opt to educate staff as outlined in paragraph h below and only document when a nutrition risk is present and what intervention occurred to reduce the risk of malnutrition. Each facility will select the optimal screening tool for use in that specific site. The screening tool/process should be standardized across the MTF rather than being clinic/service specific.

f. An RD or authorized nutrition care provider will perform an assessment and provide MNT intervention to patients referred to the outpatient nutrition services. Reassessment will occur at appropriate intervals based on the MNT needs of the individual patient.

g. A critical component of the screening policy must be facility-wide staff education.

(1) A nutrition care department/division representative will provide--at least annually--staff education on nutritional risk criteria and the procedures outlined in this regulation in all primary care (for example, family medicine, internal medicine) and self-referral (for example, behavioral health) clinics.

(2) Staff education for ancillary outpatient services is also recommended to ensure continued monitoring of nutritional risk status throughout the continuum of care. For example, once the patient is screened at the initial visit by his/her primary care clinic, the patient may be referred to the gastrointestinal clinic for follow-up care. Therefore, health care personnel within the gastrointestinal clinic need to be aware of the nutritional risk criteria and referral procedures as well.

(3) Education will stress that early MNT intervention assists in improving wound healing and response to medical treatment, prevents the development of chronic disease, delays the onset of complications associated with chronic disease, prevents inpatient admissions, and ultimately decreases health care costs.

(4) Nutrition care division/department personnel should document annual hospital staff education inservices and report this through the MTF's performance improvement structure, as appropriate.

(5) To facilitate staff education and increase awareness of the nutritional risk criteria, laminated posters and pocket references may be provided to ambulatory clinics and disseminated among the staff at the time of staff education. (See appendixes A and B.)

h. A mechanism should exist within the facility's performance improvement structure to monitor compliance with this policy by performing one of the following procedures:

(1) Generate an Ambulatory Data Systems summary report within CHCS showing all patients who have diagnoses associated with nutritional risk (refer to appendix A for the list of diagnoses associated with nutritional risk). Review the medical record for either a referral to outpatient nutrition services or MNT note by an RD.

(2) Review master problem lists of randomly selected charts. If a diagnosis associated with nutritional risk is annotated in the problem list, review the chart for either a referral to outpatient nutrition services or an MNT note by an RD.

**Appendix A**

**Medical Nutrition Therapy  
Referral Guidelines**

This poster can be displayed to enhance staff awareness and facilitate staff education.



# MEDICAL NUTRITION THERAPY REFERRAL GUIDELINES

These guidelines address medical conditions that place a patient at nutritional risk and indicate when MNT intervention is recommended. The health care provider should consider generating a consult in CHCS for the Outpatient Nutrition Clinic if a patient meets these parameters or for other medical conditions as deemed appropriate.

**Alcohol/Other Drug Use:**

-Hypoglycemia

**Anemia:**

-Secondary to nutritional deficiency

**Cardiovascular:**

-CHF or CAD  
-Hyperlipidemia (Chol>240,LDL>140,Trig>300,HDL<60)

**Diabetes:**

-Gestational (GDM)  
-New onset Type 1 or 2  
-HbA1c>7  
-Reactive hypoglycemia  
-Impaired fasting glucose  
-Poor understanding of diet

**Gastrointestinal:** Newly diagnosed with chronic symptomatic GI disorder that interferes with the absorption of nutrients (e.g., inflammatory bowel disease, diverticular disease, celiac disease).

**Geriatric:**

Difficulty chewing, swallowing, preparing meals, etc. and is experiencing severe weight loss.

**High Risk Pregnancy:**

-Positive diagnosis of GDM  
-Positive diagnosis hyperemesis gravidarum  
->135% or <90% desirable prepregnancy weight (BMI<19.8 or >29)  
-Excessive or inadequate weight gain in 2nd or 3rd trimesters  
-Adolescent mother or <3 years since menses onset  
-History of or current eating disorder or vegan preference  
-PICA  
-Breastfeeding mother

**HIV/AIDS**

**Hypertension:**

-No previous diet instructions

**Oncology:**

-Pending chemo or XRT with significant weight loss or eating difficulties.

**Osteoporosis**-no prior diet instruction, post-surgical w/digestive concerns.

**Pediatric:**

-Failure to thrive  
-Food allergies  
-Malnutrition secondary to a metabolic or organic disorder  
-Chol>170 or LDL>110  
->95th or <5th%tile on age-specific growth charts  
-Pregnancy

**Renal:**

-Renal failure  
-Chronic renal insufficiency  
-Nephrotic syndrome  
-Regular dialysis treatment  
-Kidney stones

**Weight and dietary practices:**

-Obesity (BMI>30 or BMI 27-30 w/related, concurrent diagnosis)  
-Malnutrition  
-Eating disorder  
-Strict vegan  
-Excessive herbal or supplement use  
-Mechanical difficulty chewing/swallowing  
-Lactating female

## **Appendix B**

### **Guidelines for Outpatient Nutrition Screening**

This guide can be folded twice (fold short side first and then long side) and used as a pocket reference for conditions that may require MNT referral.

