

# CANDIDATE HANDBOOK

**Commission  
on Dietetic  
Registration**

the credentialing agency for the  
**eat right.** Academy of Nutrition  
and Dietetics





<b>TABLE OF CONTENTS</b>	<b>PAGE</b>
INTRODUCTION	<b>1</b>
TESTING AGENCY	<b>1</b>
STATEMENT OF NONDISCRIMINATION	<b>1</b>
CONFIDENTIALITY	<b>1</b>
EXAMINATION APPOINTMENTS	<b>1</b>
HOLIDAYS	<b>2</b>
ASSESSMENT CENTER LOCATIONS	<b>2</b>
SPECIAL ARRANGEMENTS FOR CANDIDATES WITH DISABILITIES	<b>2</b>
TELECOMMUNICATION SERVICES FOR THE DEAF	<b>3</b>
RESCHEDULING OR CANCELING AN EXAMINATION APPOINTMENT	<b>3</b>
INCLEMENT WEATHER, POWER FAILURE OR EMERGENCY	<b>3</b>
EXAMINATION CONTENT	<b>4</b>
COPYRIGHTED EXAMINATION QUESTIONS	<b>4</b>
ON THE DAY OF YOUR EXAMINATION	<b>4</b>
SECURITY	<b>4</b>
PERSONAL BELONGINGS	<b>5</b>
EXAMINATION RESTRICTIONS	<b>5</b>
MISCONDUCT	<b>5</b>
COMPUTER LOGIN	<b>6</b>
PRACTICE EXAMINATION	<b>6</b>
TIMED EXAMINATION	<b>6</b>
CANDIDATE COMMENTS	<b>6</b>
FOLLOWING THE EXAMINATION	<b>7</b>
PASS/FAIL SCORE DETERMINATION	<b>7</b>
QUALITY CONTROL/SCORING	<b>7</b>

<b>TABLE OF CONTENT CONTINUED</b>	<b>PAGE</b>
SCORES CANCELLED BY THE CLIENT OR AMP	<b>7</b>
IF YOU PASS THE EXAMINATION	<b>7</b>
RE-ESTABLISHING ELIGIBILITY	<b>7</b>
FAILING TO ARRIVE FOR AN EXAMINATION	<b>7</b>
DUPLICATE SCORE REPORT	<b>7</b>
APPEALS PROCESS	<b>8</b>
RE-CERTIFICATION	<b>8</b>
PEDIATRIC CONTENT OUTLINE	<b>9</b>
SAMPLE QUESTIONS- MULTIPLE CHOICE	<b>13</b>
SAMPLE QUESTIONS- KEY FEATURE	<b>14</b>
REFERENCE LIST	<b>15</b>
NOTES PAGE	<b>16</b>
REQUEST FOR SPECIAL EXAMINATION ACCOMODATIONS FORM	<b>17</b>
DOCUMENTATION OF DISABILTY-RELATED NEEDS	<b>18</b>

## INTRODUCTION

Specialty Board Certification for registered dietitians is offered by the Commission on Dietetic Registration (CDR), the credentialing agency for the Academy of Nutrition and Dietetics in the areas of gerontological nutrition, oncology nutrition, pediatric nutrition, renal nutrition and sports dietetics. CDR Specialty Board Certification is granted in recognition of the applicant's documented practice experience and successful completion of a computerized examination in the specialty area. There are two examination windows for the Board Certification Specialist in Pediatric Nutrition, one in May and one in November. The examination consists of 150 multiple-choice questions and key feature questions. It is essential that you keep this Candidate Handbook readily available for reference until you have successfully completed the examination. You are responsible for knowing its contents.

## TESTING AGENCY

Applied Measurement Professionals, Inc. (AMP) is currently the professional testing agency retained by CDR to assist in the development, administration, scoring, and analysis of this specialty examination. AMP is a research and development firm that conducts professional competency assessment research and provides examination services for a number of health practitioner credentialing programs.

## STATEMENT OF NONDISCRIMINATION

CDR and AMP do not discriminate among candidates on the basis of race, color, creed, gender, religion, national origin, disability or marital status.

## CONFIDENTIALITY

Information about candidates for testing and their examination results are considered

confidential. Test question drafts and other materials used to create examination questions (except for test content outlines or reference lists) are secure and confidential. All such materials shall be kept in secure, locked storage, accessible only by authorized personnel, and not disclosed to or shared with others. All questions written and materials developed for questions are considered a "work for hire," and remain the property of CDR. Question writers are not allowed to conduct "review courses" or other programs designed to prepare candidates to take a CDR Specialty examination. Studies and reports concerning candidates will contain no information identifiable with any candidate, unless authorized by the candidate.

