

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

*Case: A hospital-based registered dietitian nutritionist with order writing privileges desires new privileges to write independent orders for parenteral nutrition and enteral nutrition.*

**Statement:** The [Scope and Standards of Practice for the Registered Dietitian Nutritionist \(RDN\)](#) and applicable focus area scope and standards of practice (e.g., Nutrition Support) does not guarantee that an RDN will be able to perform expanded practice skills, however 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 their individual practice.

**Explanation of Case:** In this example, the hospital's list of privileges for application by RDNs does not currently include writing independent orders for PN or EN. This RDN, with diet order writing privileges, is interested in pursuing the addition of PN and EN order writing privileges to list of RDN privilege options for RDNs with the necessary qualifications and competency. The RDN uses the Scope and Standards of Practice for the RDN, the Revised 2021 Standards of Practice and Standards of Professional Performance for RDNs in Nutrition Support, and the Academy and CDR resources on the Centers for Medicare and Medicaid Services (CMS) Rule allowing hospitals the option to privilege RDNs for independent order writing 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:

- Resources from the Academy of Nutrition and Dietetics (Academy) and Commission on Dietetic Registration (CDR)
  - [Academy Dietetic Practice Groups](#) - DPGs such as Dietitians in Nutrition Support and Dietetics in Health Care Communities (*membership required*)
  - [Academy Evidence Analysis Library](#) (*membership required*)
  - [Nutrition Care Process and Terminology](#)
  - [ACEND Education Core Knowledge and Competencies for the RDN](#)
  - [Code of Ethics](#)
  - [Revised 2024 Scope and Standards of Practice for RDN and for NDTR](#)
  - [Essential Practice Competencies for CDR's Credentialed Nutrition and Dietetics Practitioners](#)
  - [CDR Certifications](#)
  - [Common Credentials Held by RDNs and NDTRs](#)
  - [CDR Definition of Terms List](#)
  - [Focus Area Scope and Standards of Practice for RDNs](#) (eg, Nutrition Support, Intellectual and Developmental Disabilities, Adult Weight Management, Oncology Nutrition, Diabetes Care, Pediatric Nutrition)
- 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](#)
- [CDR Practice Tips](#)
- [Centers for Medicare & Medicaid Services State Operations Manual](#)
- Clinical Guidelines. American Society for Parenteral and Enteral Nutrition (ASPEN) <https://www.nutritioncare.org/clinicalguidelines/> and Consensus Recommendations [https://www.nutritioncare.org/Guidelines\\_and\\_Clinical\\_Resources/Clinical\\_Practice\\_Library/Consensus\\_Recommendations/](https://www.nutritioncare.org/Guidelines_and_Clinical_Resources/Clinical_Practice_Library/Consensus_Recommendations/)

### **USING THE SCOPE OF PRACTICE DECISION ALGORITHM:**

The [Scope of Practice Decision Algorithm](#) is a resource that guides a RDN through a series of questions to determine whether a particular activity is within their individual scope of practice. Questions are answered based on a critical evaluation of their knowledge, skills, experience, judgment and demonstrated competence. The tool is designed to evaluate each activity separately.

#### **Question 1: Do the Scope and Standards of Practice or applicable RDN focus area standards contain information that provide guidance on whether the practitioner can perform the activity?**

The Revised 2024 Scope and Standards of Practice for Registered Dietitian Nutritionists<sup>1</sup> indicate that RDNs use approved clinical privileges, physician/non-physician practitioner driven orders (i.e., 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 (Standard 7-Indicator 7.4.7). The Academy of Nutrition and Dietetics (Academy) and American Society for Parenteral and Enteral Nutrition (ASPEN): Revised 2021 Standards of Practice (SOP) and Standards of Professional Performance (SOPP) for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Nutrition Support<sup>2</sup> 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).

#### **Question 2: Does this activity align with nutrition practice guidelines (eg, EAL); other national organization standards of practice and/or practice guidelines; accreditation standards; federal and state regulations; CMS conditions of participation or conditions for coverage; and facility/program accreditation standards applicable to the setting or population and good business practices (eg, Code of Ethics)?**

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<sup>3,4</sup> and delineated privileges are performing this task.

