

Board Certification as a Specialist in Pediatric or Renal Nutrition Application Instructions

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Introduction:

The Commission on Dietetic Registration (CDR) invites you to apply for Board Certification as a Specialist in Pediatric Nutrition and/or Renal Nutrition. Board Certified Specialists are Registered Dietitians (RDs) who have met established criteria and have successfully completed a specialty certification examination that simulates practice.

As a Board Certified Specialist, you will be recognized for your unique expertise and skills in the specialty practice area by your professional peers, the public, medical and allied health professionals and the media. You may be identified as a role model and mentor to other dietetics professionals. Qualified RDs use the designation Board Certified Specialist in Pediatric Nutrition, RD, CSP or Board Certified Specialist in Renal Nutrition, RD, CSR. Benefits of Board Certification as Specialists in Pediatric or Renal Nutrition include:

- Specialty lapel pin
- Specialty embroidered patch
- Specialty certificate suitable for framing
- Specialty identification card
- Subscription to the Specialty List Serve
- Listing in the Online Specialists Directory
- Listing on CDR's website
- Copy of *You are the Food and Nutrition Expert: Tips and Tools to Prove It*
- Attainment of Specialty Certification in Pediatric or

Renal Nutrition fulfills the 75 CPEU requirements for recertification as an RD (See the *Professional Development Portfolio Guide* for details).

Journal Articles:

If you would like more information about specialty certification, refer to the following articles:

Bogle, ML, Balogun L, Cassell J, Catakis A, Holler HJ, Flynn C. Achieving excellence in dietetics practice: certification of specialists and advanced-level practitioners. *J Am Diet Assoc.* 1993;93:149-150.

Bradley R, Young W, Ebbs P. Characteristics of advance-level dietetics practice: a model and empirical results. *J Am Diet Assoc.* 1993; 93: 196-202.

Bradley RT, Young WY, Ebbs P and Martin J. Specialty practice in dietetics: empirical models and results. *J Am Diet Assoc.* 1993;98: 1339-1353.

Leonberg B, Stivers Rops M. The current state of specialty practice in pediatric and renal nutrition. *J Am Diet Assoc.* 1998; 98: 1339-1353.

Principles of Equal Opportunity:

CDR, the credentialing agency for the American Dietetic Association (ADA) is an equal opportunity organization and does not discriminate among candidates on the basis of race, creed, gender, religion, national origin, disability or marital status.

Confidentiality:

Information about candidates for testing and their examination results are considered confidential. Test

question drafts and other materials used to create examination questions (except for test content outlines or reference lists) are secure and confidential. All such materials shall be kept in secure, locked storage, accessible only by authorized personnel, and not disclosed to or shared with others. All questions written and materials developed for questions are considered a “work for hire,” and remain the property of CDR. Question writers are not allowed to conduct “review courses” or other programs designed to prepare candidates to take a CDR Specialty examination. Studies and reports concerning candidates will contain no information identifiable with any candidate, unless authorized by the candidate

Specialty Examination:

The examinations for Board Certification as a Specialist in Pediatric or Renal Nutrition are developed and administered CDR. Subject matter experts contribute to the development and review of each specialty examination prior to its use. These examinations are administered by computer at designated testing locations. The examination consists of nine patient management problems. In this type of examination, candidates are required to apply dietetics principles to the solution of clinical problem situations. The problems are designed to sample broad areas of practice competency, not the recall of isolated facts. Candidates are required to gather appropriate clinical data and to interpret and evaluate the data obtained. The

problem types, content outline, and reference list are available in this application booklet and on CDR’s website at: <http://www.cdrnet.org>.

Definitions of Pediatric and Renal Nutrition:

To ensure practice experience is related to the specialty area for which certification is being sought, review the following definitions of each specialty area:

Pediatric Nutrition: Working directly with healthy and/or ill children (newborn to 18 years of age) as well as children with special health care needs in a variety of settings (home, hospitals, community-based and/or family centered programs, education programs, home, etc), or indirectly as documented by management, education, or research practice linked specifically to pediatric nutrition.

