

DRAFT

NUTRITION PRESCRIPTION STANDARDS AND POLICIES
FOR CONSULTATION

Nova Scotia College of Dietitians and Nutritionists
May 15, 2022

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Introduction

Nutrition prescription is defined within the dietetic scope of practice: “The practice of dietetics means the translation and application of scientific knowledge of food and nutrition to human health through... nutrition prescription, including enteral and parenteral nutrition and the prescription or ordering of drugs or other agents to optimize nutrition status.” (Dietitians Act, 2009)

Individual scope of practice, as defined in the Dietitians Act (2009) is “the roles, functions and accountabilities that an individual is educated and authorized to perform.” The Academy of Nutrition and Dietetics Scope of Practice Decision Algorithm (2021) can support the dietitian to recognize their individual scope of practice and identify whether they are competent to perform a specific activity.

Authorization statements, standards and policies have been developed to regulate activities within the professional scope of practice that represent a significant risk of harm to the public. Dietitians at entry to practice may not necessarily be trained and able to perform all activities that fall within the profession’s scope of practice. The CCP and regulatory tools outlined in Table 1 are in place to support and direct dietetic practice. Standards of practice will be revised as needed to reflect current practice and serve to represent the minimum standard for competent practice. Entry to practice competencies address nutrition prescription, but a commitment to lifelong learning will enable dietitians to maintain and enhance competency to practice nutrition prescription. Seeking and accessing mentorship, and/or informal and formal educational opportunities to attain and maintain competency is a dietitian’s responsibility.

Table 1: Tools to regulate dietetic practice

Authorization Statement	Interprets the Act’s scope of practice in relation to the practice of a specific activity
Policy / Standard	Reflects the position of the College. Dietitians licensed with the College are expected to understand and to comply with the College standards and policies. Directs professional practice by outlining the accountabilities, responsibilities, requirements, and circumstances with which a dietitian must comply to adhere with legislation and regulations.
Guidelines	Contain recommendations endorsed by the College. The College encourages its members to be familiar with and to follow its guidelines whenever possible and appropriate. Guidelines are intended to provide guidance, instruction, and direction to make informed decisions. Guidelines support professional judgment and permit flexible decision-making in practice.

Nova Scotia College of Registered Nurses (n.d)

Glossary

Medical Diagnosis – A disease or pathology of specific organs

Non-insulin agents – oral and injectable anti-hyperglycemic agents

Nutritional status – the body's state of nourishment/state of the body in relation to the consumption and utilization of nutrients

Nutrition care process – a standardized process for providing care. There are four steps in the process: nutrition assessment, nutrition diagnosis, nutrition intervention, and nutrition monitoring and evaluation (AND, 2013).

Nutrition diagnosis – the specific nutrition problem that can be resolved or improved through a nutrition intervention (AND, 2013).

Nutrition support: parenteral and/or enteral nutrition (ASPEN, 2012)

Organization approved by the board – a facility, service or business that employs dietitians within a collaborative care practice with other health professionals

Original Prescriber – Refers to the prescriber who authorized the original prescription

Parenteral nutrition: The intravenous administration of nutrients including dextrose; amino acids; intravenous lipid emulsions (IVLE); electrolytes; vitamins and trace elements that are delivered by a central venous route (into large diameter vein, usually the superior vena cava adjacent to the right atrium) or a peripheral venous route (into a peripheral vein, usually of the hand or forearm) (ASPEN 2012).

Practice of Dietetics: "...the translation and application of scientific knowledge of food and nutrition to human health through

- (i) comprehensive nutritional assessment to determine nutritional status, nutrition-related diagnosis and nutritional requirements of individuals or populations related to health status and disease,
- (ii) the planning, implementation and evaluation of nutrition interventions aimed at promoting health and preventing disease,
- (iii) nutrition prescription, including enteral and parenteral nutrition and the prescription or ordering of drugs or other agents to optimize nutrition status,
- (iv) ordering parameters required to monitor nutrition interventions and evaluate nutrition outcomes,

- (v) the provision of nutrition education and counselling to clients, families, colleagues and health-care professionals,
- (vi) development and evaluation of policies that affect food, food security and nutrition as it relates to health status,
- (vii) integration of food and nutrition principles in the development and management of food service systems,
- (viii) such delegated medical functions as are approved in accordance with the Medical Act, and
- (ix) such other aspects of dietetics as may be prescribed in regulations approved by the Governor in Council, and research, education, consultation, management, administration, regulation, policy or system development relevant to subclauses (i) to (ix)” (Dietitians Act, 2009)

Prescription – a written order/script for a drug or agent (therapeutic diet, texture modification, or feeding aid).