- Articles were published in the Journal of the American Dietetic Association/Journal of the Academy of Nutrition and Dietetics<sup>5,6</sup> and Nutrition in Clinical Practice.<sup>7,8</sup>
- The Academy and ASPEN: Revised 2021 SOP and SOPP for RDNs (Competent, Proficient, and Expert) in Nutrition Support<sup>2</sup> 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.

In reviewing the current federal and state regulations, the RDN determines that the federal CMS Conditions of Participation for Hospitals regulation effective July 11, 2014 (no change as of Rev. 220, 04-19-24) 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.<sup>9,10</sup> A review of the applicable state regulations for hospitals determines that there are no regulations that would prevent a hospital from granting privileges to write PN or EN orders to the RDN. RDN privileging to write PN or EN orders would need to be added to the current list of privilege options available to the hospital's RDNs.

Each hospital and its medical staff must determine ordering privileges and specific scope of care services to be granted to the RDN(s), e.g., ordering therapeutic diets, texture modifications, and nutritional supplements; ordering PN and/or EN; performing insertion and monitoring of nasogastric and nasoenteric feeding tubes,<sup>11-13</sup> conducting bedside swallow screening.

**Question 3: If the state(s) where you work license RDNs, is there any language that prohibits the activity? Is there language in any other profession's statute and regulations that would prohibit an RDN performing the 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 to the hospital, 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 4: Do you have the necessary knowledge, skills, training (including certificates of training or required certifications(s) (eg, CSO, CNSC, RD-AP) to perform this activity?**

Reviewing education and training in nutrition support, the RDN compiled their 8-year acute care experience:

- 3 years of general clinical practice in this hospital with 2 years of current participation on the nutrition support team that has provided on-the-job training with physicians and other team members;

- completion of over 40 hours of continuing education and self-study training in nutrition support. This training included ASPEN's Nutrition Support Fundamentals Course,<sup>14</sup> and
- recently received the Certified Nutrition Support Clinician (CNSC) certification (<https://www.nutritioncare.org/nbnsc/>) and now plans to apply for the CDR Advanced Practice Certification in Clinical Nutrition (RD-AP).

The CMS regulations for hospitals specify an "RD or other clinically qualified nutrition professional" may be granted privileges to write therapeutic diet orders (§482.28(b)(2)).<sup>10</sup> 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 (e.g., insertion and monitoring of feeding tubes).

**Question 5: Have you demonstrated your ability to perform the activity competently to an individual with the knowledge and skills to appropriately assess your competence to perform the activity according to accepted standards including those for the required certification, when applicable? Is that evaluation documented in your personnel record?**

The RDN reviews the Revised 2024 Scope and Standards of Practice for Registered Dietitian Nutritionists<sup>1</sup> and the Academy/ASPEN: Revised 2021 SOP and SOPP for RDNs (Competent, Proficient, and Expert) in Nutrition Support<sup>2</sup> 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 has been monitored and documented on for the past 2 years by the physician on the nutrition support team per the nutrition department's and organization's medical staff-approved policies and procedures for those RDNs competent to write PN and EN orders when requested by a physician. The RDN's personnel file contains all pertinent education and training, including mentoring and observations, and yearly assessment of competence. RDN has reflected in their Professional Development Portfolio.

**Question 6: Does your employer/organization, in its governing documents, policies and procedures, or other documents (e.g., medical staff bylaws, rules and regulations; medical director-approved policy or protocol) recognize the credential (e.g., RDN, or specialist credential[s]) held as authorized to perform the activity?**

Physicians on the medical staff have supported the hospital's RDNs having the option of independent order writing privileges as a means to implement more timely patient care. The RDN reviews the organization's 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 each RDN would need to request an update of their previous application for credentialing in order to be approved to have independent PN and EN order writing privileges added to their list of granted privileges. The list of privilege options for RDNs would be updated once the addition of these privileges is approved.