Renal Nutrition: Working directly with adults and/or children with acute or chronic renal dysfunction or failure, under treatment by kidney transplantation, dialysis, or other modalities in a variety of settings (home, hospitals, other treatment centers, etc.) or as documented by management, education, or research practice linked specifically to renal nutrition

Eligibility Requirements:

Minimum requirements for specialty certification are established and approved by CDR. In order to be eligible to become a Board Certified Specialist in Pediatric or Renal Nutrition, candidates must meet the following requirements:

- Current Registered Dietitian (RD) status by CDR.
- Maintenance of RD status for a minimum of two years from original examination date (by specialty examination date).
- Documentation of 2,000 hours practice experience as an RD in the specialty area within the past five years (by the date the application is due). Related experience can include direct and indirect activities.

Examination Dates and Locations:

There are two windows of testing a year, one in the spring and one in the fall. Each window lasts three weeks. You will be able to schedule your examination Monday through Friday within regular computer center hours. The computerized examinations are administered at approximately 100 test center locations around the country. A general list of test center locations is included with the application materials and is available on CDR's website (<http://www.cdrnet.org>). More specific information regarding test centers and testing times will be mailed with the eligibility letter once your application is processed and approved.

Specialty Examination Fee:

The examination fee of \$250 must be submitted with the eligibility application. Checks, money orders, or credit cards (Visa, MasterCard, American Express, Discover) are accepted. Checks or money orders should be made payable to the Commission on Dietetic Registration.

Refunds will be provided under the following guidelines:

- If you are ineligible to take the examination.
- A candidate who does not schedule his/her examination appointment during the current test administration window may have their application and examination fee transferred to the next administration free of charge by contacting CDR at 1-800/877-1600 ext. 4705. Candidate's eligibility and examination fee will only extend one test administration window.
- A candidate, who does not schedule his /her examination appointment after confirmation of eligibility, may request a full refund, if you do not wish to test during the current or subsequent test administration window. Requests for refunds must be made in writing and mailed, faxed or e-mailed to CDR. If you wish to take the examination again, you will need to resubmit an application and examination fee.
- A candidate who wishes to reschedule their examination, but fails to contact AMP at least four business days to the scheduled testing session will be required to pay an \$85 fee to reschedule the examination. This fee applies even if the candidate waits to the next test administration to reschedule their examination appointment. Please note examination eligibility will expire after the next test administration window. We will contact you if your application needs to be updated.

- Other requests for refunds must be made to CDR Specialty Appeals Panel and are considered on a case-by-case basis.

Specialty Application Deadline:

Applications must be postmarked on or before the deadline date for candidates to be considered to take the specialty examination.

Incomplete or improperly submitted applications will be returned to the applicant and may cause the applicant to miss the postmark deadline. Copies of applications will not be accepted. A candidate is required to request and submit a new application for a subsequent examination administration.

Candidates will be notified of eligibility status within three-four weeks of receipt of their application by CDR. Candidates who are eligible will also receive the candidate handbook and test center information, and instructions for scheduling an appointment. The application forms/documents must be sent in one packet to:

Commission on Dietetic Registration
 120 South Riverside Plaza
 Suite 2000
 Chicago, IL 60606-6995
 Attn: Specialty Certification

Recertification:

At the end of the specialist five-year certification period, specialists who wish to recertify must be a current Registered Dietitian with the CDR and:

- Successfully complete an eligibility application – including the required minimum number of specialty practice hours

- Successfully complete a specialty examination
- Submit an application fee

The reasoning for requiring recertification testing is that the Specialty Board Certification is a practice credential, a credential that represents to the public that the certificant possesses the knowledge, skills and experience to function effectively as a specialist in that area. The nature of the knowledge and skills to practice at a specialty level is subject to change due to technological and scientific advances. Recertification testing helps to provide continuing assurance that the certified specialist has indeed maintained their knowledge in the specialty area.

