

**BY ORDER OF THE COMMANDER
59TH MEDICAL WING**

**59TH MEDICAL WING
INSTRUCTION 41-103**



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Health Services*

AMBULATORY NUTRITION SCREENING

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This instruction implements AFPD 41-1, *Health Care Programs and Resources*. This medical wing instruction (MDWI) describes the responsibilities and procedures for screening and assessing the nutritional status of outpatients and ensures that nutrition screening and Medical Nutrition Therapy (MNT) are intrinsic components of clinical practice in the ambulatory setting. This MDWI ensures compliance with the Joint Commission standard. This instruction applies to all personnel assigned, attached, or under contract to the 59th Medical Wing (MDW). This instruction does not apply to the Air National Guard or Air Force Reserve. **Note:** Requests to release Protected Health Information must be in accordance with DoD 6025.18-R, *DoD Health Information Privacy Regulation*, and AFI 41-210, *Patient Administration*. . Refer recommended changes and questions about this publication to the Office of Primary Responsibility using the AF Form 847, *Recommendation for Change of Publication*. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with AFMAN 33-363, *Management of Records*, and disposed of in accordance with the Air Force Records Disposition Schedule on the Air Force Portal available at <https://www.my.af.mil/afrims/afrims/afrims/rims.cfm>.

SUMMARY OF CHANGES

Changed verbiage from nutritional to nutrition throughout, where applicable.

1. Program Responsibilities. This instruction applies to outpatient clinic personnel throughout the 59 MDW. It provides recommended criteria regarding the nutritional screening of outpatients to evaluate nutrition risk and the need for MNT or nutrition education, as appropriate. Patients identified to be at nutrition risk and referred to the Outpatient Nutrition Clinic will be assessed and followed by a registered dietitian or certified diet therapy technician.

2. Program Policy. Outpatient clinics will screen outpatients for nutrition risk and document findings during the initial patient assessment. Surgical sub-specialty clinics, interventional radiology, and dermatology typically will not screen outpatients for nutritional risk because these clinics are accessed only through referrals and do not represent the initial patient assessment. If a patient is screened to be at nutritional risk, the health care provider will determine if a consult to the Nutrition Clinic is warranted. Nutritional Medicine staff will also conduct nutrition screening on outpatients attending multidisciplinary classes in which Nutritional Medicine routinely participates, as appropriate.

3. Program Procedures.

3.1. Outpatient clinic personnel and health care providers will accomplish nutrition screening as appropriate using clinical parameters for medical conditions outlined in AFI 44-102, *Community Health Management* or parameters for other medical conditions deemed appropriate for this facility in attachment 2 of this instruction. The attachment lists age- and population-specific criteria for the Pediatric and Obstetrics and Gynecology (OB/GYN) Clinics.

3.2. The following data sources may be used in nutrition screening: findings on physical examination or other medical record entries, nutrition screening tools (i.e., 59 MDW approved overprints), Health Enrollment Assessment Review/Preventive Health Assessment health screening data.

3.3. If the findings from the above data suggest a patient is at nutrition risk, then a consult to the Outpatient Nutrition Clinic for MNT or nutrition education should be considered. A nutrition consultation for MNT or nutrition education will include nutrition assessment, nutrition counseling, and a plan for reassessment, if applicable.

3.3.1. Consults to the Nutrition Clinic are sent electronically via the Composite Health Care System.

3.3.2. The consult should list nutritionally relevant diagnoses and the diet instruction ordered. The current control of chronic disease and previous diet instruction should be documented in the medical record entry as factors in deferring a nutrition consult.

4. Clinical Guidelines for Nutrition Screening.

4.1. The guidelines noted on attachment 2 indicate what diagnoses or conditions may warrant a MNT or nutrition education referral, or which may only require nutrition education handouts provided by the Nutrition Clinic staff. Medical Nutrition Therapy or nutrition education will also be provided whenever deemed necessary by the health care provider and is not limited to the diagnoses listed in the attachment.

