

CASE STUDY – RDN to Write Independent Parenteral Nutrition (PN)/Enteral Nutrition (EN) Orders

Case: A registered dietitian nutritionist requests privileges to write independent orders for parenteral nutrition and enteral nutrition.

Statement: The Scope of Practice for the Registered Dietitian Nutritionist (RDN) does not guarantee that an RDN will be able to perform expanded practice skills, but it can guide the RDN to the resources and options that can be used to evaluate whether the RDN can safely and effectively provide an expanded practice skill and advance individual practice.

Explanation of Case: In this example, the RDN uses the Scope of Practice for the RDN, the Revised 2021 Standards of Practice and Standards of Professional Performance for RDNs in Nutrition Support, and the Academy resources on the Centers for Medicare and Medicaid Services (CMS) Rule allowing privileging of RDNs for therapeutic diet order writing to determine whether writing independent orders for PN and EN is within their individual scope of practice. Although the RDN may seek advice and direction from colleagues, the initial review is the RDN's responsibility.

Case Study Resources:

- Available from the Academy of Nutrition and Dietetics (Academy) and Commission on Dietetic Registration (CDR)
 - Education Core Knowledge and Competencies for the RDN (ACEND): <https://www.eatrightpro.org/acend>
 - Code of Ethics: <https://www.cdrnet.org/codeofethics>
 - Revised 2017 Standards of Practice in Nutrition Care and Standards of Professional Performance for Registered Dietitian Nutritionists: Located CDR Webpage > <http://www.cdrnet.org/scope> leads to the *Journal* Website to access the Scope and Standards for RDNs and NDTRs Collection: <https://jandonline.org/content/core>
 - Essential Practice Competencies for the Commission on Dietetic Registration's Credentialed Nutrition and Dietetics Practitioners: <https://www.cdrnet.org/essential-practice-competencies-information>
 - Academy of Nutrition and Dietetics and American Society for Parenteral and Enteral Nutrition: Revised 2021 Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Nutrition Support: Located CDR Webpage > <https://www.cdrnet.org/scope> leads to *Journal* access to Focus Area Standards for RDNs Collection: <https://jandonline.org/content/focus>
 - Academy Evidence Analysis Library: <http://www.andeal.org/>
 - Nutrition Care Process Terminology (eNCPT online) Web site: <https://www.ncpro.org/>
 - Commission on Dietetic Registration (CDR) Certifications: www.cdrnet.org/certifications

- Institutional, regulatory, and other resources include:
 - RDN job description
 - Organization policies and procedures

- Organization and medical staff process for obtaining clinical privileges for therapeutic diet order writing or expanded role/nutrition-related services, e.g., insertion of nasogastric and nasoenteric feeding tubes.
- Accreditation standards, if applicable
- State licensure laws and regulations: <https://www.cdrnet.org/state-licensure-agency-list>
- Academy resources on CMS Conditions of Participation for Hospitals for RDN order writing privileges: <https://www.eatrightpro.org/advocacy/licensure/therapeutic-diet-orders/hospitals-and-long-term-care-facilities>
- Centers for Medicare & Medicaid Services State Operations Manual: <https://www.cms.gov/files/document/som107appendicestoc.pdf>
- Clinical Guidelines. American Society for Parenteral and Enteral Nutrition (ASPEN) <http://www.nutritioncare.org/clinicalguidelines/> and Consensus Recommendations [http://www.nutritioncare.org/Guidelines and Clinical Resources/Clinical Practice Library/Consensus Recommendations/](http://www.nutritioncare.org/Guidelines%20and%20Clinical%20Resources/Clinical%20Practice%20Library/Consensus%20Recommendations/)

USING THE SCOPE OF PRACTICE DECISION ALGORITHM:

www.cdrnet.org/scope

The Scope of Practice Decision Algorithm is a resource that permits a RDN to answer a series of questions to determine whether a particular activity is within their individual scope of practice. The algorithm is designed to allow a RDN to critically evaluate their knowledge, skills, experience, judgment and demonstrated competence using criteria resources. The algorithm is used by the RDN to evaluate each separate activity.

Question 1: Has this activity become routine in nutrition or dietetics literature and in nutrition and dietetics practice?

A literature search on the role of RDNs in writing independent orders for PN and EN, a review of current practice in the area, and networking provides information that RDNs with the appropriate training, competence, and delineated privileges are performing this task.

Information addressing RDNs receiving independent order writing privileges was published in the *Journal of the American Dietetic Association*^{1,2} and *Nutrition in Clinical Practice*.^{3,4} The Academy of Nutrition and Dietetics and American Society for Parenteral and Enteral Nutrition: Revised 2021 Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Nutrition Support⁵ also support independent order writing for PN and EN for RDNs with specialized training, competence, and delineated privileges. The topic has been presented at regional and national Academy and ASPEN professional meetings and teleconferences.

Question 2: Is this activity consistent with the Academy/CDR Code of Ethics and standards of practice and standards of professional performance, evidence-based practice, nutrition practice guidelines or protocols, other national organization standards of practice, accreditation standards or federal and state regulations, and good business practices?