Appeals Process:

Applicants may appeal a decision regarding certification eligibility or assessments results by following the process below:

1. Appeal of certification eligibility or assessment results
2. Written notification shall be submitted to the Program Manager within fourteen calendar days after receipt of notification of the adverse decision. The written appeal should include:
 - a. The stated appeal
 - b. The reason for the appeal (including relevant supporting materials)
 - c. Appellant’s registration identification number, and
 - d. Appellants daytime phone number
 - e. The Program Manager will notify the individual

of the decision of the Specialty Certification Panel within fourteen days of the decision. Notification of the decision will be sent by mail.

- f. Should the Specialty Certification Panel grant an appeal on an issue that impacts the eligibility status or the examination scores of other candidates, a review or regarding will automatically be conducted. The Program Manager will notify the individuals of the review or the final decision within fourteen days of the decision.
3. Further written appeal and the reason for such an appeal of the decision of the Specialty Certification Panel shall be referred to the Commission on Dietetic Registration. For procedures, refer to the brochure *Appeals Procedure for Members of the American Dietetic Association, Credentialed Dietetic Practitioners, and Applicants*, Section V, C, The brochure can be obtained by calling CDR at 1-800/877-1600 ext. 5500.

Instructions for Completing the Examination Application:

Read and follow carefully all instructions when completing the application forms. All candidate information must be complete. Incomplete applications and copies of applications will not be accepted. Applications must have original signatures. The application forms must be mailed together. Please print clearly in blue or black ink.

Part A- Candidate Information:

- Fill in the circle for the examination and date for which you are applying.
- Print your registration number and your social security number. These will be used for identification purposes only.
- Print your credentials. Divide your credentials with commas.
- Print your last name, first name, address, city, state, and zip code. Since your eligibility letter and examination information may be mailed via UPS, do **not** use a post office box as your address.
- Provide a daytime phone number that you can be contacted at if there are questions regarding your application.
- Print your e-mail address in the boxes provided.
- Darken the circle indicating whether or not you have taken the Specialty examination before. If yes, indicate which examination.
- If you are currently a Board Certified Specialist in Pediatric Nutrition or Renal Nutrition or have been in the past and are taking this examination to recertify, please darken the

appropriate circle. Indicate the month and year your specialty certification expires or expired.

Demographic Information: Please darken the appropriate circles to indicate your highest degree completed and the status of specialty certification for your job.

Part B- Examination Fee Payment:

Indicate how you would like to pay the \$250 examination fee. Payment must be included with the application. Checks and money orders should be made payable to Commission on Dietetic Registration. Make sure that your registration number is written on the check or money order. If you would like to pay by credit card (Visa, MasterCard, American Express, Discover), complete the payment information on the application form.

Part C: Documentation of Specialty Hours:

A minimum of 2,000 hours of specialty practice experience as an RD with CDR is required within the past five years (by the date the application is due) to meet eligibility requirements. Required activities can include direct and indirect activities. You do not need to document more than 2,000 hours.

It is the responsibility of the candidate to obtain the appropriate Part C documentation and submit them to CDR with the completed application packet. CDR will not retain statements received directly

from other individuals or employers. Signatures must be original. Statements that are predated or preissued are invalid.

One Part C form must be completed for each position, even if the position is within the same facility. You may need to photocopy the form. You do not need to document positions after you have documented 2,000 hours. Please note that dates of employment must be within the past five years. Darken the appropriate circle if you are currently employed in the position that you are documenting. An authorized individual will sign off on the form (employer, supervisor, human resources, if consultant, the person or MD who refers clients to them. Another option for consultants to document hours would be to include tax/income documentation as well as brochure/information about their business).

Part D: Candidate Acknowledgement/Signature:

Note that all signatures must be original. Copies will not be accepted.

