Neighborhood Nutrition
Decide to be healthy

Patient Safety Policy Nutritional Counseling

This policy exists to ensure the highest quality of care and SAFETY for our patients. At times, we have found ourselves in a difficult position – to continue seeing a person who is struggling with an eating disorder and yet is unable to able to engage in the nutrition therapy process. In our experience, it is never a good idea to protect a client from a higher level of care (if necessary). Recovery from an eating disorder requires strength, courage, and a lot of patience. We are here to support you and not the existence of the eating disorder. At times, it will be difficult to differentiate between the two, which is the reason this policy exists.

Our job as Registered Dietitians is to assist clients in engaging in meaningful behavior changes to assist clients in reducing the impact (and eliminating) the eating disorder. Eating disorder behavior, denial, and other issues can interfere with the nutrition counseling process and the counseling relationship. Ensuring optimal care requires your cooperation, honesty, and consent to work in close collaboration with your treatment team that includes the following: a medical doctor, therapist, psychiatrist (prescriber) and at times, your family.

Basic Requirements for Care/Nutrition Counseling:

- Ability to focus on behavior changes relevant to nutrition and eating habits with the aim of increasing overall quantity, variety, and flexibility in daily eating routine.
- Working in collaboration with a psychotherapist, medical doctor (primary care physician), and psychiatrist. At minimum, regular visits (weekly, bi-monthly).
- Signed consent that gives permission to discuss symptoms and information with other treatment providers involved in patient's care.
- Weekly, Bi-Monthly, or Monthly medical visits with primary care physician to ensure medical stability. Primary Care Physician performs medical assessments of patient to ensure safety and well-being of patient (at least, monthly laboratory assessments, physical exam, including measurements of vital signs). Nutritionist has the right to terminate treatment at any time if she believes medical supervision is not sufficient.
- Medical Stability (see chart below: Level of Care Criteria): Medically stable to the extent that more extensive medical monitoring is not necessary. In general, the following would preclude continued outpatient nutrition counseling.
- Indications for immediate medical hospitalization include marked orthostatic hypotension with an increase in pulse of >20 bpm or a drop in blood pressure of >20 mm Hg/minute standing, bradycardia below 40 bpm, tachycardia over 110 bpm, or inability to sustain body core temperature (e.g., temperatures below 97.0°F), electrolyte abnormalities (hypokalemia, hypophospatemia, hyponatremia), sudden weight loss > 5% body weight/week, suicidality.

- Primary Care Physician agrees to communicate (phone message, email, fax) medical visits and ensure patient safety at intervals consistent with nutrition counseling visits. Agrees to send reports regarding changes in vital signs and laboratory assessment.

- Registered Dietitian/Nutritionist has the right to terminate nutrition counseling at any time if she feels patient is unable to engage in treatment (This usually will be discussed in advance, however, safety is the primary consideration). Failure to establish mutually agreeable weekly goals, apathy towards treatment, lying about behaviors (purging, exercise, or any other dangerous activity against medical advice), or refusal to participate in necessary treatment (intensive outpatient, residential, hospitalization, psychiatrist evaluation, medical visits, or spontaneous refusal to take medications) or failure to comply with financial obligations is grounds for immediate termination of care.

Other (client concerns):

	Level of Care – Treatment Criteria				
Characteristic	**Level 1: Outpatient**	**Level 2: Intensive Outpatient**	**Level 3: Partial Hospitalization (Full-Day Outpatient Care)**	**Level 4: Residential Treatment Center**	**Level 5: Inpatient Hospitalization**
Medical complications	Medically stable to the extent that more extensive medical monitoring, as defined in levels 4 and 5, is not required			Medically stable to the extent that intravenous fluids, nasogastric tube feedings, or multiple daily laboratory tests are not needed	For adults: heart rate <40 bpm; blood pressure <90/60 mm Hg; glucose <60 mg/dl; potassium <3 meq/liter; electrolyte imbalance; temperature <97.0 °F; dehydration; or hepatic, renal, or cardiovascular organ compromise requiring acute treatment. For children and adolescents: heart rate in the 40s; orthostatic blood pressure changes (>20-bpm increase in heart rate or >10-20-mm Hg drop); blood pressure below 80/50 mm Hg; hypokalemia or hypophosphatemia
Suicidality	No intent or plan			Possible plan but no intent	Intent and plan
Weight as % of healthy body weight (for children, determining factor is rate of weight loss)	>85%	>80%	>75%	<85%	<75% (for children and adolescents: acute weight decline with food refusal even if not <75% below healthy body weight)
Motivation to recover, including cooperativeness, insight, and ability to control obsessive thoughts	Fair to good	Fair	Partial; preoccupied with ego-syntonic thoughts more than 3 hours a day; cooperative	Poor to fair; preoccupied with ego-syntonic thoughts 4-6 hours a day; cooperative with highly structured treatment	Very poor to poor; preoccupied with ego-syntonic thoughts; uncooperative with treatment or cooperative only in highly structured environment
Comorbid disorders (substance abuse, depression, anxiety)	Presence of comorbid condition may influence choice of level of care				Any existing psychiatric disorder that would require hospitalization
Structure needed for eating/ gaining weight	Self-sufficient		Needs some structure to gain weight	Needs supervision at all meals or will restrict eating	Needs supervision during and after all meals or nasogastric/special feeding
Impairment and ability to care for self; ability to control exercise	Able to exercise for fitness, but able to control compulsive exercising		Structure required to prevent patient from compulsive exercising	Complete role impairment, cannot eat and gain weight by self; structure required to prevent patient from compulsive exercising	
Purging behavior (laxatives and diuretics)	Can greatly reduce purging in non-structured settings; no significant medical complications such as ECG abnormalities or others suggesting the need for hospitalization			Can ask for and use support or use skills if desires to purge	Needs supervision during and after all meals and in bathrooms
Environmental stress	Others able to provide adequate emotional and practical support and structure		Others able to provide at least limited support and structure	Severe family conflict, problems, or absence so as unable to provide structured treatment in home, or lives alone without adequate support system	
Treatment availability/ living situation	Lives near treatment setting			Too distant to live at home	

[a]Adapted from La Via et al. (1).
[b]One or more items in a category should qualify the patient for a higher level of care. These are not absolutes, but guidelines requiring the judgment of physicians.
[c]Although this table lists percentages of healthy body weight in relation to suggested levels of care, these are only approximations and do not correspond to percentages based on standardized tables. For any given individual, differences in body build, body composition and other physiological variables may result in considerable differences as to what constitutes a healthy body weight in relation to "norms." For some, a healthy body weight may be 110% of "standard," whereas for others it may be 98%. Each individual's physiological differences must be assessed and appreciated.