## EXAMINATION APPOINTMENTS

After you have received notification of your eligibility from CDR, and about one month before the examination dates, you may schedule an examination appointment by one of the following methods. Be prepared to confirm a date and location for testing and to provide your CDR registration number as your unique identification number.

### 1. Schedule Online:

Follow these steps:

- Go to [www.goAMP.com](http://www.goAMP.com)
- Select "Candidates"
- Select "Category"- "Healthcare"
- Select "Program"- "Commission on Dietetic Registration"
- Select "Examination" – "Specialist in Pediatric Nutrition Examination"
- Click On "Register for this Exam"
- If you have never used AMP's online system before you will have to register as a new user by clicking on "New user?"

- After scheduling your examination appointment online you will receive an email confirmation.

2. Telephone Scheduling:

Call AMP at 888-519-9901 to schedule an examination appointment. This toll-free number is answered from 7:00 a.m. to 9:00 p.m. (Central Time) Monday through Thursday, 7:00 a.m. to 7:00 p.m. on Friday and 8:30 a.m. to 5:00 p.m. on Saturday. You will not receive an e-mail confirmation if you schedule by phone.

If special accommodations are requested, please submit the Request for Special Examination Accommodations form included at the end of the Handbook prior to contacting AMP.

The examinations are administered by appointment only Monday through Friday (there may be some limited Saturday appointments available at select locations) at 9:00 a.m. and 1:30 p.m. Individuals are scheduled on a first-come, first-served basis. Refer to the chart below.

If AMP is called by 3:00 p.m. Central Time on...	Depending on availability, your examination may be scheduled as early as...
Monday	Wednesday
Tuesday	Thursday
Wednesday	Friday/Saturday
Thursday	Monday
Thursday	Tuesday

When the appointment is made, the applicant will be given a time to report to the Assessment Center. Please make a note of it since an admission letter will not be sent. The applicant

will only be allowed to take the examination for which the appointment has been made. No changes in examination type will be made at the Assessment Center. **UNSCHEDULED CANDIDATES (WALK-INS) WILL NOT BE ADMITTED** to the Assessment Center.

**HOLIDAYS**

The examinations are not offered on the following holidays:

- New Year’s Day
- Martin Luther King Day
- Presidents’ Day
- Good Friday
- Memorial Day
- Independence Day (July 4)
- Labor Day
- Columbus Day
- Veterans’ Day
- Thanksgiving Day (and the following Friday)
- Christmas Eve Day
- Christmas Day
- New Year’s Eve Day

**ASSESSMENT CENTER LOCATIONS**

Examinations are administered by computer at over 180 Assessment Centers geographically distributed throughout the United States. Assessment Center locations, detailed maps and directions are available on AMP’s website, [www.goAMP.com](http://www.goAMP.com). Specific address information will be provided when a candidate schedules an appointment.

**SPECIAL ARRANGEMENTS FOR CANDIDATES WITH DISABILITIES**

AMP complies with the Americans with Disabilities Act and strives to ensure that no individual with a disability is deprived of the opportunity to take the examination solely by reason of that disability. AMP will provide reasonable accommodations for candidates with disabilities. Candidates requesting special accommodations must call AMP at 1-888-519-9901 to schedule their examination.

Wheelchair access is available at all established Assessment Centers. Candidates must advise AMP at the time of scheduling that wheelchair access is necessary.

Candidates with visual, sensory or physical disabilities that would prevent them from taking the examination under standard conditions may request special accommodations and arrangements.

Verification of the disability and a statement of the specific type of assistance needed must be made in writing to CDR using the form at the end of the Candidate Handbook at least 45 calendar days prior to your desired examination date. Please inform AMP of your need for special accommodations when scheduling your examination time.

**TELECOMMUNICATION DEVICES FOR THE DEAF**

AMP is equipped with Telecommunication Devices for the Deaf (TDD) to assist deaf and hearing-impaired candidates. TDD calling is available 8:30 a.m. to 5:00 p.m. (Central Time) Monday-Friday at 913-895-4637. This TDD phone option is for individuals equipped with compatible TDD machinery.

**RESCHEDULING OR CANCELING AN EXAMINATION APPOINTMENT**

A candidate may reschedule an appointment for examination at no charge once by calling AMP at 1-888-519-9901 at least two business days prior to the scheduled testing session. (See table below.)

If your examination is scheduled on...	Your must call AMP by 3:00 p.m. Central Time to change your appointment by the previous...
Monday	Wednesday
Tuesday	Thursday
Wednesday	Friday
Thursday	Monday
Friday	Tuesday

A candidate who does not schedule his/her examination appointment during the current test administration window may have their application and examination fee transferred to the next test administration free of charge by contacting CDR at 800-877-1600, ext 4705 or 4816 or [specialists@eatright.org](mailto:specialists@eatright.org). Candidate’s eligibility and examination fee will only extend one test administration window. An application may need to be updated if a candidate would like to extend their eligibility more than one test administration window.

