College of
HEALTH AND CARE
PROFESSIONALS OF BC

Scope of Practice and Ordering Q&A

Revised January 2025

Unless otherwise specified, practice resources can be found here: Dietitians – Resources | CHCPBC. These resources appear in **bold** in the following Q&A.

Dietitians often work in multi-disciplinary workplaces, where communication, both verbal and written, is a key aspect of effective and safe practice. There are workplace contexts where dietitians may be expected to:

- Enter orders directly into the "Orders" section of the medical record,
- Enter recommendations directly into the "Orders" section of the medical record, requiring a co-signature from a provider,
- Receive and enter an order for dietetic care that is communicated verbally (in person or by another medium),
- Provide verbal orders or recommendations when practicing remotely.

Note: "Order" as defined in Schedule 2 of the amended Dietitians Regulation is specific to Restricted Activities for certified practice registrants, effective January 1, 2025 (see Q12 in the **Dietitians Regulation Q&A**).

The Q&A below refers to "verbal orders", which will be interpreted as verbal in-person or remote via telephone or other virtual media.

Q1: Who is an "authorized prescriber"? What is meant by "health professional" in the Dietitians Regulation?

Dietitians are not authorized prescribers. Please refer to: 3.9 Medical Practitioners – Authorized Prescribing – Province of British Columbia (gov.bc.ca) for a list of professionals authorized to prescribe in BC.

As of January 1, 2025, the Dietitians Regulation has defined "health professional" in the context of an order required for dietitians performing certified acts (insertion of naso/oro-enteric tubes, exchange of balloon retained enterostomy tubes, exchange of water in the balloon of a ballon-retained enterostomy tube). "Health professional" in this context *only* means "physician, nurse practitioner, dentist, and naturopathic physician". See the **Dietitians Regulation Q&A** for more information.

The term "order" is often used interchangeably with the term "prescribe". For example, the prescribed treatment is often referred to as the "doctor's order". Interpretation of the terms "prescribe", and "order" may vary among allied health. As a result, confusion may exist amongst allied health as to who has the authority to prescribe and order.

It is not appropriate for a dietitian to take a verbal order or to request a "co-signature" for an order that requires an authorized prescriber. A dietitian may work with the team to make recommendations that result in an order from an authorized prescriber. Examples can include, but are not limited to, PN orders/changes, removal of a feeding tube, order for a scheduled drug.

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Q2: Can I enter diet orders or diet recommendations in the order section of a patient chart?

From a dietetic scope perspective, in this instance the word "order" means "request" for implementation by the healthcare team. There is no limitation in the Dietitians Regulation for a dietitian to initiate a diet, stop a diet (NPO), upgrade or downgrade a diet. For more information about legal and individual scope of practice, please consult the **Decision Tool for New Aspects of Dietetic Practice**.

Parenteral Nutrition (PN) diets require an order (in this instance, the word "order" means prescription) by an **authorized prescriber** (see Q1). Dietitians who are registered with Restricted Activity B can "design" a patient-specific PN formulation but cannot legally prescribe it.

In accordance with **Standard of Practice** 15: "*A Dietitians maintains clear and accurate records that document communications and the provision of professional services*." This includes preparing, maintaining, and managing records in compliance with legislative requirements, regulatory policies/guidelines and organizational requirements. The College also recommends that the RD discuss work efficiency issues with their interdisciplinary teams and decision makers, keeping in mind that if a documentation or process is preventing a patient from receiving timely nutrition care, it may place the patient at risk.

From a workplace perspective, depending on the facility's policies and documentation requirements, you may be able to write oral and enteral nutrition diet recommendations in the physician's orders. The College recommends that you familiarize yourself with workplace ordering and record keeping policies, as part of maintaining clear and accurate records.

According to the Dietitians Regulation, RDs' scope of practice includes: *"assessing, maintaining, restoring and promoting health as it relates to nutrition" and "planning, implementing and evaluating nutrition interventions"*. Implementing a nutrition intervention may involve "ordering" a diet.
The Dietitians Regulation states that RDs may "dispense" enteral nutrition, where "dispense" means to fill a prescription for enteral nutrition.

In some instances, however, the workplace ordering system may simply not allow you to record an order. Workplaces where this is the case are listed in section 2 of the BC Residential Care Regulation. Section 67 of the BC Residential Care Regulation requires a physician or nurse practitioner order for **enteral nutrition**.

Q3: Can I change a diet order entered by a physician? If a patient is admitted to hospital and a physician enters an order for a specific diet, am I able to amend the diet order independently?

