

RD Examples:	James Song	Karalee Boschung	Dianne Sonneveld
Site: Role:	Richmond Hospital Medical / surgery & Gilwest Clinic (HIV/Hepatitis C)	Island Health - Casual R.D. Acute Care Long-term care	VGH Oncology - Leukemia / BMT
<h2 style="color: #008080; font-style: italic;">Prioritizing Care</h2>			
High Priority	<i>Seen within 24 hour of consult</i> <ul style="list-style-type: none"> - TPN - Tube feeds - RD consults from physician - Hip fracture - Stroke - Bowel Resection - New -ostomies - Bariatric surgery - NPO > 5 days - Clear/full fluids > 5 days - Dysphagia - Wounds - Unintentional weight loss >10 pounds within 1 month - AKI / CKD - Hyperglycemia/ Hypoglycemia (including DKA) - ICU admissions - NICU admissions 	<i>See within 1-2 work days</i> <i>Diagnosis</i> <ul style="list-style-type: none"> - Bariatric Surgery - Burns 20% 3rd degree - Cachexia - Critical Illness ICU - Eating Disorder - Esophageal stent - Esophageal stricture - Esophagectomy - Fundoplication - Gastrectomy - GI fistula - Head/neck surgery (major) - Hyperemesis Gravidarium - Severe malnutrition - Pancreatitis - Pressure ulcer (stage IV) - Short bowel syndrome - Renal failure, acute, inpatient dialysis - Whipple 	<ul style="list-style-type: none"> - New transplant - New TPN start - Acute/Chronic or steroid refractory GVHD (graft versus host disease) - New leukemias or lymphoma with poor oral intake 5-7 days; with history of 10% weight loss <p>Patients to be discharged:</p> <ul style="list-style-type: none"> - Symptom management tips - High protein, high kcal diet - Neutropenic precaution / education

	<p><u>FOLLOW UP</u></p> <ul style="list-style-type: none"> - Every 2-3 days (or sooner) 	<p><i>Feeding Modality / Diet Order</i></p> <ul style="list-style-type: none"> - NPO or clear fluids >3 days - TPN / PPN - Enteral feeding (new / transition from PN / unstable) - MCT diet - Urgent diet office requests for modalities <p><u>FOLLOW UP</u></p> <ul style="list-style-type: none"> - >3 times per week - OR... At RD discretion 	
Moderate Priority	<p><i>Seen within 3-5 days</i></p> <ul style="list-style-type: none"> - <50% usual intake - Burns - Crohn's, colitis, diverticulitis - Liver disease - Pressure ulcers - NICU (tolerating oral feed w/ tube feeding) - Education (-ostomy, T2DM, gastrectomy) - Referrals by RN, patient/family <p><u>FOLLOW UP</u></p> <ul style="list-style-type: none"> - Every 5-7 days 	<p><i>Seen within <2-3 working days</i></p> <p><i>Diagnosis</i></p> <ul style="list-style-type: none"> - Anemia (nutrition related) - Burns >20% body surface area - Cancer (GI, neck, throat, tongue, stomach, lung, pancreas, liver) - Colon or small bowel resection - COPD - Dehydration (nutrition related) - Diabetes (new diagnosis, newly starting insulin, uncontrolled, GDM, DKA) - Dysphagia - Gastritis - Heart failure - HIV/AIDS - Infection (post-op; <i>C. difficile</i>; abscess) - Inflammatory bowel disease 	<p>Well-nourished patients with poor oral intake for 5-7 days</p> <p>New diabetics</p> <ul style="list-style-type: none"> - Diet education.. I.e. steroid induced hyperglycemia

		<ul style="list-style-type: none">- Jaw surgery- Liver disease (hepatitis, cirrhosis)- Malnutrition (non-severe)- Failure to thrive (FTT)- Neurological disease- Post-organ transplant- Pregnancy (teens, substance abuse, twins/triplets)- Pressure ulcer- Renal failure, CKD, kidney transplant <p>Feeding Modality / Diet Order</p> <ul style="list-style-type: none">- Full fluids > 3 days- Fluid restriction < 1 L- Protein restriction- Mineral restriction (besides sodium)- Texture modified or dysphagia diets- Patient actively followed by RD in a previous unit- Transitioning to oral feeds from PN or EN- Long term stable PN, EN (~3 weeks) <p><u>FOLLOW UP</u></p> <ul style="list-style-type: none">- 2 times per week- OR... At RD discretion	
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<p>Lower Priority</p>	<p>Seen within 5-7 days</p> <ul style="list-style-type: none"> - Screen age >80 y - Stable, long-term tube feeds - Therapeutic diets for conditions not within high or moderate priority - Hospital >7 days <p><u>FOLLOW UP</u></p> <ul style="list-style-type: none"> - Every 10-14 days 	<p>Seen within <7-14 working days</p> <p>Diagnosis</p> <ul style="list-style-type: none"> - Abdominal pain - Awaiting placement in long-term care - Burns (1st, 2nd degree) <20% total surface area - Cardiovascular disease, Coronary artery disease, myocardial infarction - Diabetes (controlled) - Low risk of malnutrition - Hepatorenal syndrome - Visual overview of patients <ul style="list-style-type: none"> - Visual observations of patients on ward - Meal visits <p>Feeding Modality / Diet Order</p> <ul style="list-style-type: none"> - Fluid restriction 1-1.5 L - Multiple allergies (>2) - Multiple diet restrictions (>2) <p><u>FOLLOW UP</u></p> <ul style="list-style-type: none"> - Every 2 weeks to 1x monthly - Palliative patients at RD discretion <p>Note: Patients refusing nutrition intervention are not seen</p>	<ul style="list-style-type: none"> - Neutropenic fever with no weight loss - Weight loss counselling - Normal nutrition counselling
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References

Boschung, K. (July 2013). Nutrition Priority Tool for Dietitians' Working with Acute Care Adult Patients.
Song, J. (2018). Nutrition Priorities.
Vancouver Coastal Health. (July 2017). VGH Clinical Nutrition Services: Program-Specific Responsibilities for Leukemia / BMT.