The Revised 2017 Standards of Practice in Nutrition Care and Standards of Professional Performance for Registered Dietitian Nutritionists⁶ indicate that RDNs use approved clinical privileges, physician/non-physician practitioner driven orders (ie, delegated orders), protocols, or other facility-specific processes for order writing or for provision of nutrition-related services consistent with applicable specialized training, competence, medical staff, and/or organization policy (SOP Indicator 3.12A). The Academy of Nutrition and Dietetics and American Society for Parenteral and Enteral Nutrition: Revised 2021 Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Nutrition Support does explicitly state that RDNs may order enteral/parenteral nutrition regimens in conjunction with specialized training, demonstrated competence, and delineated clinical privileges (SOP Indicators 3.12A, 3.12A1, 3.12A1i-3.12A1vii, 3.12A2, 3.12A2i-3.12A2iv, 3.12A3, 3.12A3i-3.12A3iii).⁵

ASPEN⁷ and the Academy^{8,9} have statements about the role of the RDN in nutrition support.

In reviewing the federal and state regulations, the RDN determines that the federal CMS Conditions of Participation for Hospitals effective July 11, 2014 (no change as of Rev. 200, 02-21-2020) now allows a hospital and its medical staff the option of granting clinical privileges to an RD or other clinically qualified nutrition professional to write therapeutic diet orders (including PN and EN) if consistent with state laws and regulations, and organization policies.^{10, 11} A review of the state regulations for hospitals determines that there are no regulations that would prevent a hospital from granting privileges to the RDN. RDN privileging must be ensured through the hospital's medical staff rules, regulations, and bylaws or other facility-specific process.

Each hospital and its medical staff must determine ordering privileges to grant the RDN(s) and specific scope of care services to be granted, e.g., ordering PN and/or EN, insertion and monitoring of nasogastric and nasoenteric feeding tubes, conducting bedside swallow screening.⁹

Question 3: Do you have the necessary knowledge, skills and demonstrated competence in practice to perform this activity?

Reviewing education and training, the RDN notes that a two-week rotation with a nutrition support team was performed during the internship along with completion of over 40 hours of continuing education and self-study training in nutrition support. Two years of participation on the nutrition support team has provided on-the-job training with physicians and other team members.

Question 4: Did you use the Standards of Practice and Standards of Professional Performance to determine your competence? Did you demonstrate your competence to an individual with the knowledge and skills to appropriately assess your ability to perform the activity? Is your competence documented in your personnel record?

The RDN reviews the Revised 2017 Standards of Practice in Nutrition Care and Standards of Professional Performance for Registered Dietitian Nutritionists⁶ and the Academy of Nutrition and Dietetics and American Society for Parenteral and Enteral Nutrition: Revised 2021 Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Nutrition Support⁵ to determine education, skills and training needed to practice competently in the area of nutrition support and advance their level of practice.

The RDN's competence in writing delegated orders for EN and PN is monitored and documented on a yearly basis by the physician on the nutrition support team per the organization's medical staff-approved policies and procedures. The RDN's personnel file contains documentation to support this yearly assessment of competence.

Question 5: If the state(s) where you work license RDNs, is there any language that prohibits this activity? Are there provisions within the scope of practice of any other professions that would limit performing this activity?

Researching the applicable state licensure/state practice act, the occupational practice acts for other disciplines (i.e., Physicians, Pharmacists), and federal and state regulations applicable for the specified facility, the RDN finds that independent order writing for PN and EN is not explicitly restricted in state practice acts. The RDN determines that independent order writing for PN and EN meets the requirements of the state licensure law because it is a step in implementing nutrition care.

Question 6: Are there any additional credentials (i.e., CNSC, CSO, CSP, CSPCC, CDCES) or training (i.e., residency/fellowship, certificate of training in Obesity for Pediatrics and Adults) described in published practice guidelines that would be expected of a health professional performing this activity?

The RDN is a Certified Nutrition Support Clinician (CNSC; <http://www.nutritioncare.org/nbncs/>); certification and all pertinent education and training, including mentoring and observations, is documented in the RDN's personnel file and Professional Development Portfolio.

The CMS regulations for hospitals specifies an "RD or other clinically qualified nutrition professional" may be granted privileges to write therapeutic diet orders. The hospital and the medical staff would specify any additional qualifications that may be required to write specific orders, e.g., CNSC credential for parenteral nutrition, Certified Specialist in Pediatrics (CSP) or Certified Specialist in Pediatric Critical Care (CSPCC) in pediatric hospitals, or training and competency assessment in performing designated procedures.

Question 7: Does your employer/organization, in its policies and procedures or medical staff bylaws, rules and regulations recognize the RD or RDN as qualified to perform the activity?

The RDN reviews the organization's governing body documents such as medical staff bylaws, rules and regulations, policies and procedures, and the organization's allied health practitioner credentialing process for obtaining privileges. It is concluded that the RDN must undergo the credentialing process at this organization to obtain privileges.