From a dietetic scope of practice perspective, an oral diet or enteral nutrition change is allowed. As the Dietitians Regulation is written, dietitians do not require an authorized prescriber to order oral and enteral diets. The definition of "dietetics" includes reference to "*assessing, maintaining, restoring and promoting health as it relates to nutrition" and*

"planning, implementing and evaluating nutrition interventions". Nutrition interventions involve a wide breadth of options depending on a patient's medical condition and may involve design and delivery of any oral, enteral (tube feeding) and parenteral diets.

From a dietetic scope of practice perspective, initial ordering and subsequent orders to change a parenteral diet by dietitians is not allowed as it is not within legal scope of practice. **An authorized prescriber is required to order parenteral nutrition (PN) since PN "ingredients" are listed as Schedule 1 drugs. Dietitians are not listed as authorized prescribers in BC (see Q1).**

From a workplace perspective: Each Health Authority and healthcare facility in BC has the right to narrow scope of practice and establish policies and procedures that work best for their delivery of care. You should be aware of your workplace scope restrictions by reviewing workplace policies and guidelines. **A Health Authority/workplace cannot expand dietetic scope of practice beyond the legal limits placed by the Health Professions Act's Dietitians Regulation.**

Q4: Can I take a verbal order? What are some considerations?

From a College perspective, a verbal order includes in-person and virtual verbal orders. Other than defining "order" specifically for Restricted Activities for certified practice registrants (see Q12 of the **Dietitians Regulation Q&A**), the Dietitians Regulation is silent about orders. Yet the College recognizes that for emergency situations taking verbal orders for dietetic aspects of care make sense. An example would be a verbal order to modify a tube feeding regimen, which doesn't involve prescribing drugs. Verbal orders are not a reliable method of care as they increase the risk of omission, misinterpretation and error in providing care. In situations where verbal orders are needed and used, it is possible for you to accept verbal orders for issues that are **within the scope of dietetic practice**. **In other words, if you are not able to perform the activity yourself, you may not take a verbal order for it. Note that there are exceptions for Restricted Activities that require certification within the Dietitians Regulation, in force January 1, 2025. More information will be forthcoming.**

If you receive verbal orders, you should make sure you have clearly understood all components of the order then record and communicate the order clearly and diligently. You should not accept verbal orders that are unclear, incomplete, requiring another health professional's action, such as an authorized prescriber or health professional (see Q1), or unrelated to dietetic services.

If you are in a position where you are expected to receive verbal orders, you should consider the following:

- Is the aspect of practice or task related to my profession and part of my scope of practice? Does it require an authorized prescriber? If it is a Restricted Activity requiring certification, has a health professional ordered it?
- Does it involve restricted activities? Does it involve certifications?
- Are my personal competencies up to date to do the task safely, ethically, and competently?
- Does the aspect of practice or task require specific skills?

- Are there workplace policies that I need to follow?
- Are there guidelines or position papers available to guide my practice?
- Is there scientifically sound literature to support this practice?
- Do I know who in the inter-professional team needs to be involved to optimize the care and follow-up?
- Does the client have all the information to make an informed decision and consent?
- Do I have all the information to make a fair nutritional assessment and recommendation/plan?
- Am I respecting the client's needs, values, goals, and circumstances?
- Is there a potential conflict of interest involved? Do I need to disclose it or recuse myself?
- Are there any other risks that need to be mitigated?

Q5: Can the College come up with a list of actions for which I may write an order or take a verbal order?

It would be impossible for the College to adequately include all instances where taking a verbal order may be requested and acceptable of a dietitian. The College's role is also to establish high level standards and guidelines of practice, and it is the dietitian's role to apply these in the context of their daily practice. Although there is no policy or guideline that outlines specifically what a dietitian can and cannot accept a verbal order for, if the action being ordered is not within the scope of a dietitian, they may not accept a verbal order for it. In other words**, if you are not able to perform the activity yourself, you may not take a verbal order for it, nor may you write a write an order or request a co-signature for it. Information on verbal order and certification will be forthcoming.**

Dietitians are **not** allowed to act on the following based on a verbal order:

- Ordering, changing or discontinuing parenteral nutrition,
- Removal of naso-enteric tube,
- Ordering bloodwork,
- Ordering a prescription for or changing the dose of a schedule 1 drug,
- Discontinuation or implementation of intravenous fluids (IV) or the components within them, for example, removal or addition of dextrose in a running IV.

Although this is not a complete list, it provides registrants some points of consideration for when they are requested to take verbal orders. For those activities that are not within dietetic scope of practice, but where you may have input, interprofessional collaboration and communication can lead to your **recommendations** being implemented by an **authorized prescriber** (see Q1). These recommendations are a valid and integral part of your nutrition assessment and care plan. If you are unsure whether you can accept a verbal order in a specific situation, you can always reach out to the College to discuss it.

Q6: Am I able to order (or take a verbal order) for parenteral nutrition (PN)?

No. The act of writing a prescription is restricted, as it involves a medical diagnosis by a physician, and a 24/7 responsibility to monitor the patient's tolerance to the prescription as part of their overall medical status, which a dietitian cannot fulfill.

Dietitians who are registered with Restricted Activity B can "*design therapeutic diets if nutrition is administered through parenteral means*" by completing a patient-specific nutrition assessment and making recommendations for calories, macro- and micronutrients. This does not include signing an order for PN, which is equal to a prescription in this instance. PN is considered a scheduled drug and requires an **authorized prescriber** to order (see Q1).

While a dietitian can take a verbal order for the "design" portion of the PN, they cannot sign the order as they are not legally authorized to do so. The dietitian cannot sign what constitutes a prescription (as a pre-printed order (PPO) or otherwise) on behalf of an authorized prescriber.

In other words, a dietitian could complete some sections on, and write information relevant to, the design of the PN. It cannot be the dietitian's signature, nor can it be an authorized prescriber's co-signature. The order cannot be implemented without the authorized prescriber's signature.

Q7: Am I able to order (or take a verbal order) for removal of a naso-enteric tube?

Under revision for alignment with the amended Dietitians Regulation.

Q8: In clinical practice, am I able to order (or take a verbal order) for blood work (specifically: electrolytes, urea, creatinine, extended electrolytes)?

Dietitians are not on the list of health professionals authorized to order lab tests in British Columbia. This list is found in section 3 of the Laboratory Services Regulation. Dietitians may work in collaboration with an authorized prescriber to recommend the lab tests they require for nutrition assessment and care. Dietitians may not take a verbal order for blood work.

Q9: I work in a clinic where we use point-of-care testing for HbA1C, using a device such as a DCA Analyzer (semi-automated point-of-care testing), using finger pricks. Can I order or perform this test myself?

The College interprets actions such as finger pricks for CBG testing, as in the public domain. This is an interpretation that the Ministry of Health agreed with. A point-of-care test for HbA1C is a very similar test; in fact, the method for obtaining the blood sample is identical to CBG testing. **The College would thereby consider ordering and performing this test as in scope for a dietitian.**

Here are some other considerations:

- Are there any workplace policies that preclude dietitians from undertaking this task? From ordering this task?
- If workplace policy deems this task to be undertaken by a dietitian, including running, interpreting the results, and understanding limitations of this method of testing, using the DCA machine would require additional training. This training would need to be offered by your workplace.

- Dietitians being asked to undertake this task need to consider if, after training, they consider this task to be within personal scope of practice. You are encouraged to refer to the **Decision Tool for New Aspects of Dietetic Practice**.
- Ordering this task. Because this point of care task is in scope and not restricted, a dietitian may order it, as per College interpretation. This includes via EMR. This is only for blood samples obtained by finger prick. Ordering blood work remains outside of scope for a dietitian (see Q8). Discussion of results should always be done with your interdisciplinary team.

Q10: I work in private practice and appear to be able to register with a laboratory analytical company as a practitioner who can order labs. Can I do this?

No. Dietitians do not currently have the authority to order laboratory testing in BC. As it presently stands, Dietitians are not listed under the Laboratory Services Act and the regulations (Laboratory Services Regulation, sec (3)(1)) as a prescribed referring practitioner. Prescribed health care practitioners have laboratory schedules, as seen in the list of schedules on the BC's Agency for Pathology and Laboratory Medicine (PHSA) website. This authority is provided under a ministerial order signed by the Ministry of Health. In this link, the BC Agency for Pathology and Laboratory Medicine says: "*In order for a MSP-enrolled patient to receive laboratory services as a paid benefit, operators of the approved laboratory facilities must receive the request from authorized health care practitioners enrolled under the Medicare Protection Act (MPA).* ***Referring medical practitioners with approved benefit schedules include midwives, nurse practitioners, dentists, podiatrists, and certified registered nurses.*** *These health care practitioners may only request laboratory tests that are defined in their respective scopes of practice.*"

If you register to request lab tests, **you need a physician to co-sign the requisition**, otherwise, it is not accepted. Because these tests are considered uninsured (non-MSP), they are not bound by the list of authorized referring medical practitioners highlighted above. It is possible that the laboratory analytical company has determined lists of authorized health professionals who can request lab tests (one list for direct requesters, one list for ones who need a physician to co-sign, and one list of people that are not authorized to register and request lab services). These lists are company specific as non-insured service and not prescribed in legislation.

