

Parenteral Nutrition Q&A

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Q1: I registered with Restricted Activity B at renewal but have not used it this reporting period. What is my CCP requirement?

Once you register for your Restricted Activities in the renewal period, you are considered registered with them for the period of one year, ending March 31. The restricted activity status cannot be changed or removed in the online services section of your profile during the year. Because you have registered for Restricted Activity B this year, whether or not you use it, you must report on it in your CCP.

In order to have registered with it to begin with, you needed to declare competence in all areas of PN. As such, you are required to demonstrate some learning in this regard. You can review the Restricted Activity B competencies you confirmed by accessing the Dietetic-specific [Restricted Activity Interpretive Guide](#). You are encouraged to make an appropriate and small PN goal, such that you can satisfy this requirement.

If you do not need Restricted Activity B in the upcoming renewal year, you should unselect Restricted Activity B during renewal.

Q2: I need Restricted Activity B, but I can't confidently check off all the competencies. Can I register with Restricted Activity B?

It is important to stress that all PN competencies should be established before registering with Restricted Activity B. The Restricted Activity B competencies are embedded in the Dietitian-specific [Restricted Activities Interpretive Guide](#), on page 4. It's possible and understandable that you may not practice all PN competencies in your workplace, depending on your role and responsibilities.

An example is that of Intradialytic Parenteral Nutrition (IDPN) when using a pre-prepared formula for which RDs need to adjust the rate and monitor tolerance (does not involve PN calculations and design aside from rate of administration).

For this example, you'll find several of the competencies are stated in a general manner that would be inclusive of IDPN, for example:

- Appropriately identifies indication for PN with ability to weigh risks and benefits,
- Identifies type of PN formulation available to the worksite,
- Accurately identifies published guidelines and designs PN recommendations consistent with published guidelines,
- Proactive in PN problem solving, includes monitoring and analyzing changes in the PN patient, including complications, and adjusting PN as needed,
- Accounts for insulin administration in designing PN and weaning of PN,
- Ability to judge when situation has turned from chronic to acute, or stable to critical,

- Collaborates with other team members/practitioners with regards to PN,
- Confidence in own PN skill level, and
- Acquires new skills and knowledge related to PN, as applicable.

The Dietitian-specific PN competencies and the Standards of Practice may guide important components to cover in an IDPN training session, in addition to your Health Authority's policies and procedures for IDPN.

In the case of IDPN, as it is considered along the same vein as PN, you may only practice and have current competence with a subset of the dietetic PN competencies. **This means that Restricted Activity B is required to practice with patients on PN, including those receiving IDPN. In order to register with Restricted Activity B, you must be able to sign off on ALL PN competencies.**

It is also pertinent to consider possible changes in practice over time. For example, in situations where you are covering the absence of a colleague, in a casual role, or where workload support is required, you may have to move from an area where only IDPN is used, to an area where general PN practice is needed. In that case, you are expected to be current with and practice all PN competencies.

If you determine that you are not current and safe to practice all PN competencies, you may want to refer to the Dietetic [Risk Management Q&A](#) to think about:

- What are the risks of only focusing my practice and on IDPN and maintaining IDPN Restricted Activity B competencies only?
- Would my practice require that I maintain other Restricted Activity B competencies?
- Can I easily refresh Restricted Activity B competencies I haven't practiced for a while?
- Do I have resources (learning modules, PN support dietitians etc.) available to me to support this?
- Do I have workplace requirements regarding Restricted Activity B that I'm required to satisfy?
- Am I in a supervisory/mentoring capacity with a dietetic student or newly hired dietitian who may be expecting me to provide a comprehensive learning experience?

Ultimately, if you are registered with Restricted Activities, it is your responsibility to ensure that you are capable of providing care for clients requiring EN/PN, such that the EN/PN competencies are satisfied.

Q3: To provide support to nursing staff, can I help to assess parenteral nutrition vein access, or discuss best site access with patients who are or will be receiving parenteral nutrition?

There is risk for crossover into the practice of Restricted Activity D, administration of parenteral nutrition. There are no registrants registered with Restricted Activity D. The proposed Dietitians Regulation update will remove Restricted Activity D since it is not part of entry-to-practice competencies. Because Restricted Activity D requires post-graduate training, it would have to be regulated as a certification and would require a medical delegation. In BC, the framework for health regulation does not currently support addition of expanding medical delegations.

Having said that, if you are registered with Restricted Activity B and work with the design of PN, you can identify observed risks that are not explicitly within dietetic scope and refer to another health professional, who can address the risk as part of their scope. Refer to the Restricted Activity B competencies in the Dietitian-specific Restricted Activity Interpretive Guide.