A candidate who does not schedule his/her examination appointment after confirmation of eligibility may request a full refund if they do not wish to test during the current or subsequent test administration window. Requests for refunds must be made in writing and mailed, faxed or e-mailed to CDR. If the candidate wishes to take the examination again a new application and examination fee will need to be resubmitted.

A candidate who wishes to reschedule his/her examination appointment, but fails to contact AMP at least two business days prior to the scheduled testing session will be required to pay a \$85 fee to reschedule the examination. The fee applies even if the candidate waits until the next test window to reschedule their appointment. In order to reschedule your appointment, you will need to contact CDR at 800-877-1600, ext. 4705 or 4816 or [specialists@eatright.org](mailto:specialists@eatright.org). Note that your examination eligibility may expire after the next test administration window.

**INCLEMENT WEATHER, POWER FAILURE OR EMERGENCY**

In the event of inclement weather or unforeseen emergencies on the day of an examination, AMP will determine whether circumstances warrant the cancellation, and subsequent rescheduling, of an examination. The examination will usually not be rescheduled

if the Assessment Center personnel are able to open the Assessment Center.

Candidates may visit AMP's website at [www.goAMP.com](http://www.goAMP.com) prior to the examination to determine if AMP has been advised that any Assessment Centers are closed. Every attempt is made to administer the examination as scheduled; however, should an examination be canceled at an Assessment Center, all scheduled candidates will receive notification following the examination regarding rescheduling or reapplication procedures.

If power to an Assessment Center is temporarily interrupted during an administration, your examination will be restarted. The responses provided up to the point of interruption will be intact, but for security reasons the questions will be scrambled.

### **EXAMINATION CONTENT**

The examination consists of 150 multiple-choice questions and key feature questions (130 questions scored questions and 20 pretest questions), and is constructed using approximately the number of items indicated in the Content Outline. Pretesting is done to see how well items perform before they are used in the scored portion of the examination. The pretest questions cannot be distinguished from those that will be scored, so it is important that all questions are answered to the best of your ability. A key feature question is a multiple choice question that requires more than one answer (see sample question toward the end of this handbook). Candidates will have 3 hours to complete the examination.

### **COPYRIGHTED EXAMINATION QUESTIONS**

All examination questions are the copyrighted property of CDR. It is forbidden under federal copyright law to copy, reproduce, record, distribute or display these examination questions by any means, in whole or in part. Doing so may subject you to severe civil and criminal penalties.

### **ON THE DAY OF YOUR EXAMINATION**

On the day of your examination appointment, report to the Assessment Center no later than your scheduled testing time. Once you enter the building, look for the signs indicating AMP Assessment Center check-in. A CANDIDATE WHO ARRIVES MORE THAN 15 MINUTES AFTER THE SCHEDULED TESTING TIME WILL NOT BE ADMITTED.

To gain admission to the Assessment Center, a candidate needs to present two forms of identification, one with a current photograph. Both forms of identification must be current and include the candidate's current name and signature. The candidate will also be required to sign a roster for verification of identity.

Acceptable forms of identification include a current:

1. Driver's license with photograph
2. State ID card with photograph
3. Passport
4. Military ID card with photograph
5. Social security card (secondary form)

Employment ID cards, student ID cards and any type of temporary identification are NOT acceptable as primary identification. Candidates are prohibited from misrepresenting their identities or falsifying information to obtain admission to the Assessment Center.

### **SECURITY**

CDR and AMP maintain examination administration and security standards that are designed to ensure all candidates are provided the same opportunity to demonstrate their abilities. The Assessment Center is continuously monitored by audio and video surveillance equipment for security purposes.

The following security procedures apply during the examination:

- Examinations are proprietary. No cameras, notes, tape recorders, Personal Digital Assistants (PDAs), pagers or cellular phones are allowed in the testing room. Possession

of a cellular phone or other electronic devices is strictly prohibited and will result in dismissal from the examination.

- Only silent, non-programmable calculators without alpha keys or printing capabilities are allowed in the testing room.
- No guests, visitors or family members are allowed in the testing room or reception areas.

### **PERSONAL BELONGINGS**

No personal items, valuables, or weapons should be brought to the Assessment Center. Only wallets and keys are permitted. Coats must be left outside the testing room. You will be provided a soft locker to store your wallet and/or keys with you in the testing room. You will not have access to these items until after the examination is completed. Please note the following items will not be allowed in the testing room except securely locked in the soft locker:

- watches
- hats

Once you have placed everything into the soft locker, you will be asked to pull out your pockets to ensure they are empty. If all personal items will not fit in the soft locker you will not be able to test. The site will not store any personal belongings.

If any personal items are observed in the testing room after the examination is started, you will be dismissed the administration will be forfeited.

### **EXAMINATION RESTRICTIONS**

- Pencils will be provided during check-in.
- You will be provided with one piece of scratch paper at a time to use during the examination, unless noted on the sign-in

roster for a particular candidate. You must return the scratch paper to the supervisor at the completion of testing, or you will not receive your score report.

- No documents or notes of any kind may be removed from the Assessment Center.
- No questions concerning the content of the examination may be asked during the examination.
- Eating, drinking or smoking will not be permitted in the Assessment Center.
- You may take a break whenever you wish, but you will not be allowed additional time to make up for time lost during breaks.

### **MISCONDUCT**

If you engage in any of the following conduct during the examination you may be dismissed, your scores will not be reported and examination fees will not be refunded. Examples of misconduct are when you:

- create a disturbance, are abusive, or otherwise uncooperative;
- display and/or use electronic communications equipment such as pagers, cellular phones, PDAs;
- talk or participate in conversation with other examination candidates;
- give or receive help or are suspected of doing so;
- leave the Assessment Center during the administration;
- attempt to record examination questions or make notes;
- attempt to take the examination for someone else;
- are observed with personal belongings, or
- are observed with notes, books or other aids without it being noted on the roster.

## COMPUTER LOGIN

After your identification has been confirmed, you will be directed to a testing carrel. You will be instructed on-screen to enter your registration number. You will take your photograph which will remain on screen throughout your examination session. This photograph will also print on your score report.

## PRACTICE EXAMINATION

Prior to attempting the examination, you will be given the opportunity to practice taking an examination on the computer. The time you use for this practice examination is NOT counted as part of your examination time or score. When you are comfortable with the computer testing process, you may quit the practice session and begin the timed examination. Please note that this practice examination is to help you become familiar with the computerized examination format; it is possible that the problems will not be nutrition related.

## TIMED EXAMINATION

Following the practice examination, you will begin the timed examination. Before beginning, instructions for taking the examination are provided on-screen.

The computer monitors the time you spend on the examination. The examination will terminate if you exceed the time allowed. You may click on the "Time" box in the lower right-hand corner of the screen or select the Time key to monitor your time. A digital clock indicates the time remaining for you to complete the examination. The Time feature may be turned off during the examination.

Only one examination question is presented at a time. The question number appears in the lower right hand corner of the screen. Choices of answers to the examination question are identified as A, B, C, or D. You must indicate your choice by either typing in the letter in the response box in the lower left hand of the computer screen or clicking in the option using the mouse.

To change your answer, enter a different option by pressing the A, B, C, or D key or by clicking on the option using the mouse. You may change your answer as many times as you wish during the examination time limit.

To move to the next question, click on the forward arrow (>) in the lower right portion of the screen or select the NEXT key. This action will move you forward through the examination question by question. If you wish to review any question or questions, click the backward arrow (<) or use the left arrow key to move backward through the examination.

An examination question may be left unanswered for return later in the examination session. Questions may also be bookmarked for later review by clicking in the blank square to the right of the Time button. Click on the hand icon or select the NEXT key to advance to the next unanswered or bookmarked question on the examination. To identify all unanswered and bookmarked questions, repeatedly click on the hand icon or press the NEXT key. When the examination is completed, the number of examination questions answered is reported. If not all questions have been answered and there is time remaining, return to the examination and answer those questions. Be sure to provide an answer for each examination question before ending the examination. There is no penalty for guessing. Also if more than one answer is required it will be indicated with the question.

## CANDIDATE COMMENTS

During the examination, comments may be provided for any question by clicking on the button displaying an exclamation point (!) to the left of the Time button. This opens a dialogue box where comments may be entered. Comments will be reviewed, but individual responses will not be provided. Once you leave the test center, if you still have comments you may forward written comments to CDR at [specialists@eatright.org](mailto:specialists@eatright.org). All comments sent to CDR should be to the attention of Specialty Certification and sent to CDR no later than five

business days after the close of the examination window. Please note that the appeal process is different.

### **FOLLOWING THE EXAMINATION**

After completing the examination, candidates are asked to complete a short evaluation of their examination experience. Candidates are then instructed to report to the examination proctor to receive their examination completion report; this is not a score report. Score reports will be mailed to candidates approximately 6-8 weeks following the last date of the examination window. Scores are reported in written form only. Scores are not reported over the telephone, by electronic mail, or by facsimile.

### **PASS/FAIL SCORE DETERMINATION**

The methodology used to set the minimum passing score is the Angoff method, based upon data gathered during the performance of a Passing Point Study by a panel of experts in the field. The experts evaluated each question on the examination to determine how many correct answers are necessary to demonstrate the knowledge and skills required to pass this examination portion. Your ability to pass the examination depends on the knowledge and skill you display, not on the performance of other candidates.

Passing scores may vary slightly for each version of the examination to accommodate for variances in examination difficulty. To ensure fairness to all candidates, a process of statistical equating is used. Slight variations in difficulty level are addressed by adjusting the passing score up or down, depending on the overall difficulty level statistics for the group of scored questions that appear on a particular version of the examination.

### **QUALITY CONTROL/SCORING**

Before the final scores are released to the candidate, each examination undergoes quality control checks. A thorough item analysis is completed and is used a part of the statistical

review of the performance of the examination. CDR, AMP and subject matter experts (SME's) review examination data and candidate comments. All these materials are reviewed during a key validation meeting with SME's to ensure that the scoring of the questions is appropriate.

### **SCORES CANCELLED BY THE CLIENT OR AMP**

CDR and AMP are responsible for the validity and integrity of the scores they report. On occasion, occurrences, such as computer malfunction or misconduct by a candidate, may cause a score to be suspect. CDR and AMP reserve the right to void or withhold examination results if, upon investigation, violation of its regulations is discovered.

### **IF YOU PASS THE EXAMINATION**

All candidates who pass the examination will receive a wall certificate, specialty identification card and orientation materials about four weeks after they receive their score report.

### **RE-ESTABLISHING ELIGIBILITY**

A candidate who fails the examination should contact CDR at 1-800-877-1600 ext 4705 or 4816 or [specialists@eatright.org](mailto:specialists@eatright.org) to verify which sections of the application may need to be resubmitted. The whole application may not need to be submitted again.

### **FAILING TO ARRIVE FOR AN EXAMINATION**

A candidate who fails to report for an examination forfeits the registration and all fees paid to take the examination. A new application form and examination fee are required to reapply for examination.

### **DUPLICATE SCORE REPORT**

Candidates may purchase additional copies of their results at a cost of \$25 per copy. Requests must be submitted to CDR, in writing. The request must include the candidate's name, registration number, mailing address, telephone number, date of examination and examination

taken. Submit this information with the required fee payable to CDR in the form of a check, money order or cashier's check. Duplicate score reports will be mailed within approximately two weeks after receipt of the request and fee.

### **APPEALS PROCESS**

The appeals process provides candidates with means by which their concerns about the content of the examination, process or results of assessment can be reviewed and resolved. There is no charge for specialty appeals. The applicant must submit a written petition within 14 calendar days after receipt of the decision. Letters must include your request, any necessary documentation to support your request, daytime phone number and your registration number. Appeal letters should be sent to:

Attn: Specialty Certification  
Commission on Dietetic Registration  
120 S Riverside Plaza, Ste 2000  
Chicago, IL 60606-6995

### **RECERTIFICATION**

At the end of the specialist five-year certification period, specialists who wish to recertify must be a current Registered Dietitian with CDR and:

1. Successfully complete an eligibility application – including the required minimum number of specialty practice hours
2. Submit an examination fee
3. Pass the specialty examination

The reasoning for requiring recertification testing is that the Specialty Board Certification is a practice credential, a credential that represents to the public that the certificant possesses the knowledge, skills and experience to function effectively as a specialist in that area. The nature of the knowledge and skills to practice at a specialty level is subject to change due to technological and scientific advances. Recertification testing helps to provide continuing assurance that the certified specialist has indeed maintained their knowledge in the specialty area.



## Commission of Dietetic Registration

### Pediatric Nutrition

### Content Outline

*Effective Date: November 2012*

#### **I. NUTRITION ASSESSMENT (31%)**

##### **A. History and Current Status**

1. Objective data
  - a. Obtain data regarding anthropometric measurements
  - b. Obtain medical history
  - c. Evaluate nutrition risk factors of pediatric patients
  - d. Identify history and presence of food allergies, hypersensitivities and intolerances
  - e. Obtain information regarding use of medications, complementary and alternative medications, and dietary (vitamin/mineral) supplements
2. Subjective data
  - a. Conduct interview with patient/client/caregiver to obtain information regarding care of patient
  - b. Obtain nutrition history from pediatric patient/client/caregiver to determine usual dietary pattern or nutrient intake
  - c. Identify developmental level
  - d. Identify psychosocial and socioeconomic issues that impact nutrition status and education needs
  - e. Identify cultural or religious issues that impact nutrition status
  - f. Obtain family history of disease that may affect nutrition status
  - g. Observe patient/client for nutrition-focused physical findings and oral health
  - h. Determine patient's activity level

##### **B. Initial Nutrition Assessment**

1. Assess physical growth and development of pediatric patient/client
2. Assess impact of medical history and therapies on nutrition status
3. Assess patient/client for neurological/mental status related to nutrition care
4. Assess information regarding fluid and electrolyte intake and output
5. Evaluate composition of nutrition regimen (oral/enteral/parenteral)
6. Evaluate adequacy of nutrition regimen (oral/enteral/parenteral)
7. Evaluate risk for nutrient deficiencies/excesses
8. Evaluate gastrointestinal function
9. Evaluate biochemical indices to assess nutrition status or current dietary intake
10. Evaluate patient for oral nutrition



## Commission of Dietetic Registration

### Pediatric Nutrition

### Content Outline

*Effective Date: November 2012*

11. Evaluate lactation needs of mother and infant
12. Evaluate information regarding oral-motor skills
13. Evaluate information regarding feeding skills and developmental milestones related to feedings
14. Evaluate patient/client for enteral nutrition
15. Evaluate patient/client for parenteral nutrition
16. Determine fluid and electrolyte requirements for nutrition prescription/diet order
17. Determine macronutrient requirements for nutrition prescription/diet order
18. Determine micronutrient requirements for nutrition prescription/diet order

#### **II. NUTRITION DIAGNOSIS (15%)**

1. Identify and label nutrition-related problem(s)
2. Determine cause/contributing risk factors
3. Identify signs and symptoms/defining characteristics of patient/client nutrition-related problem(s)

#### **III. NUTRITION INTERVENTION (31%)**

##### **A. Nutrition Care Plan**

1. Individualize nutrition prescription and goals
2. Evaluate readiness or ability of patient/client/caregiver to adhere with medical nutrition therapy
3. Recommend vitamin/mineral supplements
4. Develop plan for managing oral nutrition
5. Develop specifications for oral nutrition
6. Develop plan for managing enteral nutrition
7. Develop specifications for enteral nutrition
8. Develop plan for managing parenteral nutrition
9. Develop specifications for parenteral nutrition
10. Recommend nutrition-related lab tests, medical tests, procedures
11. Document nutrition care plan

##### **B. Collaboration**

1. Refer to physician for additional medical evaluation and therapy
2. Recommend clinical consults and referrals
3. Collaborate with other agencies and facilities to coordinate nutrition care



## Commission of Dietetic Registration

### Pediatric Nutrition

### Content Outline

*Effective Date: November 2012*

4. Communicate nutrition goals at time of transfer/discharge
5. Collaborate with patient/client/caregiver to provide resources for medical nutrition therapy
6. Coordinate care with other health care professionals to assist patient/client/caregiver with implementation of nutrition plan
7. Collaborate with medical team to adjust or add nutrition-related medications
8. Collaborate with medical team to adjust fluid and electrolyte management
9. Collaborate with patient/client/caregiver to develop goals and individualize nutrition prescription
10. Verify patient information from multiple sources

#### **C. Education**

1. Identify potential barriers and readiness to learn
2. Educate patient/client/caregiver regarding goals and rationale of nutrition prescription/diet order
3. Educate patient/client/caregiver specific to their needs and abilities
4. Educate patient/client/caregiver regarding age-specific nutrition issues
5. Educate patient/client/caregiver regarding disease-specific nutrition issues
6. Educate patient/client/caregiver regarding nutrient composition of specific foods in nutrition prescription/diet order to promote healthy eating habits and disease management
7. Educate patient/client/caregiver regarding drug-nutrient interactions
8. Educate patient/client/caregiver regarding role of physical activity in health and disease management
9. Demonstrate skills necessary for implementation of nutrition prescription/diet order
10. Educate patient/client/caregiver regarding food purchase and preparation in nutrition prescription/diet order
11. Educate caregiver regarding formula preparation
12. Educate patient/client/caregiver regarding food selections in non-home settings
13. Educate patient/client/caregiver regarding enteral nutrition in non-hospital settings
14. Evaluate patient/client/caregiver's post-education knowledge
15. Evaluate patient/client/caregiver's expected adherence with nutrition plan
16. Educate interdisciplinary team members and support staff on medical nutrition therapy
17. Develop patient/client/caregiver education materials



## Commission of Dietetic Registration

### Pediatric Nutrition

### Content Outline

*Effective Date: November 2012*

#### IV. NUTRITION MONITORING and EVALUATION (23%)

##### **A. Monitor Progress and Evaluate Outcomes**

1. Evaluate implementation of nutrition care plan by interdisciplinary medical team
2. Evaluate adequacy of current nutrition prescription/diet order
3. Evaluate patient/client/caregiver response to current nutrition prescription
4. Evaluate tolerance of current nutrition prescription
5. Evaluate changes in dietary intake
6. Evaluate developmental progress
7. Evaluate readiness to change or advance feeding modality
8. Evaluate changes in anthropometric measurements
9. Evaluate changes in biochemical indices related to nutrition status
10. Evaluate changes in fluid and electrolyte intake and output

##### **B. Reassess Nutrition Care Plan**

1. Reevaluate nutrition diagnosis
2. Recommend changes in nutrition prescription/diet order
3. Recommend changes in oral nutrition
4. Recommend changes in enteral nutrition
5. Recommend changes in parenteral nutrition
6. Recommend changes or advancement of feeding modality
7. Recommend changes to vitamin/mineral supplementation

##### **C. Quality Improvement**

1. Identify standards by which nutrition assessment data will be compared
2. Establish outcome indicators for nutrition interventions in specific measurable terms
3. Collect data for documenting outcomes
4. Coordinate quality assurance with other healthcare disciplines
5. Develop/apply evidence-based protocols to deliver standardized care
6. Modify practice based on scientific evidence

© 2012. CDR. All rights reserved.

## SAMPLE MULTIPLE CHOICE QUESTIONS

1. Intravenous fat emulsions may be contraindicated for patients with an allergy to

- A. egg.
- B. milk.
- C. peanuts.
- D. shellfish.

2. A medical team expects that a 3-year-old child will require bowel rest for 7 to 10 days for a post-surgical ileus. Which of the following is the MOST appropriate nutrition support plan?

- A. use of peripheral IV for parenteral nutrition
- B. placement of a PICC for parenteral nutrition
- C. gastrojejunal feeding tube for elemental tube feeding
- D. nasojejunal feeding tube placement for elemental tube feeding

3. The parents of a 10-year-old child with type 1 diabetes consult a CSP regarding sick day management. The child has the flu and is unable to eat solid foods. Which of the following is the BEST response?

- A. "Increase the insulin dose, and ensure adequate sugar-free fluid intake."
- B. "Maintain the current insulin dose, and ensure adequate sugar-free fluid intake."
- C. "Decrease the insulin dose, and ensure adequate carbohydrate-containing fluid intake."
- D. "Maintain the current insulin dose, and ensure adequate carbohydrate-containing fluid intake."

**KEY:**

**1. A, 2. B, 3. D**

## SAMPLE KEY FEATURE QUESTIONS

A 10-month-old male, who was born at 28 weeks gestation with short bowel syndrome, is admitted to the hospital with lethargy, fever, and weight loss. The infant has a history of necrotizing enterocolitis and is status post-partial resection of the jejunum and majority of the ileum. The infant receives a combination of enteral, parenteral, and oral feedings at home.

1. Which of the following are MOST important to have upon starting initial assessment?

(Choose 4 options.)

- A. blood pressure
- B. blood omega-3 and omega-6 fatty acids
- C. bone age
- D. fecal elastase
- E. growth history
- F. serum amylase and lipase
- G. nutrition history
- H. small bowel biopsy
- I. stool output history
- J. tissue transglutaminase levels (TTG)
- K. triene:tetraene
- L. stool pH and reducing substances

2. The patient has been receiving four daytime bolus feedings of 27-kcal/oz formula, which meets 40% of estimated energy needs. Tastes of age appropriate foods are offered by mouth three times per day. TPN, which is cycled overnight, meets 50% of estimated energy needs. Significant malabsorption is identified upon admission. Which of the following represent appropriate initial interventions?

(Choose 3 options.)

- A. Transition from cycled to continuous tube feeds.
- B. Transition from bolus to continuous tube feeds.
- C. Decrease the number of boluses, but keep total formula volume the same.
- D. Increase kcals by starting 1.5-kcal/mL oral supplement.
- E. Decrease concentration of formula and increase percentage of kcals from TPN.
- F. Increase concentration of formula and decrease percentage of kcals from TPN.
- G. Decrease the volume of the formula feeds and increase the volume of the TPN.
- H. Decrease the intake of food by 50% and switch to continuous tube feedings.
- I. Increase the frequency of food intake to 6 times per day and decrease the bolus feedings.

3. Considering the patient's medical history of malabsorption, which of the following factors are most likely to be deficient?

(Choose 2 options.)

- A. iron.
- B. bile salts.
- C. copper.
- D. fat soluble vitamins.
- E. simple carbohydrates.
- F. calcium.

**KEY:**

**1. E, G, I, L**

**2. B, E, G**

**3. B, D**

## REFERENCE LIST

### Textbooks:

Baker SS, Baker RD and Davis AM. *Pediatric Nutrition Support*. Sudbury, MA: Jones and Bartlett Publishers; 2007. ISBN: 0763731544.