- Print your first and last name in the space provided.
- Read the verification statement carefully.
- Sign and date the application.

Part E: Final Checklist:

Once you have completed the application, darken the circles on the final checklist. This will help to ensure that the application is complete.

Practice Problems:

One renal and one pediatric practice questions are available on CDR's website (www.cdrnet.org). The purpose of these practice problems is to help familiarize you with the computerized delivery of the patient management problems. These problems are not scored.

Online Pediatric and Renal Self-Assessment Simulations:

Developed by the CDR, as a study resource, the Pediatric and Renal Online Self-Assessment Simulations consists of six patient management problems, scoring instructions, answer keys, explanations for the correct responses, and a list of references. The cost of the self-assessment simulations is \$30 and they have been approved by CDR for 5 CPEUs. To purchase the Online Pediatric or Renal Self-Assessment Simulations, please go to the following website:

<http://cdrnet.educationdirector.com>

Questions? Please contact CDR by telephone at 1-800/877-1600, ext 4705 or e-mail at specialists@eatright.org

Pediatric Nutrition Problem Types:

The examination simulations were systematically selected to reflect the clinical practice domain of the pediatric dietitian. The problem types and content outline were empirically delineated by a comprehensive practice audit of pediatric dietitians and by consensus of content experts. Factors such as patient type, disease process, and criticality of appropriate care were considered in writing each problem.

1. Congenital heart disease
2. Cystic fibrosis
3. Developmental disabilities
4. Diabetes (Type I or Type II)
5. Failure to thrive, non-organic or organic (including breast-fed babies)
6. Food intolerances/food allergies
7. GI diseases (including malabsorption, inflammatory bowel disease, non-specific diarrhea and malabsorption syndromes)
8. Hyperlipidemia/weight management
9. Oral feeding disorders (including behavioral and/or mechanical problems)
10. Parenteral nutrition
11. Premature infants <2,500 gm at birth (including inpatient management and long term issues with some complications, but no critically ill infants)
12. Tube feedings (including transition to oral feeding)

Pediatric Nutrition Content Outline:

1. History and Current Status

- A. Objective Data
 - 1. Obtain data regarding anthropometric measurements.
 - 2. Assess patient's medical history.
 - 3. Evaluate level of nutrition risk for pediatric patients.
 - 4. Evaluate history and presence of food allergies, hypersensitivities, and intolerances.
 - 5. Evaluate information regarding use of medications, complementary and alternative medicines, and dietary supplements.
 - 6. Determine patient's activity level.
- B. Subjective Data
 - 1. Conduct interview with patient/family to obtain information regarding care of patient.
 - 2. Assess nutrition intake of pediatric patients to determine usual dietary pattern or nutrient intake.
 - 3. Assess developmental level.
 - 4. Identify psychosocial and socioeconomic issues that impact nutrition status.
 - 5. Identify cultural or religious issues that impact nutrition status.
 - 6. Assess family history of disease that may affect nutrition status.
 - 7. Assess patient for physical findings related to nutrition and growth.

2. Initial Nutrition Assessment

- A. General Knowledge
 - 1. Assess physical growth and development of pediatric patients.
 - 2. Assess impact of medical history and therapies on nutrition status.
 - 3. Assess patient for neurological/mental status related to nutrition care.
 - 4. Assess information regarding fluid and electrolyte intake and output.
 - 5. Evaluate composition of nutrition regimen.
 - 6. Evaluate adequacy of nutrition regimen.
 - 7. Identify risk for nutrient deficiencies/excesses.
 - 8. Evaluate gastrointestinal function.
 - 9. Evaluate biochemical indices to assess nutrition status or current dietary intake.

3. Nutrition Delivery

- A. Evaluate patient for oral nutrition delivery.
- B. Evaluate lactation process of mother and infant.
- C. Evaluate information regarding oral-motor skills
- D. Evaluate information regarding feeding skills and developmental milestones related to feedings.
- E. Evaluate patient for enteral nutrition delivery.
- F. Evaluate patient for parenteral nutrition delivery.

- G. Determine fluid and electrolyte requirements for nutrition prescription/diet order.
- H. Determine macronutrient requirements for nutrition prescription/diet order.
- I. Determine micronutrient requirements for nutrition prescription/diet order.

4. Nutrition Intervention

A. Initial Care Plan

- 1. Define current nutrition problems (nutrition diagnostic statement).
- 2. Prioritize nutrition therapy goals.
- 3. Evaluate readiness or ability of family/caregiver/patient to comply with medical nutrition therapy.
- 4. Identify therapeutic approach for medication nutrition therapy.
- 5. Recommend vitamin/mineral supplements.
- 6. Develop plan for managing oral nutrition.
- 7. Develop specifications for oral nutrition.
- 8. Develop specifications for enteral nutrition.
- 9. Develop plan for managing enteral nutrition.
- 10. Develop specifications for parenteral nutrition.
- 11. Develop plan for managing parenteral nutrition.
- 12. Document nutrition care plan.

B. Revision of Nutrition Intervention

- 1. Recommend changes in nutrition prescription/diet order.
- 2. Recommend changes in order for enteral nutrition.
- 3. Recommend changes in order for parenteral nutrition support.
- 4. Recommend changes or advancement of feeding modality.

5. Ongoing Nutrition Assessment

- A. Evaluate implementation of nutrition care plan by medical team.
- B. Reassess patient's response to treatment and services.
- C. Evaluate success of patient/caregiver in meeting goals of nutrition care plan.
- D. Evaluate changes in gastrointestinal function.
- E. Evaluate changes in dietary intake.
- F. Evaluate developmental progress.
- G. Assess readiness to change or advance feeding modality.
- H. Evaluate changes in anthropometric measurements.
- I. Evaluate changes in biochemical indices related to nutrition status.
- J. Evaluate changes in fluid and electrolyte intake and output.
- K. Evaluate need to change electrolytes or additives in parenteral nutrition.
- L. Request additional biochemical tests and urine chemistries.

6. Collaboration

- A. Refer to physician for additional medical evaluation and therapy.
- B. Collaborate with other agencies and facilities to coordinate nutrition care.
- C. Communicate nutrition goals at time of transfer/discharge.
- D. Collaborate with family/patient/caregiver to provide resources for medical nutrition therapy.

- E. Coordinate care with other health care professionals to assist patient/caregiver with implementation of nutrition plan.
- F. Collaborate with medical team to adjust or add nutrition-related medications.
- G. Collaborate with medical team to adjust fluid and electrolyte management.
- H. Collaborate with patient to develop goals and individualize nutrition prescription.
- I. Validate patient information from multiple sources.

7. Education

- A. Identify potential barriers and readiness to learn.
- B. Educate patient/caregiver regarding goals and rationale of nutrition prescription/diet order.
- C. Educate patient/caregiver specific to their needs and abilities.
- D. Educate parents/caregivers regarding age-specific nutrition issues.
- E. Educate children, parents/caregivers regarding disease specific nutrition issues.
- F. Educate patient/caregiver regarding nutrient composition of specific foods in nutrition prescription/diet order to promote healthy eating habits and disease management.
- G. Educate children, adolescent, and parents/caregivers regarding drug/nutrient interactions.
- H. Educate children, adolescent, and parents/caregivers regarding role of physical activity in health and disease management.
- I. Demonstrate techniques necessary for implementation of nutrition prescription/diet order.
- J. Educate caregivers regarding food purchase and preparation in nutrition prescription/diet order.
- K. Educate caregivers regarding infant formula preparation.
- L. Educate children, adolescents and parents/caregivers regarding food selections in non-home settings.
- M. Educate parents/caregivers regarding enteral nutrition in non-hospital settings.
- N. Validate patient/caregiver's knowledge after education is completed.
- O. Evaluate patient/caregiver's expected compliance with nutrition plan.