There is a role for a dietitian registered with Restricted Activity B (PN design), to screen, observe and review information on appropriate route of PN administration, and recommend to the most responsible provider (MRP), but ultimately the decision must be signed by an MRP or a health professional authorized to prescribe parenteral nutrition. Discussions with patients about parenteral nutrition design may come from you, but PN administration options and handling education, including access options, must come from a health professional authorized to order a line insertion and prescribe PN.

Q4: Is it possible for a physician to delegate the act of writing the parenteral nutrition order to a dietitian?

No, a parenteral nutrition order cannot be delegated by a physician to a dietitian.

A dietitian can sign for elements of care that are within dietetic scope of practice. In the context of providing parenteral nutrition, under the [Health Professions Act's Dietitians Regulation](#), a dietitian registered with Restricted Activity B may: “*design therapeutic diets if nutrition is administered through parenteral means*”, where design means “*the selection of appropriate ingredients for parenteral nutrition*”. Ingredients within dietetic scope include macro/micronutrients and fluid.

One of the major issues and caveats regarding this part of the Dietitians Regulation, is that parenteral nutrition ingredients are considered Schedule 1 drugs in BC and must be prescribed by an authorized prescriber (which dietitians are not). A dietitian may be responsible for the design and recommendation of macro and micronutrients based on a comprehensive nutrition support assessment, however the overall PN Order requires an Authorized Prescriber's signature in order to be implemented.

The Dietitian should not be signing what constitutes a prescription on behalf of an authorized prescriber. Also, Dietitians are not listed as authorized professionals to order diagnostic and laboratory tests, which are often included on the initiation orders for parenteral nutrition.

Q5: Is it possible for a dietitian without Restricted Activity B to see a patient on parenteral nutrition? What kind of supervision is required?

It is not only the design of PN that requires a dietitian to be registered with Restricted Activity B. In fact, the assessment of a patient requiring parenteral nutrition, the monitoring, and the documentation are also aspects of practice that are included as competencies for practicing Restricted Activity B, as defined within the Dietitian-specific [Restricted Activity Interpretive Guide](#).

Dietitians who work in areas where there are patients requiring parenteral nutrition must ensure that:

1. They hand off any PN patients on their unit completely to another RD registered with Restricted Activity B, or

2. If being supervised, the supervising RD with Restricted Activity B oversees ALL aspects of nutrition care, including assessment, plan, PN design, monitoring and all ADIME¹ documentation. The latter suggestion would be similar to the supervision provided to a dietetics student. The dietitian without Restricted Activity B cannot fully assess nor document on their patient if PN is part of the care plan or being assessed/considered, without being registered with Restricted Activity B.

¹ADIME: Assessment, Diagnosis, Intervention, and Monitoring/Evaluation

Q6: During vacancies/staff shortages or for remote on-call practice, is it possible to provide virtual care to a patient on parenteral nutrition?

While the College can share expected standards of practice with registrants, it cannot tell Health Authorities how to operate during vacancies/vacations and cannot address all possible scenarios of care and risks. It is up to registrants to collaborate inter-professionally, leveraging their knowledge, skills, and ethical attitudes, to devise workflows that will be in the interest of their client's health and well-being through nutrition. Relevant Standards of Practice for these responsibilities are outlined in #10, 12-14, and 16.5.

The College expects that virtual care should be equivalent to in-person care. Dietitians can also refer to the Dietitian-specific [Restricted Activities Interpretive Guide](#) for information on expected competencies for PN.

A dietitian involved in the design, monitoring, and documentation for a patient requiring parenteral nutrition must be registered with Restricted Activity (RA) B. In an example of an onsite or remote dietitian without the appropriate RA, who consults yet another remote dietitian (with RA B) for PN design/monitoring, it cannot be the dietitian without RA B who signs off on the PN design. The sign off (electronically or on paper) must be completed by a dietitian with the appropriate RAs.

Here are considerations for remote/virtual practice:

- How is consent for PN obtained remotely? The dietitian must document consent for this nutrition care.
- In considering the safety of starting PN remotely, if the dietitian identifies a risk of refeeding and recommends a refeeding protocol (thiamine, multivitamin with mineral, +/- folate, as well as daily extended electrolyte monitoring), how does this get communicated to a provider/authorized prescriber. How does the remote RD ensure that this is ordered?
- Documentation must meet the College's Standards of Record Keeping. In the example of a remote dietitian being consulted by another dietitian without RAs, the dietitian with Restricted Activity B must co-sign all documentation.