4.2. Outpatient Nutrition Clinic personnel will provide education to 59 MDW outpatient clinic personnel on nutrition screening requirements by giving information at the new resident orientation, annual professional staff briefings, or by other effective methods to raise awareness and promote the nutrition screening process.

5. IMTs Adopted.

None.

MICHAEL SCHELL, Colonel, USAF, MSC
Administrator

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

AFI 41-210, *Patient Administration*, 22 March 2006

AFI 44-102, *Medical Care Management*, 1 May 2006

AFPD 41-1, *Health Care Programs and Resources*, 15 April 1994

AFMAN 44-144, *Nutritional Medicine*

American Dietetic Association (ADA), *Medical Nutrition Therapy Evidence-Based Guides for Practice*

American Dietetic Association (ADA), *Medical Nutrition Therapy Evidence-Based Guides for Practice*, (current edition)

DoD 6025.18-R, *DoD Health Information Privacy Regulation*, 24 January 2003

JCAHO *Accreditation Manual for Hospitals* (current edition)

Council on Practice (COP) Quality Management Committee

Identifying patients at risk: ADA's definitions for nutrition screening and nutrition assessment.

Journal of the American Dietetic Association. 1994; 94:838-839

The Joint Commission *Accreditation Manual for Hospitals*, (current edition)

Adopted Form

AF Form 847, *Recommendation for Change of Publication*

Abbreviations and Acronyms

ADA—American Dietetic Association

COP—Council on Practice

MDW—Medical Wing

MDWI—Medical Wing Instruction

MNT—Medical Nutrition Therapy

OB/GYN—Obstetrics and Gynecology

Terms

Medical Nutrition Therapy—An assessment of a patient's nutritional status followed by therapy ranging from diet modification and counseling to administration of specialized nutrition products. In military treatment facilities, MNT is available when patients are referred to a credentialed registered dietitian or authorized nutrition care provider.

Nutrition Assessment—A comprehensive approach, completed by a registered dietitian or authorized diet therapy technician, to define nutrition 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

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

Nutritional Assessment—A comprehensive approach, completed by a registered dietitian or authorized diet therapy technician, 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.

Nutrition Education—General nutrition information that differs from MNT in that it is population-based risk reduction versus intervention and does not include an in-depth assessment.

Nutritional Screening—The process of identifying characteristics known to be associated with nutrition problems. Its purpose is to pinpoint individuals who are malnourished or at nutritional risk.

Attachment 2**CLINICAL GUIDELINES FOR NUTRITION REFERRAL****AMBULATORY CLINICS**

Cancer and/or cancer treatment

Celiac sprue/gluten enteropathy

Chronic obstructive pulmonary disease

Congestive heart failure

Cystic fibrosis

Dependence on nutrition support (enteral or parenteral nutrition)

Diabetes

Disordered eating / unusual dietary or food limiting practices

Dyslipidemia/Coronary artery disease/Cardiovascular disease

Excessive use of dietary supplements

Gastrointestinal disorders interfering with food intake or nutrient absorption

General nutrition education / wellness

HIV/AIDS

Hypertension

Inadequate financial resources for food

Iron deficiency anemia

Liver disease

Malnutrition Failure to thrive/Involuntary weight loss

Obesity

Renal disease

Substance abuse

Vegan or restriction of all foods of animal origin

Any other nutritional concerns that the provider would like assessed by a dietitian

OB/GYN SPECIFIC*

PEDIATRIC SPECIFIC*

| | |
|-------------------------------------|----------------------------|
| Adolescent pregnancy | Failure to thrive |
| Gestational or overt diabetes | Food allergy / intolerance |
| High-risk pregnancy | Hyperemesis gravidarum |
| Inadequate or excessive weight gain | |
| Low pre-pregnancy weight | |
| Multipara | |

*In addition to parameters for Ambulatory Clinics'