8. Quality Improvement

- A. Identify references (standards) by which nutrition assessment data will be compared.
- B. Establish outcome indicators (goals/objectives) for nutrition interventions in observable, measurable terms.
- C. Collect data for documenting outcomes.
- D. Coordinate quality assurance with other healthcare disciplines.
- E. Develop evidence-based protocols to deliver standardized care.
- F. Modify practice based on scientific evidence.

Renal Problem Types:

The examination simulations were systematically selected to reflect the clinical practice domain of the renal dietitian. The problem types and content outline were empirically delineated by a comprehensive practice audit of renal dietitians and by consensus of content experts. Factors such as patient type, disease process, and criticality of appropriate care were considered in writing each problem.

1. Acute renal failure (18 years of age or older)
2. Conservative management/pre-dialysis (18 years of age or older)
3. End-stage renal disease/hemodialysis (adolescent age 13-17 and/or 18 years of age or older)
4. End-stage renal disease/peritoneal dialysis (18 years of age or older)
5. Kidney transplant (18 years of age or older)

Renal Nutrition Content Outline:

1. Integration of Medical Information

- A. Obtain information regarding patient's medical history.
- B. Evaluate the effect of co-morbid conditions of the patient.
- C. Obtain information regarding gastrointestinal function.
- D. Evaluate gastrointestinal function.
- E. Obtain information regarding alcohol, drug or tobacco use.
- F. Evaluate impact of gastrointestinal function on nutrition status.
- G. Recommend plan for management of gastrointestinal dysfunction.
- H. Recommend plan for bone management.
- I. Obtain information regarding infection, inflammation, and metabolic insult.
- J. Recommend plan for dyslipidemia management.
- K. Evaluate diabetes status.
- L. Recommend plan for diabetes management.
- M. Collaborate with health care team for additional medical/nutrition evaluation.
- N. Evaluate patient adjustment to disease state and adherence to treatment regimen.

2. Assessment Biochemical Parameters

- A. Obtain blood chemistries related to metabolic status.
- B. Evaluate blood chemistries.
- C. Recommend additional blood and urine chemistries.
- D. Obtain results of urine chemistries related to metabolic status.
- E. Evaluate metabolic status based on biochemical parameters.
- F. Obtain information regarding anemia.
- G. Evaluate presence of anemia.
- H. Obtain information regarding bone status.
- I. Evaluate bone and mineral status.
- J. Evaluate presence of dyslipidemia.
- K. Educate patient regarding biochemical parameters and their relationship to dietary intake.
- L. Recommend plan for anemia management.

3. Evaluation of Physical and Functional Status

- A. Examine patient for physical signs and symptoms of nutrient deficiencies/excesses.
- B. Obtain data regarding weight, weight history, stature, frame size and/or body composition.
- C. Determine patient's activity level, exercise program, and sleep patterns.
- D. Examine patient for physical signs and symptoms of skin integrity.
- E. Evaluate body weight and composition.
- F. Evaluate physical and functional status.
- G. Obtain information regarding activities of daily living that could impact nutrition status.
- H. Examine patient for integrity of tissue stores and fluid status.

4. Evaluation of Medications and Dietary Supplements

- A. Obtain information regarding use of prescription medications and prescribed nutrition supplements.
- B. Evaluate medication regimen.
- C. Obtain information regarding use of over-the-counter medications.
- D. Obtain information regarding use of over-the-counter vitamins and/or minerals.
- E. Obtain information regarding use of herbal products and over-the counter dietary supplements.
- F. Evaluate medication and dietary supplement regimen.
- G. Evaluate drug and drug-nutrient interaction.
- H. Evaluate impact of drug and nutrient interactions.
- I. Collaborate with health care team on medication regimen.
- J. Educate patient regarding relationship of medications and diet.

5. Assessment of Dialysis Therapy

A. Treatment

- 1. Obtain information regarding dialysis prescription and adequacy.
- 2. Evaluate prescribed and delivered dose of dialysis.
- 3. Evaluate adequacy of dialysis and impact of dialysis prescription.
- 4. Identify causes of inadequate delivered dose of dialysis.
- 5. Collaborate with health care team regarding dialysis prescription.
- 6. Collaborate with health care team regarding treatment modalities.

B. Fluid Management

- 1. Obtain information regarding fluid status, intake and output.
- 2. Evaluate interdialytic weight changes and fluid status.
- 3. Evaluate fluid status, intake and output.
- 4. Establish goals for fluid balance.
- 5. Recommend evaluation of dry and/or target weight.
- 6. Collaborate with health care team for fluid management.

6. Development and Assessment of Nutrition Prescription

A. Factors Affecting Nutrition Intake

- 1. Obtain information regarding feeding skills.
- 2. Obtain information regarding oral health.
- 3. Obtain information regarding chewing and swallowing problems.
- 4. Obtain information regarding ingestion of non-food items, (e.g. pica).
- 5. Obtain information hypersensitivities, food intolerances or food allergies.
- 6. Identify psychosocial issues that may impact nutrition status.
- 7. Identify socioeconomic, religious and ethnic considerations that may impact nutrition status.
- 8. Evaluate feeding difficulties, feeding alterations, and disordered eating.
- 9. Collaborate with other agencies and facilities to coordinate nutrition care.

B. Nutrition Prescription

- 1. Obtain information regarding usual dietary patterns and nutrient intake.
- 2. Obtain information regarding tolerance to current diet.
- 3. Obtain information regarding adherence to and satisfaction with current nutrition prescription.
- 4. Evaluate adequacy of current intake.
- 5. Evaluate current nutrition intake, losses, and nutrient adequacy.

6. Reassess medical nutrition therapy plan.
7. Collaborate with health care team regarding modifications to nutrition care plan.
8. Collaborate with health care team regarding nutrition prescription and plan.
9. Collaborate with patient to develop goals and individualize nutrition prescription.
10. Establish goals for macronutrient recommendations for stage of chronic kidney disease and treatment modality.
11. Establish goals for micronutrient recommendations for stage of chronic kidney disease and treatment modality.
12. Communicate with appropriate facility regarding nutrition care upon transfer or discharge.

C. Enteral and Parenteral Nutrition

1. Identify need for transitional or combination feedings.
2. Assess need for enteral/parenteral nutrition.
3. Recommend plan for enteral/parenteral nutrition therapy.
4. Evaluate efficacy of enteral/parenteral nutrition.
5. Educate patient regarding issues pertaining to enteral and parenteral nutrition.
6. Recommend initiation of nutrition supplements.

7. Provision of Patient Education

- A. Determine readiness to learn.
- B. Educate patient regarding biochemical parameters and their relationship to dietary intake.
- C. Educate patient regarding treatment for anemia.
- D. Educate patient regarding bone health.
- E. Encourage patient to discuss exercise options with primary care provider.
- F. Educate patient regarding importance of maintaining healthy weight.
- G. Educate patient regarding prevention and treatment of cardiovascular disease.
- H. Explain the effects of nutrition modifications on health status.
- I. Educate patient regarding control of interdialytic weight gain.
- J. Explain effect of consequences of non-adherence to treatment plan.
- K. Explain treatment options and nutrition implications.
- L. Educate patient on difference between dry weight and fluid weight.
- M. Educate patient regarding adequacy of dialysis treatment.

8. Utilization of Outcome Management

- A. Develop evidenced-based protocols to deliver standardized care.
- B. Collaborate with health care team to establish renal dietitian driven medical and nutrition protocols.
- C. Establish outcome indicators (goals/objectives) for nutrition interventions in observable, measurable terms.
- D. Develop quality assurance protocols for monitoring outcomes.
- E. Collect data for documenting outcomes.
- F. Modify practice based scientific outcomes.