Privileges are granted to an individual RDN who has the needed education and specialized training, demonstrated competence, and completed the credentialing process. Privileges are granted at an individual level, and not to RDNs as a group, since each RDN's qualifications must be evaluated. 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.

**7. Have you worked with your supervisor and/or organization representative to ensure organization-required steps and necessary documents (e.g., organization and department/service policies and procedures, billing procedures, personal job description) are completed and approved by committees, when applicable, to allow RDN to perform the activity?**

The RDN met with their supervisor to review the hospital's process and steps that should be addressed before performing the activity such as:

- Complete application process for obtaining the desired clinical privilege to write independent PN or EN orders and receive approval following the organization's medical staff-approved process.
- Ensure that the activity is included in personal job description and in applicable policies and procedures or standards of care.
- Ensure that personnel file contains documentation of education, training, credentials, if applicable, and competence in performing the activity initially and annually.
- Investigate 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-- §482.54(c) Standard: Orders for Outpatient Services).
- Develop clear understanding of when to consult with nutrition support team physician leader, pharmacist, and/or patient's attending physician prior to initiating or modifying orders for PN or EN.
- Determine process with supervisor for coverage for assigned patients receiving PN or EN during off days or vacations.

*In this Case Study, the 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).*

**Disclaimer:** The Case Studies are intended solely as models to help practitioners determine their individual scope of practice with guidance from the Scope and Standards of Practice and the Scope of Practice Decision Algorithm. Case Studies should not be used to determine a particular inquiry or outcome, as the results of an actual inquiry may differ according to the specific factual circumstances, state laws applicable to the specific situation, and organization policies and procedures.

## REFERENCES

1. Revised 2024 Scope and Standards of Practice for Registered Dietitian Nutritionists. Commission on Dietetic Registration Scope and Standards of Practice Task Force. [www.cdrnet.org/scope](http://www.cdrnet.org/scope) .
2. 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. <https://doi.org/10.1016/j.jand.2021.05.026>
3. 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.
4. Guenter P, Worthington P, et al. Standardized Competencies for Parenteral Nutrition Administration: The ASPEN Model. *Nutr Clin Pract*. 2018;33(2):295-304.
5. 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.
6. 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.
7. Roberts SR. Improving patient outcomes through registered dietitian order writing. *Nutr Clin Pract*. 2013;28(5):556-565.
8. 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.
9. 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 June 21, 2024. <https://www.govinfo.gov/content/pkg/FR-2014-05-12/pdf/2014-10687.pdf>
10. State Operations Manual: Appendix A Survey protocol, regulations and interpretive guidelines for hospitals (Rev. 220, 04-19-24); §482.12(a)(1) Medical Staff, non-physician practitioners; §482.23(c)(3)(i) Verbal Orders; §482.24(c)(2) Orders; §482.28(b)(2) Ordering Diet. US Department of Health and Human Services, Centers for Medicare and Medicaid Services. Accessed June 21, 2024. [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_a\\_hospitals.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf)
11. Powers J, Brown B, Lyman B, et al. Development of a Competency Model for Placement and Verification of Nasogastric and Nasoenteric Feeding Tubes for Adult Hospitalized Patients. *Nutr Clin Pract*. 2021;36(3):517-533. doi:10.1002/NCP.10671
12. Brown BD, Hoffman SR, Johnson SJ, Nielsen WR, Greenwaldt HJ. Developing and Maintaining an RDN-Led Bedside Feeding Tube Placement Program. *Nutr Clin Pract*. 2019;34(6):858-868. doi:10.1003/NCP.10411

13. Yeganehjoo M, Johanek J. Role of Registered Dietitians in Nasogastric Feeding Tube Placement. *Nutr Clin Pract.* 2023;38(6):1225-1344. doi:10.1002/NCP.11071
14. Nutrition Support Fundamentals Course. American Society of Parenteral Nutrition. Accessed July 10, 2024. <https://www.nutritioncare.org/NSFC/>