Physicians on the medical staff support the request for the RDN to have independent order writing privileges as a means to implement more timely patient care. The RDN must complete the organization's allied health practitioner credentialing and privileging process to obtain independent PN and EN order writing privileges.

Privileges are granted to the individual RDN who has the needed education and specialized training, demonstrated competence, and completed the credentialing process. Privileges are not granted to a group of RDNs in the organization. The individual RDN's job description and policies and procedures for the organization are then amended to support the changes to a credentialed RDN's role. A process is now in place for other RDNs who also have the necessary qualifications, skills and demonstrated competence to apply for clinical privileges to manage nutrition support therapies.

Before performing the activity:

- Complete application process for obtaining desired clinical privileges and receive approval following the organization's medical staff-approved process.
- Ensure that the activity is included in your job description and in applicable policies and procedures.
- Ensure that your personnel file contains documentation of education, training, credentials, if applicable, and competence in performing the activity initially and annually.
- Investigate your organization's liability coverage and need for personal professional liability insurance. Due to possible risks associated with independent order writing and/or performing procedures, e.g., insertion of feeding tubes within the realm of a medical level of care, the RDN is advised to carry professional liability insurance appropriate to that role.
- For billable services, investigate whether granted privileging activities, as performed by an RDN, will be reimbursed by health plan insurers, including Medicare (e.g., laboratory orders; must be licensed to order outpatient laboratory tests per CMS regulations).

Disclaimer: *The Case Studies are intended solely as models to assist practitioners in using the Standards of Practice in Nutrition Care, Standards of Professional Performance, and the Scope of Practice Decision Algorithm and in determining their individual scope of practice. They should not be viewed as determinative of any particular inquiry or outcome. The results of an actual inquiry may differ according to the specific factual circumstances and State laws applicable to the specific situation.*

In this Case Study, CDR has chosen to use the term RDN to refer to both registered dietitians (RD) and registered dietitian nutritionists (RDN) and to use the term NDTR to refer to both dietetic technician, registered (DTR) and nutrition and dietetics technician, registered (NDTR).

REFERENCES

1. Peterson SJ, Chen Y, Sullivan CA, et al. Assessing the influence of registered dietitian order-writing privileges on parenteral nutrition use. *J Am Diet Assoc.* 2010;110(11):1703-1711.
2. Peterson S, Dobak S, Phillips W, et al. Enteral and parenteral order writing survey-a collaborative evaluation between the Academy of Nutrition and Dietetics Dietitians in Nutrition Support Dietetics Practice Group and the American Society for Parenteral and Enteral Nutrition (ASPEN) Dietetics Practice Section. *J Acad Nutr Diet.* 2020;120(10):1745-1753.
3. Roberts SR. Improving patient outcomes through registered dietitian order writing. *Nutr Clin Pract.* 2013;28(5):556-565.
4. Arney BD, Senter SA, et al. Effect of registered dietitian nutritionist order-writing privileges on enteral nutrition administration in selected intensive care units. *Nutr Clin Pract.* 2019;34(6):899-905.
5. Corrigan MI, Bobo E, Rollins C, Mogensen KM. Academy of Nutrition and Dietetics and American Society for Parenteral and Enteral Nutrition: Revised 2021 Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Nutrition Support. *J Acad Nutr Diet.* 2021;212(10):2071-2086.e59.
6. Academy of Nutrition and Dietetics Quality Management Committee. Academy of Nutrition and Dietetics: Revised 2017 Standards of Practice in Nutrition Care and Standards of Professional Performance for Registered Dietitian Nutritionists. *J Acad Nutr Diet.* 2018; 118(1):132-140e15.
7. Guenter P, Boullata JI, et al. Standardized competencies for parenteral nutrition prescribing: The American Society for Parenteral and Enteral Nutrition model. *Nutr Clin Pract.* 2015;30(4):570-576.
8. Practice Tips: Hospital Regulations - Ordering Privileges for the RDN. Commission on Dietetic Registration. Accessed September 30, 2022. www.cdrnet.org/tips
9. Practice Tips: Implementation Steps – Ordering Privileges for the RDN. Commission on Dietetic Registration. Accessed September 30, 2022. www.cdrnet.org/tips
10. 42 CFR Parts 413, 416, 440 et al. Medicare and Medicaid Programs; Regulatory provisions to promote program efficiency, transparency, and burden reduction; Part II; Final rule (FR DOC #2014-10687; pp 27106-27157). US Department of Health and Human Services, Centers for Medicare and Medicaid Services. Accessed August 18, 2022. <https://www.govinfo.gov/content/pkg/FR-2014-05-12/pdf/2014-10687.pdf>
11. State Operations Manual: Appendix A Survey protocol, regulations and interpretive guidelines for hospitals (Rev. 200, 02-21-20); §482.12(a)(1) Medical Staff, non-physician practitioners; §482.23(c)(3)(i) Verbal Orders; §482.24(c)(2) Orders. US Department of Health and Human Services, Centers for Medicare and Medicaid Services. Accessed August 24, 2022. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf