

## CASE STUDY – Expanding RDN Practice

**Statement:** The [Scope and Standards of Practice for the Registered Dietitian Nutritionist \(RDN\)](#) and the [focus area Scope and Standards of Practice](#) do not guarantee that a RDN will be able to perform expanded practice skills, however they can guide the RDN to the resources and options to evaluate whether they can safely and effectively provide an expanded practice skill and advance individual practice.

### Case Study Resources

- Resources from the Academy of Nutrition and Dietetics (Academy) and Commission on Dietetic Registration (CDR)
  - [Academy Dietetic Practice Groups \(DPGs\)](#) (*membership required*)
  - [Academy Evidence Analysis Library](#) (*membership required*)
  - [Nutrition Care Process Terminology](#)
  - [ACEND Education Core Knowledge and Competencies for the RDN](#)
  - [Code of Ethics](#)
  - [Revised 2024 Scope and Standards of Practice for the RDN and NDTR](#)
  - [Essential Practice Competencies for CDR's Credentialed Nutrition and Dietetics Practitioners](#)
  - [Focus Area Standards for RDNs](#)
  - [CDR Certifications](#)
  - [Common Credentials Held by RDNs and NDTRs](#)
  - [CDR Definition of Terms List](#)
- Institutional, regulatory, and other resources
  - RDN job description
  - Organization policies and procedures
  - Organization and medical staff procedures? for obtaining clinical privileges for therapeutic diet order writing or expanded role/nutrition-related services (eg, inserting nasogastric and nasoenteric feeding tubes)
  - [Accreditation standards](#), if applicable (eg, TJC, DNV GL, ACHC, CoC)
  - [State licensure laws and regulations](#)
  - [CDR Practice Tips](#)
  - [Centers for Medicare & Medicaid Services State Operations Manual](#)
  - Professional organizations such as the [Association of Diabetes Care and Education Specialists \(ADCES\)](#) (*membership required*)
  - Clinical Guidelines (membership or fees may apply), such as:
    - [American Society for Parenteral and Enteral Nutrition \[ASPEN\]](#)
    - [American Diabetes Association Standards of Care](#)

The Scope of Practice Decision Algorithm is a resource that guides the NDTR through a series of questions to determine whether a particular activity is within their individual scope of practice. Questions are answered based on a critical evaluation of applicable laws, regulations, and standards, as well as their knowledge, skills, experience, judgment and demonstrated competence. The tool is intended to evaluate each activity separately.

Below is a chart of three examples of advanced practice activities with evidence that supports the RDN may be eligible to perform the activities.

Assessment Questions	RDNs Provide Physical Activity Guidance to Clients/Patients	RDNs Initiate Orders for Nutrition-Related Laboratory Test in Hospital, Ambulatory and/or Private Practice Settings *	RDNs Provide Diabetes Education and Care plan Management that Includes Medication Adjustments
<p>Do the <a href="#">Scope and Standards of Practice</a> or applicable <a href="#">RDN focus area standards</a> contain information that provides guidance on whether the practitioner can perform this activity?</p> <p>*For brevity, these case studies do not reference specific indicators from any focus area scope and standards documents. Applicable focus area standards can be found <a href="#">here</a>.</p>	<p>“RDNs in clinical practice providing person-/population-centered nutrition care and medical nutrition therapy (MNT) at various levels of practice (competent, proficient, and expert) use the nutrition care process (NCP) and its standardized terminology...to: Provide nutrition counseling; nutrition behavior therapy; lactation counseling; health and wellness coaching; and nutrition, physical activity, lifestyle, and health education and counseling as components of preventative, therapeutic, and restorative health care.”<sup>1</sup></p> <p>“7.2 Conducts nutrition assessment: 7.2.6 Evaluates:... physical activity habits and</p>	<p>“RDNs in clinical practice providing person-/population-centered nutrition care and MNT at various levels of practice (competent, proficient, and expert) use the NCP and its standardized terminology...to: Order, recommend, perform, and/or interpret test results related to nutrition status: blood pressure, anthropometrics, indirect calorimetry, laboratory tests, and waived point-of-care laboratory testing (eg, blood glucose, cholesterol).”<sup>1</sup></p> <p>“4.3.5: ...with privileges or physician-delegated orders, RDN orders or recommends (but not limited to): Nutrition-related services (eg, bedside swallow screening, inserting, and monitoring nasogastric feeding tubes, indirect calorimetry measurements, radiology to interpret lean body mass</p>	<p>“Assessing and managing individuals with complex diseases or conditions requires specific knowledge, skills, and specialized training beyond core education and supervised practice. Examples include: Counseling for pre-diabetes, interpreting data and adjusting continuous glucose monitoring [CGM] devices, insulin pumps, and diabetes-related technology”<sup>1</sup></p> <p>“1.2.4: Recognizes advantages and accounts for disadvantages of technology related to privacy, confidentiality, effectiveness, and safety for clients and organization”</p> <p>“7.4.6: Orders, recommends, implements, and/or modifies orders for diet and nutrition-related services consistent with applicable specialized</p>