If you can register to request lab results (with a co-signature) there are additional considerations, that is similar to the way a dietitian would approach nutrigenomic testing (see the **Nutrigenomics Q&A** for guidance). Specifically:

1. Understand the definition of dietetics and determine what your individual scope is for recommending specific lab work, using the **Decision Tool for New Aspects of Dietetic Practice** (**Standards of Practice** 2 and 3).
2. Use evidence-informed information from reputable sources and understand the quality, reliability, and limitations of the tests you are requesting (**Standard of Practice** 14.5).
3. Understand the need to explain sample collecting, shipping, analysis and result sharing and data holding to the client. Where are the lab samples shipped for analysis? How and where are the lab samples stored and destroyed? (**Standard of Practice** 5 and **Nutrigenomics Q&A** Q4.)

4. Understand how to explain rationale for lab tests and how to interpret their results in a language level that is appropriate for your client (**Standards of Practice** 9 and 13 and **Nutrigenomics Q&A** Q3).
5. Understand that providing a diagnosis is not part of dietetic scope and dietitians refer clients to a physician for diagnostic lab sharing (**Standard of Practice** 2.3 and 11).
6. Understand the need to reflect on the necessity of recommending lab tests, considering the client's financial situation, and any conflict of interest that may occur or be perceived (**Standard of Practice** 12 and **Nutrigenomics Q&A** Q5).

Q11: Where can I learn more about Natural Health Products and Drug Schedules and might these substances be relevant to my practice?

The amended Dietitians Regulation formalizes dietitians' authority to determine appropriate oral, enteral and parenteral nutrients, including vitamins and minerals for supplementation, and other nutritional substances.

Nutritional Substances include water, and ingredients such as food, food texture substances, thickening agents, formulas and other nutritional supplements, macro-nutrients (polymers and monomers), and micronutrients (vitamins and minerals) that are considered Unscheduled drugs or Natural Health Products.

Nutritional Substances **do not** include Schedule I or II drugs.

Natural Health Products include vitamins (most), minerals, protein powders, and fibre supplements, for use in the design of EN (with Restricted Activity A), or for use orally, which can be recommended and ordered (requested for distribution to a client), regardless of dose by a dietitian.

"Natural health products, such as vitamin and mineral supplements and herbal products for which therapeutic claims are made are also considered drugs at the level of the *Food and Drugs Act*; however, these products are regulated as natural health products under the *Natural Health Products Regulations* and not as drugs under the *Food and Drug Regulations*"[2]

As vitamins and minerals are considered Natural Health Products, they do not require a prescription. It is within the dietitian's scope to include them as part of their patient-specific nutrition care plan/ therapeutic diet and write them in the "order section" of the chart, to be processed by nurses and pharmacists. You may find that your workplace has limited dietitians' scope, so if you are not able to order these in your workplace, it may be due to a limitation in workplace policy.

Exceptions exist, making vitamins and minerals Schedule 1 drugs (needing prescription):

- when the route of administration of the vitamin/mineral is parenteral or by injection, OR
- if the oral or enteral nutrition care plan includes vitamin A over 10,000 IU (where the UL is 10,000 IU for adults), and vitamin D over 2,500 IU (where the UL is 4000 IU for adults)

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An **unscheduled drug** is one that "*may be sold by a non-pharmacist to any person*".[1]
For dietetic purposes:

- An example relevant to dietetics includes loperamide. However, it is not considered a nutritional substance and would not be part of a dietitian's design for oral or enteral therapeutic diet. This does not preclude a dietitian from discussing the potential use of this drug as a member of an interdisciplinary healthcare team; however, a dietitian cannot order this, nor request a co-signature for its order.

A **schedule II drug** "*may be sold by a pharmacist to any person from the self-selection Professional Products Area of a licensed pharmacy*"[1]. While these products do not require a prescription, their use must be vetted by the pharmacist before being sold to a client.
For dietetic purposes:

- Insulin is a schedule II drug but doesn't pertain as an additive to therapeutic oral or enteral diets. For more information about the scope of a dietitian in insulin dose adjustment, refer to the **Diabetes Q&A**. It is important to understand that your ability to perform Insulin Dose Adjustments (IDA) could impact clients. Making dose adjustments to insulin becomes quite involved with respect to Pharmacare billing and third-party coverage. Dietitians, like pharmacists, do not have independent prescribing authority. As a result, third-party payors may only cover products with a receipt written by an authorized prescriber. Dietitians may want to discuss this aspect with their patients when they address insulin dose adjustment as part of nutrition counseling.
- Gravol is a schedule II drug. However, it is not considered a nutritional substance and would not be part of a dietitian's design for oral or enteral therapeutic diet. This does not preclude a dietitian from discussing the potential use of this drug as a member of an interdisciplinary healthcare team; however, a dietitian cannot order this, nor request a co-signature for its order.

A **schedule I drug** "*require[s] a prescription for sale and are provided to the public by a pharmacist following the diagnosis and professional intervention of a practitioner*."[1]
For dietetic purposes:

- Schedule I drugs include all PN ingredients and any vitamin/mineral that is administered by IV
- Certain vitamins above specific doses are also Schedule 1. Here are two examples:
    - Oral/enteral vitamin A "*containing more than 10 000 IU of Vitamin A per dosage form or, where the largest recommended daily dosage shown on the label would, if consumed by a person, result in the daily intake by that person of more than 10 000 IU*"[1].
    - Vitamin D "*containing more than 2 500 IU per dosage form or, where the largest recommended daily dosage shown on the label would, if consumed by a person, result in the daily intake by that person of more than 2500IU*"[1] (of note, this is under the UL).
- How does affect dietitian's scope? A dietitian cannot order Schedule I drugs, nor request a co-signature for the ordering of Schedule I. Dietitians may design PN and recommend the micronutrients. However, an authorized prescriber must prescribe these components of a nutrition care plan.

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[1] Pharmacy Operations and Drug Scheduling Act. Drug Schedules Regulation
[2] Government of Canada. How Drugs are Reviewed in Canada.

When determining scheduling, not everything is listed in BC Drug Schedules Regulation. Normally, this regulation includes drugs that have a stricter classification than federal regulation. For that reason, the best order of search is as follows:

1. Health Canada Drug Product Database (DPD)
2. BC Drug Schedules Regulation
3. National Association of Pharmacy Regulatory Associations (NAPRA) – BC does not fully adopt NAPRA scheduling, but it remains a good guide for products that cannot be found in the federal or provincial schedules.
4. Natural Health Products Database (the substances contained herein, are categorized as unscheduled)

Q12: Can I recommend dosage above the Upper Limit (UL) of a vitamin/mineral supplement?

An evidence-informed approach is required here. Dietetic scope, your workplace requirements, and your personal scope will determine your ability to recommend a specific dose of a vitamin/mineral supplement.

Dietetic scope limitations:
If the vitamin/mineral is for parenteral use, it is always schedule I[1]. You may not order schedule I drugs, regardless of dose, however, in collaboration with the health care team, you can recommend these ingredients, by way of PN design.

In addition, vitamin A over 10,000 IU (where the UL is 10,000 IU for adults), and vitamin D over 2,500 IU (where the UL is 4000 IU for adults) are considered schedule I and require a prescription[1].

Most other vitamins and minerals for therapeutic diets (oral and enteral), regardless of dose, are considered Natural Health Products. It is within professional scope for dietitians to order these as part of therapeutic diet.

Workplace scope limitations:

- Does your workplace allow you to order vitamins and minerals? Above the Upper Limit? Workplaces can further constrain dietitians' scope but cannot expand it.

Personal scope limitations:

- Are you comfortable ordering vitamins and minerals for your clients, when they may exceed the Upper Limit?
- Does the evidence suggest that the recommendation of a dose of vitamin or mineral above the Upper Limit have benefit? Risk?
- You are encouraged to refer to the **Decision Tool for New Aspects of Dietetic Practice**.

[1] Pharmacy Operations and Drug Scheduling Act. Drug Schedules Regulation

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Here are a few examples:

- You are in an out-patient or community setting AND your personal dietetic scope includes making recommendations for an iron supplement. The recommended dosage is above the UL. You note that iron is considered a Natural Health Product (NHP). In this case, if speaking to treatment for iron deficiency is within your personal scope, you can recommend this course of treatment. Iron remains behind the counter, so your client can also speak to a pharmacist, as needed. Your recommendation should not be made in silo, given the risk of iron over supplementation and so you should involve your client's physician for follow-up blood work

- You are an in-patient dietitian, and you can recommend the same treatment as above. You will be required to follow workplace policy, such that it requires collaboration with pharmacist and physician to release a high-dose supplement to the patient and may require the physician to write the order for it (and order blood work for follow up).

Q13: Can I order a protein or fibre supplement that would go through an enteral tube, or does this require an authorized prescriber?

Most modular products are not considered drugs. Instead, they are classified as "Foods for Special Dietary Use" under the Food and Drug Act. Therefore, these items do not require a prescription and RDs can order them. See the Health Canada document How to Tell Different Types of Foods and Health Products Apart for more information.