

Division of Developmental Disabilities Services

Community Services

Health Care Services Protocol # 4

Nutrition Management Guidelines

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Approved by: _____

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I. Objective: To effectively and efficiently monitor and promote nutritional health and safety of service recipients in residential habilitation settings.

II. Policy:

Service recipients are assessed by a Registered Dietician of their nutritional support needs and overall nutritional health initially upon entry to residential habilitation services, and as needed due to changes in the service recipient's health or support needs status. Service recipients who receive Nurse Consultation have a nutritional screen completed annually by the nurse consultant in conjunction with their annual Person Centered Plan review.

III. Application:

- All service recipients receiving Residential Habilitation services from the Division of Developmental Disabilities Services (DDDS).
- DDDS Community Services Staff and contracted Targeted Case Management staff.
- Authorized Residential Habilitation and Nurse Consultation Providers.

IV. Definitions:

- A. Nutritional Screening – Basic review of factors related to nutritional health.
- B. Nutrition Assessment – Comprehensive evaluation of overall nutritional health will be completed, taking into account subjective and objective factors such as: nutritional requirements, medical diagnoses, appetite/intake, height/weight changes, relevant lab values, skin condition, relevant medications, lifestyle, food preferences, swallow status, and diet order.

V. Standards:

- A. A Registered Dietician (RD) will complete a Nutritional Assessment for all service recipients upon entry to a Division of Developmental Disabilities Services (DDDS) approved Residential Habilitation setting. The assigned Consultative Nurse will notify the selected RD of any new service recipients via email or phone within the first 30 days after move-in. The Consultative Nurse will complete the referral form (Exhibit A) and email to the RD. The assessment will be documented on a form as deemed appropriate by the RD and returned to the Consultative Nurse. The document will then be scanned into the electronic client data management system in the Appointments section. If there is no Consultative Nurse assigned to the service recipient, the residential house manager will complete all the steps of the referral for assessment and scan the document into the electronic client data management system.
- B. Annually, a nutritional screening will be performed by the Consultative Nurse for all service recipients in a residential habilitation setting. The screening will be part of the Electronic Comprehensive Health Assessment Tool (eCHAT). During this review, if the Consultative Nurse deems it necessary, a referral to the RD will be completed (Exhibit A). The RD will document his/her findings on a form deemed appropriate by the RD and return to the Consultative Nurse. The form will be scanned into the electronic client data management system in the Appointments section. If there is no Consultative Nurse assigned to the service recipient, the residential house manager will request an annual Nutritional Assessment from the RD using Exhibit A and scan the resulting assessment report into the electronic client data management system in the Appointments section.
- C. A service recipient can be referred to a RD for a Nutritional Re-Assessment anytime if the Consultative Nurse, or residential house manager if no Consultative Nurse is assigned to the service recipient, deems the service recipient's health status warrants. Also, at the request of the service recipient, family, guardian, or health care provider, the Consultative Nurse/residential house manager can complete a referral to a RD for a Nutritional Re-Assessment. The RD will document his/her findings on a form deemed appropriate by the RD and return to the Consultative Nurse/residential house manager. The form will be scanned into the electronic record within the appointment section.

- D. Nutritional status will be discussed by the support team with the service recipient and their advocates/family at the time of the annual Person Centered Plan (PCP). Outcomes of that process shall be documented in the PCP.

VI. References:

Montana Disability and Health Program, The University of Montana Rural Institute.
(n.d.). *Nutrition*
For individuals with intellectual and developmental disabilities. Retrieved from:
[Nutrition for Individuals with Intellectual or Developmental Disabilities \(umt.edu\)](#)

VII. Exhibits:

- A. Nutritional Referral

EXHIBIT A

**DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES
COMMUNITY SERVICES**

NUTRITION REFERRAL

Registered Dietician: _____

Contact Information: _____

Date of Referral: _____

Service Recipient Name: _____

Date of Birth: _____

Residential Provider: _____

Phone: _____

Address: _____



Nurse Consultant: _____

Phone: _____

Email Address: _____

Reason for Referral: (circle one)

- New Admission
- Other: _____

Information Requested: (Scanned and Emailed)

Current Height: _____

Current Weight: _____

Dx: _____

Include current MAR

Include most recent lab work

Current Diet/Tube Feeding Order:

Comments:
