

Consulting Dietitian Remote Charting Guidelines

- Know what information you have available remotely and what you might need that is not scanned into the EMR (labs, MD progress notes...)
 - Work with CDM on how to obtain this information to be utilized in your documentation
- Work with your CDM to discuss and establish a day/time to call and visit to discuss
 - High risk resident concerns
 - Identified changes in residents' conditions
 - Establish a time to call in for Nutrition at Risk Meetings
 - Be available and willing to call in to talk to residents or call family as needed
 - How to communicate RDN recommendations (PCC-communication board, E-mail using S & S RD recommendation form using room number and first and last initial)
 - Best method for the facility to communicate RD referral or needs

Suggestions on how to help document remotely for Malnutrition:

- Work with your CDM on ensuring resident interviews include and document in the EMR
 - UBW with Weight loss history 1 week, 30 days, 90 days, and 1 year
 - Appetite change-current appetite compared to appetite 1 week, 30 and 90 days ago - we will use current meal monitor and need past appetite history to help identify changes. Use your judgement on if you need to call the resident/family or if the data documented by CDM is adequate.
 - Determine best way to ensure Height and current weights are available
- Discuss with CDM the importance for CDM and/or nursing to document any chewing or swallowing difficulties. Work with Rehab director as needed for timely SLP communication
- Discuss with CDM and/or DON the importance of nursing documenting fluid accumulation
- Work with Rehab director or designated facility representative to document grip strength if possible and where to locate this information
- Follow each facility's corporate direction regarding identifying malnutrition
- Find out how the facility would like malnutrition communicated to be utilized for PDPM

Document in RD summary-Unable to perform physical assessment at this time.