Regulated Health Care Professional – An individual who is licensed to provide specific health care services to patients, including but not limited to dietitians, nurses, nurse practitioners, pharmacists, and physicians.

Schedule I Drugs – The drugs and medicines in this Schedule are the drugs listed in Schedule I of the National Drug Schedules, which are part of Canada’s National Drug Scheduling System published by the National Association of Pharmacy Regulatory Authorities and require a prescription as a condition of sale (Drug Schedules Regulations, 2013).

Schedule II Drugs – The drugs and medicines listed in this Schedule are the drugs listed in Schedule II of the National Drug Schedules, which are part of Canada’s National Drug Scheduling System published by the National Association of Pharmacy Regulatory Authorities, and do not require a prescription as a condition of sale but are only available from a pharmacist or a certified dispenser (Drug Schedules Regulations, 2013).

Schedule III Drugs – the drugs and medicines listed in this Schedule are the drugs listed in Schedule III of the National Drug Schedules, which are part of Canada’s National Drug Scheduling System published by the National Association of Pharmacy Regulatory Authorities, and do not require a prescription as a condition of sale but are sold from the self-selection area of the pharmacy (Drug Schedules Regulations, 2013).

AUTHORIZATION STATEMENT: The Prescription or Ordering of Drugs and Agents to Optimize Nutrition Status

According to the Dietitians Act (2009), the practice of dietetics means “the translation and application of scientific knowledge of food and nutrition to human health through... nutrition prescription and includes the prescription or ordering of drugs or other agents to optimize nutrition status.”

Dietitians are accountable to prescribe in accordance with the legislated scope of practice and their individual scope of practice, including the activities for which the dietitian has received education and/or training and is competent. Failure to comply with standards of practice is considered professional misconduct as defined in the Dietitians Act.

Only dietitians employed within an organization approved by the board outlined in Appendix B are authorized to prescribe. Dietitians in private practice are not authorized to engage in nutrition prescription.

Dietitians authorized to adjust insulin and non-insulin agents are certified according to Policy: Certification Required to Adjust Insulin (see page 9). Dietitians are not authorized to be original prescribers for insulin or non-insulin agents.

Dietitians are accountable to practice according to the nutrition care process, to think critically and make decisions in a systematic manner to provide safe and effective care. When prescribing drugs or agents, there must be a clear relationship between the drug or agent with the nutrition diagnosis and the intent of the prescription must be to impact nutritional status. Nutrition diagnosis differs from the medical diagnosis (a disease or pathology of specific organs). The nutrition diagnosis is the specific nutrition problem that can be resolved or improved through a nutrition intervention. A prescription refers to a written order for a drug or agent. An agent may refer to a therapeutic diet, texture modification, or feeding aid.

When prescribing drugs or agents, dietitians assess the client’s need, consider the risks and benefits of the therapy for each client, are aware of the evidence on outcomes and cost effectiveness; provide clients with relevant information and counselling on drug or diet therapies including cost effective alternative choices, and monitor and document a client’s response to the intervention. Dietitians collaborate and consult with physicians, nurse practitioners, pharmacists, and other health care providers, as appropriate.

Dietitians have the authority to prescribe drugs to optimize nutrition status according to the Authorized Drug Classifications for Dietitians Prescribing (Appendix A). Dietitians have the authority to prescribe drugs or other agents in accordance with the *Dietitians Act* and regulations, policies, and standards established by the College and are subject to any condition and /or restrictions imposed on their license.

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AUTHORIZATION STATEMENT: Nutrition Support

According to the *Dietitians Act* (2009), the practice of dietetics means “the translation and application of scientific knowledge of food and nutrition to human health through nutrition prescription, including enteral and parenteral nutrition to optimize nutrition status.”

Dietitians are accountable to practice in accordance with the legislated scope of practice and their individual scope of practice, including the activities for which the dietitian has received education and/or training and is competent. Failure to comply with standards of practice is considered professional misconduct as defined in the *Dietitians Act*.

Dietitians are accountable to practice according to the nutrition care process to think critically and make decisions in a systematic manner to provide safe and effective care.

When prescribing/writing orders for nutrition support, dietitians assess the client’s needs, consider the risks and benefits of the therapy for each client, are aware of the evidence, outcomes, and cost effectiveness; provide clients with relevant information on nutrition support, and monitor and document a client’s response to nutrition support. Dietitians collaborate and consult with physicians, nurse practitioners, pharmacists, and other health professionals, as appropriate.

