

DEPARTMENT OF THE ARMY
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY
FORT HUACHUCA, AZ 85613-7079

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Medical Services
NUTRITION SCREENING OF BENEFICIARIES

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1. History: This issue publishes a revision of this publication.
2. Purpose: To ensure Medical Nutrition Therapy (MNT) is an intrinsic component of practice at Raymond W. Bliss Army Health Center and available for all beneficiaries as appropriate.
3. Scope: This publication applies to all RWBAHC clinics. It provides disease state parameters for generating a consult to Nutrition Care. Patients who meet these parameters should be assessed by a Registered Dietitian (R.D.).
4. References:
 - 4.1 Joint Commission on Accreditation of Healthcare Organization standards, current edition.
 - 4.2 Health Affairs (HA) Policy 97-055, Clinical Reengineering: Policy for Medical Nutrition Therapy (MNT) in Direct Care Clinical Practice.
 - 4.3 AR 600-9, The Army Weight Control Program
5. Key Point: MNT is an assessment of patients' nutritional status followed by therapy ranging from dietary modification and counseling to administration of specialized nutrition products. In the military treatment facilities, MNT is available when referred to a privileged registered dietitian or other privileged nutrition care provider.

*This memorandum supersedes MEDDAC Memo 40-162, 9 October 2003.

6. Procedure:

6.1 In accordance with RWBAHC assessment policy, a nutritional risk screening is conducted at each clinic visit at RWBAHC.

6.2 Appendix A addresses several medical conditions where MNT intervention is recommended and supported in research and clinical guidelines. These guidelines provide clinical practice protocols for referring patients to a R.D. Patients identified as a nutritional risk will be assessed by a R.D. and given nutritional counseling as indicated. While other health care providers may provide general health promotion types of nutrition information, referral of at-risk patients to a registered dietitian is strongly encouraged. Patients may refuse referral.

6.3 Active duty soldiers experiencing inappropriate weight gain or flagged under AR 600-9 should be referred directly to Nutrition Care by their commander or First Sergeant to attend the AR 600-9 class, no provider referral is necessary.

6.4 A consult should be generated electronically to Nutrition Care if a patient meets the disease parameters as outlined in Appendix A. If patient refuses the referral, documentation of attempt for nutrition intervention should be made.

The proponent of this publication is Preventive Medicine Wellness and Readiness Service. Users are invited to send comments and suggested improvements on DA Form 2028 directly to PMWRS, ATTN: MCXJ-PM, USA MEDDAC, Ft Huachuca, AZ 85613-7079

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APPENDIX A
GUIDELINES FOR REFERRAL FOR MNT INTERVENTION

1. Diabetes:

- a. All newly diagnosed.
- b. Impaired fasting glucose of 111-125 mg/dl.
- c. Diabetics with hypertension (greater than 130/85), hyperlipidemia, or kidney disease.
- d. Diabetics with Hgb A1C greater than or equal to 8.0%.
- e. Diabetics with obesity (BMI greater or equal to 30.)
- f. Diabetics with no prior diet instruction or a patient does not understand diet therapy or needs reinforcement of diet therapy to enhance compliance. (Patient can also be referred directly to Diabetes class where MNT is provided as part of multidisciplinary teaching.)
- g. Gestational diabetics (reference prenatal criteria)

2. Hyperlipidemia- meets one or more of the following:

- a. Total cholesterol > 200mg/dl
- b. LDL cholesterol > 130 with at least two risk factors
- c. LDL cholesterol > 160
- d. Triglycerides > 200
- e. See pediatric section for cholesterol levels.

3. Hypertension:

- a. Primary diagnosis of hypertension (new diagnosis)
Patients can also be referred directly to the cholesterol reduction class where MNT for hypertension is provided.
- b. Blood pressure systolic > 139 mmHG and diastolic > 89 mmHg

4. Renal disease

- a. Patients diagnosed with renal failure or renal insufficiency.
- b. Patients receiving any regular dialysis treatments.
- c. Kidney stones

5. Gastrointestinal Disorder

- a. Newly diagnosed with a chronic gastrointestinal disorder that interferes with the absorption of nutrients, vitamins and minerals.
- b. Irritable bowel syndrome
- c. Diverticulitis/Diverticulosis
- d. Pancreatitis
- e. Celiac disease
- f. GERD
- g. Hepatic disorders
- h. PEG or J tube patients with inappropriate weight status or intake practices.

6. Cancer: Oncology patients anticipating chemotherapy or XRT or those who are experiencing weight loss or eating difficulties.

7. High Risk Pregnancy:

- a. Hyperemesis, nausea or vomiting interfering with appropriate weight gain.
- b. Excessive weight gain or insufficient weight gain for appropriate fetal growth
- c. Pica (craving for/consumption of non-food items i.e. chalk, clay, hair, etc)

- d. Gestational DM:
- e. Fasting: greater than or equal to 105 mg/dl
 - 1 hr: greater than or equal to 190 mg/dl
 - 2 hr: greater than or equal to 165 mg/dl
 - 3 hr: greater than or equal to 145 mg/dl
- f. Pre-pregnancy weight < 90% of desirable body weight or BMI <19.
- 8. Strict Vegan (excludes all animal products)
- 9. Unusual dietary practices to include:
 - a. Eating disorders (anorexia nervosa, bulimia, or anorexia-bulimia mix)
 - b. Pica
 - c. Excessive use of herbal or supplement products
- 10. HIV/AIDS
- 11. Failure to Thrive (pediatric or geriatric)
- 12. Geriatric patients who have difficulty chewing, swallowing, or meal preparation and have experienced a recent weight loss greater than or equal to 10% in the last month. Also geriatric surgical patients' referrals are encouraged if their surgery or recovery is expected to impact their nutritional status.
- 13. Pediatric/Adolescent:
 - a. Clinical diagnosis of failure to thrive
 - b. Obesity as defined by > 95th percentile based on sex and age specific growth charts, or BMI > 95th percentile for age and sex
 - c. Total cholesterol > 170 mg/dl, LDL > 110 mg/dl
 - d. Pregnancy

14. Obesity: Body Mass Index (BMI) greater than or equal to 30
NOTE: Obese patients without concurrent diseases should be assessed for readiness to change. Without demonstrating readiness to begin improving eating habits or desire for weight loss, patients should not be referred to Nutrition Care. Physician should document weight loss counseling was offered but patient declined.

15. BMI greater than or equal to 27 with other concurrent diseases exacerbated by excess weight such as HTN, diabetes, or hyperlipidemia.

16. Anemia

17. Osteoporosis

18. Excessive use of herbal products or nutritional supplementation.