Behavioral Health Nutrition DPG/Pediatric Nutrition DPG. *Academy of Nutrition and Dietetics Pocket Guide to Children with Special Health Care and Nutrition Needs*. Chicago, Ill: American Academy of Nutrition and Dietetics; 2012. ISBN: 9780880914437

Evert AB, Hess-Fischl A. *Pediatric Diabetes: Health Care Reference and Client Education Handouts*. Chicago, Ill: American Dietetic Association; 2005. ISBN: 0880914041.

Kleinman RE, ed. *Pediatric Nutrition Handbook*. 6<sup>th</sup> ed. Elk Grove Village, IL: American Academy of Pediatrics; 2009. ISBN: 1581102984

Texas Children's Hospital. *Texas Children's Hospital Pediatric Nutrition Reference Guide*. 9<sup>th</sup> ed. Houston, TX: Texas Children's Hospital; 2011.

Pediatric Nutrition DPG. *ADA Pocket Guide to Neonatal Nutrition*. Chicago, Ill: The American Dietetic Association 2009.

Samour PM, King KK. *Handbook of Pediatric Nutrition*. 4<sup>th</sup> ed. Sudbury, MA: Jones and Bartlett Publishers, Inc; 2010. ISBN: 0763784508

### Online Resource Manual:

Academy of Nutrition and Dietetics (formerly the American Dietetic Association). *Nutrition Care Manual*. Chicago, Ill: American Academy of Nutrition and Dietetics; 2012.

<http://nutritioncaremanual.org/auth.cfm?p=%2Findex%2Ecfm%3F&err=NotLoggedIn>

(\*monthly billing available)

### Position Papers:

Daniels SR, Greer FG. Lipid Screening and Cardiovascular Health in Childhood. *Pediatrics*. American Academy of Pediatrics 2008; 122; 198-208. <http://www.pediatricsdigest.mobi/content/122/1/198.full.pdf+html>

Guidelines for the Diagnosis and Management of Food Allergy in the United States: Report of NIAD-Sponsored Expert Panel. *The Journal of Allergy and Clinical Immunology*; 126 (6), Supplement: S1-S58.

<http://download.journals.elsevierhealth.com/pdfs/journals/0091-6749/PIIS0091674910015666.pdf>

Position of the American Dietetic Association: Promoting and Supporting Breastfeeding. *J Am Diet Assoc*. 2009; 109 (11): 1926-1942. <http://www.eatright.org/About/Content.aspx?id=8377>

Position of the American Dietetic Association: Weight Management. *J Am Diet Assoc*. 2009; 109 (2): 330-346. <http://www.eatright.org/About/Content.aspx?id=8382>

NOTES PAGE:

## REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS

If you have a disability covered by the Americans with Disabilities Act, please complete this form and the Documentation of Disability-Related Needs so your accommodations for testing can be processed efficiently. The information you provide and any documentation regarding your disability and your need for accommodation in testing will be treated with strict confidentiality. Please return this form to CDR within 45 days of the desired testing date.

### CANDIDATE INFORMATION

CDR Registration Number		
Last Name	First Name	Middle Initial
Address		
City	State/Province	Zip Code/Postal Code and Country
Daytime Phone Number	Fax Number	E-mail Address

### SPECIAL ACCOMODATIONS

I request special accommodations for the \_\_\_\_\_ examination.

Please provide (check all that apply):

- Reader
- Extended examination time (time and a half)
- Reduced distraction environment
- Other special accommodations (please specify)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of disability: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Return this form to:  
Attn: Specialty Certification, Commission on Dietetic Registration,  
120 S Riverside Plaza, Ste 2000, Chicago, IL 60606-6995  
[specialists@eatright.org](mailto:specialists@eatright.org)

## DOCUMENTATION OF DISABILITY-RELATED NEEDS

Please have this section completed by an appropriate professional (**education professional, physician, psychologist, psychiatrist**) to ensure that AMP is able to provide the required examination accommodations.

### PROFESSIONAL DOCUMENTATION

I have known \_\_\_\_\_ since \_\_\_\_ / \_\_\_\_ / \_\_\_\_ in my capacity as a  
Examination Applicant Name

\_\_\_\_\_  
Professional Title

The applicant discussed with me the nature of the examination administered. It is my opinion that because of this applicant's disability described below, he/she should be accommodates by providing the special arrangements listed on the previous page.

Description of  
disability: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ License # (if applicable): \_\_\_\_\_

Return this form to:  
**Attn: Specialty Certification**  
**Commission on Dietetic Registration,**  
**120 S Riverside Plaza, Ste 2000, Chicago, IL 60606-6995**  
[specialists@eatright.org](mailto:specialists@eatright.org)



**Commission on Dietetic Registration**  
**120 S Riverside Plaza, Ste 2000**  
**Chicago, IL 60606-6995**  
[specialists@eatright.org](mailto:specialists@eatright.org)