Dietitians have the authority to prescribe/write orders for nutrition support in accordance with the *Dietitians Act* and Regulations, policies, and standards established by the College and are subject to any condition and /or restrictions imposed on their license.

POLICY STATEMENT: Certification Required to Adjust Insulin and Non-insulin Agents

The dietitian adjusting insulin must be a Certified Diabetes Educator and be certified in insulin dose adjustment which is performed under a Care Directive or Delegated Function at IWK. Please refer to the Certification Flow Chart in the Diabetes Care Program of Nova Scotia Insulin Dose Adjustment Guidelines, 2020.

Dietitians engaged in the practice of insulin adjustment must provide proof of current certification to the College as part of the annual license renewal process.

The dietitian adjusting non-insulin agents must be certified by a certification program approved by the board of directors.

GUIDELINE: Insulin Adjustment and Requirement for Certification as a Certified Diabetes Educator

Dietitians engaging in the practice of insulin adjustment are required to be Certified Diabetes Educators and ensure they hold a current Certificate of Competence in Insulin Dose Adjustment.

POLICY STATEMENT: Nutrition Prescription and Continuing Competency

To engage in “nutrition prescription, including enteral and parenteral nutrition and the prescription or ordering of drugs or other agents to optimize nutrition status,” dietitians must engage in, and document learning activities related to nutrition prescription on the Continuing Competency Program (CCP) learning log on an annual basis.

GUIDELINE: Nutrition Prescription and Continuing Competency

To engage in “nutrition prescription, including enteral and parenteral nutrition and the prescription or ordering of drugs or other agents to optimize nutrition status,” dietitians must document any of the following in their CCP professional development portfolio:

- Independent self-directed learning related to nutrition support, and/or the appropriate use of drugs or agents that impact nutritional status/nutrition diagnosis, including indications, contraindications, and interactions
- Applicable certifications and evidence of participation in formal learning opportunities related to nutrition prescription

- Participation in the healthcare institution's nutrition support activities (e.g., policy/guideline development, continuing education)
- Membership in professional association/society/network devoted to nutrition support

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STANDARDS OF PRACTICE: Nutrition Prescription

Source document (adapted with permission):
Nova Scotia College of Pharmacists (2019, revised 2020)

The Standards of Practice represent overall requirements for dietitians engaged in prescribing drugs or agents to optimize nutrition status and/or engaging in nutrition support. A dietitian's decision to prescribe shall be in the best interest of the patient's health and safety; evidence informed; and focused on optimizing health outcomes for the patient. A dietitian shall use professional judgment to determine the appropriateness of their knowledge and understanding to prescribe in a specific situation, considering whether:

- i. sufficient information, including benefits and risks, is available such that assumptions are not required,
- ii. the decision to prescribe can be justified,
- iii. the decision will withstand a test of reasonableness (e.g., other dietitians would make the same decision in this situation),

A dietitian shall comply with both Standards of Practice, 2020 and the Standards of Practice for Nutrition Prescription adopted and from time to time amended by the Nova Scotia College of Dietitians and Nutritionists, as well as existing legislation, regulations, the Code of Ethics, agreements, and other standards of practice and policy directives relevant to dietetic practice in Nova Scotia. A dietitian may only undertake the prescribing of drugs to impact the nutrition diagnosis where collaborative relationships or appropriate protocols have been established. A dietitian shall not prescribe any drugs listed in the Controlled Drugs and Substances Act and its Regulations (includes narcotics, controlled drugs, exempted codeine products, benzodiazepines, and other targeted substances).

Where applicable, a dietitian shall take appropriate steps to understand why another prescriber has declined to provide a prescription and use their professional judgment to determine whether to provide the prescription.

A dietitian shall recognize and accept responsibility for the impact of their prescribing activities not only on their patient but on the overall costs and sustainability of the health care system.

Standard: Use of Knowledge when Prescribing Drugs

A dietitian shall only undertake the prescribing of drugs in accordance with the dietitian's scope of practice and the knowledge, skills, competencies, and experience of the dietitian. The onus is on the dietitian to judge whether the specific circumstances of each potential instance of prescribing are in accordance with their scope of practice, knowledge, skills, competencies, and experience. The exception is the adjustment of insulin or non-insulin agents (refer to Policy Statement: Certification required to adjust insulin or non-insulin agents).

Knowledge: When prescribing drugs, a dietitian demonstrates thorough knowledge of:

- i. indications, contraindications, actions, interactions, side effects, and adverse effects of pertinent drugs
- ii. indication for use of drug as approved by Health Canada or that use of the drug is widely accepted as best practice in Canada and supported by extensive medical literature demonstrating safety and efficacy or is being used in a manner consistent with a research protocol in which the patient is enrolled
- iii. drug-drug and drug-food interactions
- iv. importance of administration factors such as timing
- v. different types of drugs (e.g., different types of insulin)
- vi. how to intervene when the patient has a history of drug allergies
- vii. client conditions, disease states/processes and pathology
- viii. client situation with respect to diet, exercise, and illness, which may influence required dose
- ix. the drug schedules and where to access drug schedule information
- x. nutrition diagnosis being addressed
- xi. the drug being prescribed

Adapted from CDA (2021)

Competency: A dietitian demonstrates competency in prescribing drugs in the provision of nutrition support or medical nutrition therapy by:

- i. assessing appropriateness/safety of drugs for prescription
- ii. assessing client's ability to understand and comply with instructions for drug use
- iii. educating client regarding the drug prescribed and its use
- iv. instructing client on side and adverse effects related to the drug prescribed

Adapted from CDA (2021)

Standard: Use of Knowledge when Prescribing Nutrition Support

A dietitian shall only undertake the ordering of nutrition support in accordance with the dietitian's scope of practice and the knowledge, skills, competencies, and experience of the dietitian. The onus is on the dietitian to judge whether the specific circumstances of each potential instance of prescribing are in accordance with their scope of practice, knowledge, skills, competencies, and experience.

Knowledge: When ordering nutrition support, a dietitian demonstrates thorough knowledge of:

- i. normal and therapeutic nutrition requirements, including fluid, macronutrient, and micronutrient needs
- ii. how nutrition is generally affected by disease and the effects of parenteral nutrition (PN) complications
- iii. how medications can influence and interfere with nutritional requirements
- iv. a variety of medical, surgical, and diagnostic procedures that affect or help to assess nutrition status
- v. indications for diagnostic tests
- vi. implications of results for nutritional requirements, including blood gases, microbiological and biochemical reports, and other diagnostic results
- vii. actions, interactions, pharmacological mechanisms, side effects and adverse effects of drugs prescribed and/or compounded into PN
- viii. how the PN formulation can affect the metabolic condition of the patient
- ix. the drug schedules and where to access drug schedule information

Adapted from CDA (2021)

Competency: When ordering parenteral nutrition, a dietitian demonstrates competency in prescribing parenteral nutrition by:

- i. using mathematical skills to calculate proper dosages
- ii. anticipating problems and applies problem solving skills
- iii. assessing client adaptation to PN
- iv. using proper equipment handling techniques
- v. altering management of PN in response to complications and/or lab results
- vi. providing PN education to client and family
- vii. prescribing appropriate available products/solutions
- viii. prescribing appropriate macro and micronutrients to provide for the client's specific nutritional requirements

- ix. prescribing additional components to add to the available parenteral solution
- x. ensuring the use of an appropriate PN infusion site and delivery method

Adapted from CDA (2021) and CDBC (2012)

Competency: When ordering enteral nutrition (EN), a dietitian demonstrates competency in designing enteral nutrition by:

- i. prescribing appropriate available commercial products
- ii. prescribing an appropriate macro and micronutrient mix to provide for the client's specific nutritional requirements
- iii. prescribing modular macronutrient components to add to available enteral products
- iv. prescribing appropriate mixing of enteral products
- v. prescribing appropriate EN feeding route and delivery method

Adapted from CDBC (2012)

Standard: Documentation

The dietitian shall document the management of the prescribing process to maintain an accurate, objective record of the circumstances and prescription details in compliance with applicable legislation, regulatory and/or organizational/employer requirements.

Knowledge: When documenting nutrition prescription, the dietitian demonstrates a thorough knowledge of:

- i. legislative, regulatory, organizational requirements
- ii. the standardized nutrition care process charting format utilized in their practice setting
- iii. organizational timelines for documentation
- iv. approved abbreviations for use when documenting
- v. organizational requirements related to documentation timelines

Competency: A dietitian demonstrates competency in documenting the prescribing process by:

- i. ensuring the documentation is accurate, objective, and reflective of the service provided by the prescribing dietitian
- ii. ensuring language, terms and abbreviations are acceptable
- iii. completing documentation at the earliest possible opportunity that is appropriate to the practice setting, following the delivery of service or when changes occur

- iv. using a standardized charting format that includes assessment details/findings (applicable and pertinent to the prescribing circumstance), nutrition diagnosis, prescribing decision, or intervention rationale and any further supporting information
- v. monitoring and evaluation plans that are sufficiently detailed for other health care professionals to monitor progress
- vi. acknowledging informed and voluntary consent in accordance with legislative requirements
- vii. referring, where applicable, to the original prescription including prescriber name and contact details on both the patient record and new prescription
- viii. including details on subsequent monitoring and follow up, where appropriate
- ix. documenting so it cannot be deleted
- x. noting and tracking any corrections or adjustments and include the identity of the individual who completed the change
- xi. recording, storing, and destroying documentation in a manner maintaining patient confidentiality and protecting against the theft, loss and unauthorized use, disclosure, copying, modification, or destruction.
- xii. retaining for ten years and ten years after the age of majority (e.g., 19 years old) for minors.

References

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Appendix A: Authorized Drug or Agent Classifications for Dietitian Prescribing

NUTRITION DIAGNOSIS	THERAPEUTIC GROUP
Excessive energy intake	Energy modified oral intake Antiobesity medications Bulking agents/fibre supplements
Excessive oral food/beverage intake	Energy modified oral intake Antiobesity medications Bulking agents/fibre supplements
Enteral/parenteral nutrition support inconsistent with needs	Enteral nutrition formula modification - water flushes, medication flushes, modular protein, modular carbohydrate Infant formulas Parenteral nutrition modification – amino acids, dextrose, lipids, vitamins, minerals, electrolytes, trace elements, antisecretory agents, pancreatic enzymes, and sodium bicarbonate.
Fluid intake inconsistent with needs	IV fluids and enteral free water
Excessive alcohol intake	IV/oral/enteral/sublingual/intramuscular thiamine, multivitamins, single vitamins
Nutrient intake/utilization inconsistent with needs	Macronutrient intake modification, Micronutrient intake modification, Trace element intake modification, Electrolyte intake modification
Malnutrition	Energy modified oral intake Oral/Enteral/parenteral nutrition support, Macronutrient supplementation, Micronutrient supplementation, Trace element supplementation, Electrolyte supplementation Thiamin supplementation
Protein-energy intake/utilization inconsistent with needs	Energy modified oral intake Enteral/parenteral nutrition support Macronutrient supplementation, Micronutrient supplementation, trace element supplementation, Electrolyte supplementation
Inadequate fat intake	MCT, Omega-3, topical EFA, IVLE, fat soluble vitamin supplementation
Protein intake/utilization inconsistent with needs	Modular protein supplementation; single amino acids supplementation
Carbohydrate intake/utilization inconsistent with needs	Modular carbohydrate supplementation
Fibre intake/utilization inconsistent with needs	Bulking agents/fibre supplementation
Vitamin intake/utilization inconsistent with needs	Vitamin supplementation
Mineral intake/utilization inconsistent with needs	Mineral supplementation

Swallowing difficulty	Modular thickening agents Texture modification of food
Breastfeeding difficulty	Galactagogues
Altered GI function	Antacids, Antidiarrheals, Antiemetics, Antisecretory agents, Bulking agents, Laxatives, Prokinetic agents, PPIs, Stool Softeners, Prebiotics, Probiotics
Impaired nutrient utilization	Pancreatic enzyme replacement therapy Metabolic formulas Modular supplementation for metabolic disorders Insulin and non-insulin agents ¹
Altered nutrition-related laboratory values	Macronutrient supplementation Micronutrient supplementation Electrolyte supplementation Phosphate binders Potassium binders
Underweight	Appetite stimulants, Energy modified oral intake, Oral/enteral nutrition supplementation/support, Macronutrient supplementation, Micronutrient supplementation, Trace element supplementation, Electrolyte supplementation, Thiamine supplementation
Involuntary weight loss	Appetite stimulants, Energy modified oral intake, Oral/enteral nutrition supplementation/support, Macronutrient supplementation, Micronutrient supplementation, Trace element supplementation, Electrolyte supplementation, Thiamine supplementation
Overweight/obesity	Energy modified oral intake, Antiobesity medication, Bulking agents/fibre supplements
Involuntary weight gain	Energy modified oral intake, Antiobesity medication Bulking agents/fibre supplements

¹ see Policy Statement: Certification Required to Adjust Insulin and Non-insulin Agents (page 9)

*Schedule 1 Drugs. Note: All drugs deliver via PN/IV are considered Schedule 1 drugs