	<p>restrictions, cognitive and physical ability to engage in developmentally appropriate nutrition-related tasks”<sup>1</sup></p> <p>Suggested focus area RDN Standard: <a href="#">Academy of Nutrition and Dietetics: Revised 2021 Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Sports and Human Performance Nutrition (jandonline.org)</a></p>	<p>or feeding tube/catheter placement, laboratory tests, intravenous fluid infusions, and performing and educating on home enteral nutrition or infusion management services)”<sup>1</sup></p> <p>Suggested focus area RDN standard: <a href="#">Academy of Nutrition and Dietetics and American Society for Parenteral and Enteral Nutrition: Revised 2021 Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Nutrition Support (jandonline.org)</a></p>	<p>training, competence, approved clinical privileges, physician/non-physician practitioner-driven orders, protocols, or other facility-specific processes such as, but not limited to: Nutrition-related pharmacotherapy management, dietary supplements”<sup>1</sup></p> <p>Suggested focus area RDN standard: <a href="#">Academy of Nutrition and Dietetics: Revised 2017 Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Diabetes Care (jandonline.org)</a></p>
<p>Does this activity align with nutrition practice guidelines (e.g., EAL); other national organization standards of practice and/or practice guidelines; accreditation standards; federal and state regulations; CMS conditions of participation or conditions for coverage; and facility/program accreditation standards</p>	<p>Evidence Analysis Library: <a href="#">Nutrition and Physical Activity</a></p> <p>Specific conditions and disease states in the EAL may also include physical activity guidance.</p>	<p>The July 11, 2014, CMS Final Rule revising the Hospital Conditions of Participation allows a hospital and its medical staff the option of granting clinical privileges to RDNs or other clinically qualified nutrition professionals which could include ordering nutrition-related laboratory or other diagnostic services if consistent with state laws and regulations, and organization policies. The option to include nutrition-related laboratory or other diagnostic services in the list of scope of care services granted to individual RDNs first requires investigation of relevant state law as</p>	<p><a href="#">The American Diabetes Association Releases the Standards of Care in Diabetes—2024</a></p> <p><a href="#">Diabetes Dietetic Practice Group</a> (membership required) <a href="#">Newsletter: Cutting Edge Nutrition and Diabetes Care</a> articles such as:</p> <p>2024, Vol 2, Issue 1 - Practicing at the Top of Our Scope: Complex Diabetes Management in the Inpatient and Outpatient Settings</p> <p>2024, Vol 2, Issue 2: - The Seismic Shift: Registered Dietitian</p>