## GUIDELINES FOR OUTPATIENT NUTRITION SCREENING



The following guidelines address medical conditions that place a patient at nutritional risk. These parameters normally indicate a need for a medical nutrition therapy (MNT) referral. The health care personnel will send the consult for MNT services to Outpatient Nutrition Services whenever he/she deems it necessary. The consult is not limited to the diagnoses listed in these MNT Referral Guidelines.

*Qualified health care personnel will screen patients for nutritional risk according to this regulation.*

### MEDICAL NUTRITION THERAPY (MNT) The parameters below may indicate a need for an MNT referral.

#### Alcohol/Other Drug Use

-Hypoglycemia

Anemia-Secondary to nutritional deficiency

#### Cardiovascular

-CHF or CAD

-Hypertipidemia (chol >240, LDL>140, Trig>300, HDL <60)

#### Diabetes

-Gestational (GDM)

-New onset Type 1 or 2 DM

-HbA1c>7

-Reactive hypoglycemia

-Impaired fasting glucose

-Poor understanding of diet therapy

Gastrointestinal: Newly diagnosed with chronic,

symptomatic GI disorder that interferes with the absorption

of nutrients (e.g., inflammatory bowel disease, diverticular

disease, celiac disease).

Geriatric: Difficulty chewing, swallowing, preparing

meals, etc. and is experiencing severe weight loss.

#### High risk pregnancy:

-Positive diagnosis of GDM

-Positive diagnosis hyperemesis gravidarum

->135% or <90% desirable prepregnancy weight (BMI

>19.8 or <29)

-Excessive or inadequate weight gain in 2nd or 3rd

trimesters

-Adolescent mother of <3 years since menses onset

-History of or current eating disorder or vegan preference

-Pica

-Breastfeeding mother

#### HIV/AIDS

Hypertension- No previous diet instruction

Oncology: Pending chemo or XRT with

significant weight loss or eating difficulties.

Osteoporosis - No previous diet instruction, post

surgical with digestive concerns

#### Pediatrics

-Failure to thrive

-Food allergies

-Malnutrition secondary to a metabolic or organic

disorder

-Chol >170 or LDL>110

->95th or <5th %tile on age-specific growth charts

#### Renal

-Renal failure

-chronic renal insufficiency

-Nephrotic syndrome

-Regular dialysis Tx

-Kidney stones

#### Weight/Dietary Practices

-Obesity (BMI >30 or BMI 27-30 w/related, concurrent

diagnosis)

-Malnutrition (unexplained wt change >10% in 6 mos.

-Eating disorder

-Strict vegan

-Excessive herbal or dietary supplement product use

-Mechanical difficulty chewing/swallowing

-Lactating female

## Glossary

### Section I Abbreviations

CHCS.....	Composite Health Care System
JCAHO.....	Joint Commission on the Accreditation of Health Care Organizations
MEDCOM.....	United States Army Medical Command
MNT.....	medical nutrition therapy
MTF.....	military treatment facility
RD.....	registered dietitian
SF.....	standard form

### Section II Terms

#### **Authorized nutrition care provider**

A diet therapy technician or non-nutrition health professional who has been authorized by a Registered Dietitian to perform nutrition counseling specified in BAMC Form 1097-1. The nutrition care providers are limited to the scope of the authorization.

#### **Health care personnel**

Individuals involved in the direct or indirect delivery of health services.

#### **Medical nutrition therapy**

The assessment of a patient's nutritional status followed by therapy ranging from diet modification and counseling to administration of specialized nutrition products by a Registered Dietitian (RD) or authorized nutrition care provider.

#### **Nutritional assessment**

A comprehensive approach, completed by a Registered Dietitian, to define nutritional status; uses medical and dietary histories, physical examination, anthropometric measurements, and laboratory data. Includes interpretation of information from the screening process. The assessment process includes a review of data from other disciplines that may affect the assessment process.

#### **Nutritional screening**

The process of identifying characteristics known to be associated with nutrition problems. Its purpose is to pinpoint individuals who are at nutrition risk.

**The proponent of this publication is the Office of the Assistant Chief of Staff for Health Policy and Services. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to Commander, U.S. Army Medical Command, ATTN: MCHO-CL-R, 2050 Worth Road, Fort Sam Houston, TX 78234-6010.**

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