<p>applicable to the setting or population and good business practices (eg, Code of Ethics)?</p>		<p>well as any other requirements and/or incentives that CMS or other insurers might have. This investigation should also include hospital policies for Medicare payment requirements as well as Electronic Health Record incentives, and reimbursement requirements from Medicare, Medicaid, or private payers (i.e., may require a physician's order).<sup>2</sup></p>	<p>Nutritionists and Diabetes Care and Education Specialist Role in Primary Care</p> <p>Leveraging Registered Dietitian Nutritionists and Registered Nurses in Medication Management to Reduce Therapeutic Inertiae</p> <p>2021, Vol 42, Number 4: New Frontiers in Diabetes Care</p>
<p>Do you have the necessary knowledge, skills, training (including certificates of training or required certification[s] (eg, CSO, CSG) to perform the activity?</p>	<p>Examples include:</p> <ul style="list-style-type: none"> <li>• Certified Specialist in Sport Dietetics (CSSD)</li> <li>• International Olympic committee (IOC) Diploma in Sport Nutrition</li> <li>• <a href="#">Common Credentials Help by RDNs and NDTRs</a></li> </ul>	<p>Examples include:</p> <ul style="list-style-type: none"> <li>• <a href="#">CDR Board Certified Specialist</a></li> <li>• <a href="#">Advanced Practice RDN</a></li> </ul>	<p>Examples include:</p> <ul style="list-style-type: none"> <li>• Certified Diabetes Care and Education Specialist (CDCES)</li> <li>• Board-Certified in Advanced Diabetes Management (BC-ADM)</li> <li>• <a href="#">Advanced Practice RDN</a></li> </ul>

\* Practitioners must be licensed to order labs in hospital outpatient settings per CMS SOM Hospitals: §482.54(c) Standard: Orders for Outpatient Services. Further investigation may be necessary if practice setting is not a hospital, e.g., free standing dialysis center, skilled or long-term care facility, medical clinic, private practice.

Before performing the activity, the RDN meets with their supervisor to review appropriate organizational process and procedures, as well as completing the following tasks:

- If the state(s) where you work or your client/patient is located in when receiving your care licenses RDNs, review laws/regulations to ensure this activity is not prohibited? Also review other professions' scopes of practice that may limit the ability of an RDN to perform the activity.
- Complete steps to obtain desired clinical privileges and receive approval from organization medical staff. For hospitals without RDN privileging or in non-hospital settings, refer to practice tips on privileging ([www.cdrnet.org/tips](http://www.cdrnet.org/tips)).
- Confirm that the activity is included in your job description and in applicable policies and procedures.
- Ensure that your personnel file contains documentation (initially and annually) of appropriate education, training, credentials, and competence necessary to perform the activity.
- Investigate your organization's liability coverage, as well as the need to obtain personal professional liability insurance. Due to possible risks associated with independent order writing and/or performing procedures, such as tasks within the realm of a medical level of care (ie, inserting feeding tubes), the RDN is advised to carry professional liability insurance appropriate to that role.
- For billable services (eg, laboratory orders) investigate whether granted privileging activities, as performed by an RDN, will be reimbursed by health plan insurers, including Medicare (practitioners must be licensed to order outpatient laboratory tests per CMS regulations).
- Determine with supervisor if a plan for coverage for days off or vacations will be needed for any assigned patients receiving care if expected nutrition care activities are not universal among RDNs, (eg, enteral nutrition orders for patient with diabetes or situations in which an RDN is privileged to adjust diabetes medication based on monitoring of blood sugars).

**Disclaimer:** *The Case Studies are intended solely as models to help practitioners determine their individual scope of practice with guidance from the Scope and Standards of Practice and the Scope of Practice Decision Algorithm. Case Studies should not be used to determine a particular inquiry or outcome, as the results of an actual inquiry may differ according to the specific factual circumstances, state laws applicable to the specific situation, and organization policies and procedures.*

#### Reference

1. Revised 2024 Scope and Standards of Practice for the Registered Dietitian Nutritionist. Commission on Dietetic Registration Scope and Standards of Practice Task Force. [www.cdrnet.org/scope](http://www.cdrnet.org/scope). Accessed September 24, 2024.
2. State Operations Manuals: Appendix A Survey protocol, regulations and interpretive guidelines for hospitals (Rev. 220, 04-19-24); §482.12(a)(1) Medical Staff, non-physician practitioners; §482.23(c)(3)(i) Verbal Orders; §482.24(c)(2) Orders; §482.28(b)(2) Ordering Diet. US Department of Health and Human Services, Centers for Medicare and Medicaid Services. Accessed September 24, 2024. [https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_a\\_hospitals.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf)