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**Medical**

**CLINICAL DIETETICS**

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(Col Marilyn A. Walker)  
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This instruction implements AFPD 44-1, *Medical Operations*, and Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) standards of nutritional care for inpatients and outpatients. It interfaces with AFPD 40-1, *Health Promotion*; AFI 40-104, *Nutrition Education*; AFI 41-120, *Medical Resource Management Operations*; AFI 41-303, *Aeromedical Evacuation Dietetic Support*, and AFMAN 44-144, *Nutritional Medicine Service Resource Management*. This instruction sets guidelines for clinical dietetics programs in Nutritional Medicine Service. It applies to all personnel providing nutritional care to patients in Air Force medical treatment facilities (MTFs). This care includes meals, nutritional screening and assessment, and therapeutic diet instructions. Use this instruction with the *Nutritional Medicine Service Guide (NMS Guide)*, available from the Associate Chief, Biomedical Sciences Corps (BSC) for Dietetics, 89th Medical Group/SGF, 1050 West Perimeter Road, Andrews AFB MD 20331-6600. Send comments and suggested improvements on AF Form 847, **Recommendation for Change of Publication**, through channels, to 89th Medical Group/SGF, 1050 West Perimeter Road, Andrews AFB MD 20331-6600. This AFI does not apply to the Air National Guard. The authority for maintaining and collecting the information required by this instruction is in Public Laws 91-513 and 92-255; Chapters 13 and 16 of Title 21, United States Code (U.S.C.); Public Law 92-129; 5 U.S.C. 501; and 10 U.S.C. 8013. **Attachment 1** is a glossary of references, abbreviations, acronyms, and terms.

**SUMMARY OF REVISIONS**

This is the initial publication of AFI 44-135. It adds MEPRS coding to reporting workload data; deletes explicit guidance for completing forms and procedures; and redefines levels of nutrition care and nutrition clinic operations at MTFs without Nutritional Medicine Service.

## Chapter 1

### NUTRITIONAL MEDICINE SERVICE MISSION AND DUTIES

#### 1.1. The Nutritional Medicine Service (NMS) Mission.

- Provides nutritious food, clinical dietetics services, nutrition education, and consultant services for patients, MTF staff, and Air Force beneficiaries.
- Maintains sanitation standards.
- Efficiently manages resources in war and peacetime.
- Actively participates in health promotion, including the multiagency Check It Out nutrition education program (see AFI 40-104).

#### 1.2. Nutritional Medicine Service Duties.

**1.2.1. NMS Officer.** The senior dietitian (AFSC 43D3) assigned becomes Chief or Director, NMS, and serves as the NMS Officer.

1.2.1.1. Refer to **Attachment 2** for the dietitian's specific duties. Refer to the *Nutritional Medicine Service Guide* for duty functions when more than one dietitian is assigned.

1.2.1.2. When a dietitian is not assigned, the Director of Base Medical Services (DBMS) designates an officer not subject to conflict of interest as the NMS Officer. The non-dietitian NMS Officer monitors and guides the diet therapy supervisor and calls the Command (MAJCOM) Consultant Dietitian as needed for advice.

1.2.1.3. The NMS Officer or MAJCOM Consultant Dietitian may approve using automated forms to replace any form listed in this instruction as long as the replacement form includes the same data.

**1.2.2. Diet Therapy Supervisor (AFSC 4DOX1).** Refer to **Attachment 2**, paragraph **A2.2.** for diet therapy supervisor responsibilities. When no dietitian is assigned, the diet therapy supervisor fulfills the registered dietitian tasks listed in **Attachment 2**. *EXCEPTIONS:* Research, participating on the nutrition support team, and serving as nutritional advisor to the DBMS. These tasks will usually be accomplished by the MAJCOM Consultant Dietitian.

#### 1.2.3. NMS Consultant Dietitian:

- Advises the USAF Surgeon General, Surgeons of MAJCOMs and numbered Air Forces, or the DBMS.
- Plans therapeutic diets using the approved diet manual as a guide.
- Performs the tasks outlined in the appropriate section of **Attachment 2**.
- Makes semiannual visits, in respective region of responsibility, to MTFs without assigned dietitians.

1.2.3.1. NMS staffs in MTFs without dietitians must record interim communications with the consultant in a log book, noting what subjects they discussed and the information communicated by the consultant. This information must be shared with JCAHO, HSI, and SAV surveyors to show oversight by a registered dietitian.

**1.2.4. Nursing Service.** The chief nurse or designated representative assists NMS with these tasks:

- Submits AF Form 1094, **Diet Order**, and AF Form 2567, **Diet Order Change** (see paragraph 2.2.1.). Requests individual and bulk nourishments using AF Form 2568, **Nourishment Request**.
- Makes sure that patients, not staff or visitors, consume the food delivered to the nursing unit.
- Collects and returns patient menus to NMS according to local procedures.
- Identifies and helps counsel patients who have a potential for diet-drug interactions and documents dietary problems relayed by diet therapy personnel.
- Maintains the current approved diet manual on each nursing unit (see paragraph 3.1.).
- Ensures prompt delivery of inpatient dietary consultation requests from health care providers to NMS.
- Monitors calorie counts and documents patient food and beverage consumption.
- Prepares the patients for eating (raises the bed, clears bedside tables, and so on) and checks trays against diet orders before serving. Delivers nourishments to patients. Helps patients feed themselves. Administers enteral and parenteral feedings.
- Removes soiled trays from bedsides and returns trays to the food cart.
- Supervises serving food to bed patients when no dietitian is assigned. *Note: This instruction does not relieve the NMS Officer or diet therapy supervisor of the responsibility for checking patient tray service.*

## Chapter 2

### PRESCRIBING AND ORDERING DIETS

**2.1. Prescribing Diets.** Dietitians and authorized diet counselors need not use SF 513, **Medical Record-Consultation Sheet**, for general nutrition education, which is considered teaching to the United States Surgeon General's guidelines, or for inpatients on therapeutic diets after the health care provider writes the initial diet order. General nutrition information includes instructions on balanced diets, prudent cholesterol and sodium diets, and general weight control principles using AFPAM 166-10, *Good Eating: A Dieter's Guide*. You may use overprinted forms to document each diet instruction. Document workload data. Document all diet instructions in the patient's medical record.

**2.1.1. Physician, Dentist, or Certified Nurse-Midwife (CNM).** Use AF Form 3066, **Doctor's Orders**, to prescribe inpatient diet orders and supplementary nourishment and SF 513 to request diet instructions, special dietary calculations, and nutritional assessment for inpatients and outpatients. Use terminology in the approved diet manual and AFPAM 44-124, *Diet Ordering Guide*. NMS will provide each physician with a copy of the pocket reference AFPAM 44-124 to use in conjunction with the diet manual.

**2.1.2. Nurse Practitioner and Physician Assistant.** Use SF 513 to write diet prescriptions in line with the diagnosis and their medical management credentials.

**2.1.3. Dietitians.** Dietitians may prescribe diet therapy and diet prescriptions according to their MTF credentials.

### 2.2. Ordering Diets.

**2.2.1. AF Form 1094, Diet Order.** Nursing service uses AF Form 1094 and AF Form 2567, **Diet Order Change**, to:

- Order diets and nourishments from NMS.
- Notify NMS of any food allergies.
- Record new patient admissions, discharges, or transfers.
- Identify patients on NPO status or out on pass.
- Identify patients receiving parenteral nutrition (concentrated dextrose, amino acids, or lipids).
- Indicate Medical Expense Performance Reporting System (MEPRS) codes for patients receiving pharmaceutical enteral food items (see *NMS Guide*).

2.2.1.1. Submit a new AF Form 1094 each day before 0500 hours.

2.2.1.2. Submit changes twice daily on AF Form 2567, usually NLT 1000 and 1500 hours or according to local procedures.

2.2.1.3. Diet orders must comply with the *ADA Diet Manual*, AFMAN 44-139, and AFPAM 44-124. NMS clarifies ambiguous diet orders and updates AF Form 1094 as changes occur.

2.2.2. For patients who need cooked therapeutic in-flight meals (CTIMs) for the aeromedical evacuation system, diet orders phoned to NMS from the nursing units are recorded on AF Form 2464, **CTIM Telephone Diet Order (for C-9 and C-141 Flights)**, or an equivalent (see AFI 41-303). Use AF Form 2463, **Cooked Therapeutic Inflight Meal (CTIM)**, to label each patient's meal.

**2.3. Salt Substitute.** Do not give salt substitute to patients. Use mixtures of appropriate herbs and spices (non-sodium and non-potassium) instead.

**2.4. Tube Feedings and Medical Foods.**

- Tube feeding and medical foods from pharmaceutical companies are supply items. Medical Logistics buys them for inpatient use only. Refer to AFI 41-120 for accounting procedures. NMS charges the cost of tube feedings and medical foods to the MEPRS account code for the patient's assigned service.
- Infant formulas are supply items and are under the control of the nursery.

**2.5. Therapeutic Diet Orders for Outpatients.**

2.5.1. Serve therapeutic diets for outpatients only if the healthcare provider (HCP) and dietitian consider them necessary. Accept orders for therapeutic meals only from a physician, dentist, or privileged HCP.

2.5.2. HCPs write therapeutic meal orders on SF 513 for a specified time period, normally not more than 30 days. Include a request for diet instruction. After 30 days, or if the patient frequently misses meals or does not comply with the diet order, the HCP cancels the diet order.

2.5.3. Outpatients must provide meal card numbers, social security numbers, or pay the prescribed meal rates for all meals consumed. NMS will not give outpatients between-meal nourishments (e.g., for diabetes and hypoglycemia).

## Chapter 3

### DIET MANUAL AND REFERENCES

**3.1. Diet Manual and Supplements.** Each inpatient unit must maintain a copy of the current *ADA Manual of Clinical Dietetics* (also called *ADA Diet Manual*), to standardize diet terminology and comply with JCAHO standards. MTFs using the Composite Health Care System (CHCS) diet file, updated with the current *ADA Diet Manual*, need not maintain diet manuals on each nursing unit. MTFs needing copies of the *ADA Diet Manual* for clinics and physicians' offices must purchase these manuals from the American Dietetic Association, 216 West Jackson Boulevard, Chicago, IL 60606-6995.

3.1.1. AFMAN 44-139, *Clinical Dietetics*, is the Air Force supplement to the *ADA Diet Manual*. It provides menu patterns, patient education materials (may be reproduced locally), and additional information to adapt the *ADA Diet Manual* to meet USAF requirements.

3.1.2. You may develop local supplements to the *ADA Diet Manual* to meet the special needs of the MTF.

3.1.3. NMS discourages using diets and menu patterns not in AFPAM 44-124 or AFMAN 44-139.

**3.2. ADA Patient Education Materials and Instructor's Guide.** Each MTF gets a set of these materials every 3 to 4 years as they are updated. The Officer or Noncommissioned Officer in Charge (OIC or NCOIC) of NMS keeps and reproduces these masters for patient education.

**3.3. Annual Review of Diet Manual.** Each MTF's professional staff annually reviews the *ADA Diet Manual*, AFMAN 44-139, and any locally approved supplements. Insert in the front of each diet manual a signed letter from the Chief of Hospital Services approving use of the diet manual and local supplements.

## Chapter 4

### MEAL SERVICE

#### 4.1. Meal Hours.

4.1.1. The DBMS approves meal hours for the dining room and patients. For patients, the number of hours between the evening meal and breakfast the following morning must not exceed 15 hours.

4.1.2. Adjust meal hours slightly to provide adequate preflight support of patients being moved in the aeromedical evacuation system. Feed postflight aeromedical evacuation patients at normal meal hours or as needed, depending on when the patients last ate a meal.

#### 4.2. Tray Identification and Menu Slips.

4.2.1. Use menu slips to assemble and identify food trays for inpatients. Overprint blank selective menu forms with local menus, then distribute them to patients using local procedures.

4.2.2. NMS personnel prepare nonselective menus using the dietary kardexes, AF Forms 1094 and 2567, therapeutic worksheets, and the individual patients' menu pattern. Modify menu patterns based on food tolerances and preferences. Use the menu forms in Table 4.1.

**Table 4.1. Menu Forms.**

DIET	COLOR	PERFORATION	
		3-way	6-way
<b>SELECTIVE</b>			
General Selective	white	AF Form 1737	AF Form 1739
Therapeutic Selective	yellow	AF Form 1738	AF Form 1740
<b>NONSELECTIVE</b>			
Liquid	yellow	AF Form 2481	AF Form 2482
Calorie Restricted	green	AF Form 2499	AF Form 2500
Diabetic	green	AF Form 2479	AF Form 2480
Sodium Restricted	pink	AF Form 2478	AF Form 2485
Fat Restricted	blue	AF Form 2497	AF Form 2498
Step 1-Moderate;	blue	AF Form 2487	AF Form 2488
Step 2-Strict			
Cholesterol and Fat			
Pureed or Blenderized Liquid	yellow	AF Form 3574	AF Form 3575

#### 4.3. Disposable Tray Service.

4.3.1. You need not routinely use isolation trays for patients with contagious diseases or infections per AFI 44-108, *Infection Control Program*. Use disposable tray service for radiation therapy patients according to local procedures.

**4.3.2. Psychiatric Patients.** Nursing service orders "paper products for precautionary measures" for patients who could hurt themselves or others. Identify these patients by stamping menu slips with "paper products."

#### **4.4. Nourishment Service.**

**4.4.1. Individual Nourishments.** Refer to AFMAN 44-139 for therapeutic diets that automatically receive between-meal nourishments as part of the basic diet plan. Use AF Form 2568, **Nourishment Request**, or AF Form 1094, depending on local procedures, to order individual nourishments and enteral feedings. NMS maintains AF Form 2579, **Nourishment**, for each patient according to procedures in the *NMS Guide*.

- A physician or other privileged healthcare provider may order nourishments for patients as needed.

**4.4.2. Bulk Nourishments.** Nursing service staff orders beverages and other bulk nourishments daily on AF Form 2568. Base the order on patient count, diet orders, and stock on hand. NMS staff prepares the nourishment request. Nourishments are provided for patient feeding only, not for staff and visitors.

**4.4.3. Nourishment Labels.** NMS must prepare labels for each individual nourishment, including the patient's name, inpatient unit, room number, hour to serve, food item, and preparation date and time. Include inpatient unit, food item, and date and time prepared on all bulk nourishment labels.

#### **4.5. Hospital Menus.**

4.5.1. Prepare menus for regular and therapeutic diets and use menus to order and purchase food items following these guidelines:

- Review and revise menus to reflect seasonal foods and ensure nutritional adequacy according to JCAHO standards.
- Write menus that patients and staff will accept and that are easy to modify for therapeutic diets. The usual menu cycle is 3 to 4 weeks. Facilities, especially those providing meals to inpatients only, may use shorter menu cycles based on the average length of a patient stay.
- Identify on the master menu, and selective menu or tray assembly worksheet, specific food items to serve when an inpatient makes no selections. Refer to the *NMS Guide* for specific menu planning procedures.
- Identify menu selections suitable for persons following reduced calorie and fat diets (e.g., the Check It Out nutrition education program).
- Use wheat bread, 2 percent fat (or less) milk, and margarine as standard items for all general and soft diets.

4.5.2. Write the hospital master menu in a format that you can easily transfer to the general selective menu forms, AF Forms 1737 or 1739, **Selective Menu**, and reproduce.

- Use three-way perforated menus with centralized tray assembly operations. Use six-way perforated menus with hot and cold food carts.

#### **4.5.3. Creating Menus in Base Food Service Supported Facilities.**

- Write selective regular menus using the USAF Worldwide Menu and base dining facility cook's worksheets.
- Establish a local method to communicate the menu to patients and obtain selections if you have no way to print menus. Use the selections to assemble trays at Base Food Service.
- Use therapeutic menu patterns to assemble trays accurately and identify each tray.

#### **4.6. Food Production Recipes and Worksheets.**

4.6.1. Maintain a current file of standardized recipes, e.g., AFMAN 146-12, *Armed Forces Recipe File*, recipes in the Nutrition Management Information System (NMIS) (formerly TRIFOOD) index, or other recipes standardized for local use. Adjust all recipes for yield based on the workload at each MTF.

4.6.2. Use AF Form 662, **Food Service Production Log**, or TRIFOOD documents to communicate instructions to food production personnel in planning, preparing, cooking, and serving meals. Refer to the *NMS Guide* for procedures to assemble documents.

4.6.3. Use AF Form 2495, **Breakfast Menu Worksheet**, and AF Form 2496, **Lunch/Dinner Menu Worksheet**, with the therapeutic menu patterns in the *ADA Diet Manual* and AFMAN 44-139 to write therapeutic menus and determine the production needs for therapeutic diets. Use AF Form 2486, **Diet Worksheet**, or automated database, spreadsheet or word processing product, to communicate the number of servings of specially added items for patient tray assembly (refer to the *NMS Guide*).

#### **4.7. Food Temperatures.**

4.7.1. NMS personnel complete AF Form 2582, **Food Temperature Chart**, before and during each meal to ensure foods are served at appropriate temperatures according to directions printed on the form.

4.7.2. Reheat or chill (as appropriate) foods that are at other than optimum temperatures.

#### **4.8. Sanitation and Infection Control.**

4.8.1. Refer to AFI 48-116, *Food Safety and Inspection*, and AFI 44-108, for NMS sanitation and infection control policies.

4.8.2. Limit access to food preparation and service areas by unauthorized personnel.

4.8.3. Nursing personnel must check patient trays for possible contamination, i.e., syringes, wound dressings, or body fluids, before the trays leave the nursing unit and are returned to NMS.

4.8.4. If contaminated items are found on carts returned to the staging area, NMS must notify nursing service to retrieve and properly dispose of the items.

4.8.5. NMS personnel may complete AF Form 765, **Hospital Incident Report**, when syringes, wound dressings or paper products contaminated with body fluids are returned on trays.

## Chapter 5

### LEVELS OF NUTRITIONAL CARE

**5.1. Adapting Nutritional Care.** Adapt nutritional care and diets to individual patient's needs. AFMAN 44-139 describes the required tasks and documentation to be completed by dietitians and diet therapists.

**5.2. Categories of Procedures.** All types of nutritional care fall under one of four categories of procedures: Basic, Intermediate, Complex, or Extensive. See AFMAN 44-139 for details concerning classification of procedures. Submit a summary of data at the end of the month, arranged by MEPRS code and procedure type, to the Resource Management Office.

**5.2.1. Basic Level of Care.** Basic nutrition procedures, performed by a dietitian or authorized diet technician, include initial admission screening for nutritional risk of all inpatients, except obstetrics patients who had a normal delivery, same-day surgery, pediatric, and less than 72-hour admission patients, to aid in prioritization of nutrition care services. Basic level care also includes initial simple notification of NPO/CL status or inadequate intake more than 3-5 days; uncomplicated follow-up or consultation to assess patient's progress on current nutrition therapy (i.e., modification of diet order requiring little variance from the initial nutritional care plan); documenting the discharge diet and patient's ability to follow it at home; basic diet-drug interaction counseling for antibiotics, anticoagulants, anticonvulsants, cardiovascular medications, diuretics, and gastrointestinal preparations. You may use an overprinted form for this documentation in the patient's medical record.

**5.2.2. Intermediate Level of Care.** Intermediate nutrition procedures, performed by a dietitian or specially trained diet technician, include notification of NPO/CL status or inadequate intake with recommendation for oral nutrition support; expanded nutritional screening (involving medical record review and assessment of items such as anthropometric measures, laboratory values of nutritional significance, over the counter and prescription drugs, vitamin and mineral supplements); nutritional assessments which result in establishing nutrition goals for disease management; intermediate diet-drug interaction counseling for oral hypoglycemia, insulin, monoamine oxidase inhibitors, anti-epileptics, psychotropic drugs; follow-up evaluation of metabolically stable patients receiving tube feedings and parenteral nutrition; discharge summary/coordination with other agencies/specialties, such as Meals on Wheels, social services, or instructions on glucometers; education or consultation for uncomplicated diets requiring alteration of one micronutrient or fiber. Use AF Form 2508, **Patient Calorie Count Sheet**, when a calorie count is ordered.

**5.2.3. Complex Level of Care.** Complex nutrition procedures, performed by a dietitian or highly trained diet technician, include nutritional assessment/evaluation consultation, re-evaluation for patients at high risk for malnutrition and/or patients with multiple nutrition related disease states, malnutrition diagnoses, or multiple nutrient or complex nutrient alterations, pediatric nutritional assessments, initial nutritional work-up for a tube feeding/enteral supplement or parenteral nutrition; calculation of individualized menu patterns and nourishment requirements for complex diets; individual patient and family education or consultation for complex diets requiring alteration in calories, macronutrients, or any combination of micronutrients.

**5.2.4. Extensive Level of Care.** Highly specialized nutritional care, provided by a dietitian, which requires extensive literature research, in-depth nutritional assessment of numerous clinical and bio-

chemical findings, and multidisciplinary meetings/rounds, i.e., nutrition support team, to determine the nutritional care plan.

### **5.3. Reporting Inpatient Weighted Dietetics Procedures.**

5.3.1. For each completed procedure, nutrition care providers record their AFSC, the date, patient's name and identification number, MEPRS code, and complexity of the nutrition procedure on AF Form 2576, **Clinical Dietetics Patient Visit Summary**, or automated database, spreadsheet or word processing product approved locally, or directly into CHCS.

5.3.2. Daily, the nutrition care provider or designee enters the data from AF Form 2576 into CHCS. Obtain an automated CHCS summary report from the Resource Management Office the last day of each month.

## Chapter 6

### DOCUMENTING CARE

**6.1. Rounds and Patient Interviews.** The NMS staff participates in rounds with other health care providers. They visit patients and review the patient's records (see *NMS Guide*).

6.1.1. Conduct daily dietary rounds, especially during mealtimes while the tray is at the patient's bedside, to obtain the patient's food preferences, satisfaction, and tolerance to meal service.

6.1.2. Visit patients receiving therapeutic diets within two duty days after the diet is ordered. Interview all patients on therapeutic diets during dietary rounds at least twice every seven days. Visit and document stable, long-term patients weekly.

6.1.3. Record progress notes on a SF 509, **Medical Record-Progress Note**, in the medical record at least weekly.

**6.2. Dietary Kardexes.** Use AF Form 1741, **Diet Record**, to record and communicate dietary care to other dietary personnel for any patient receiving a therapeutic diet or having special feeding requirements. Record all rounds and interviews in the dietary kardex and document them in the medical record at least weekly.

6.2.1. For patients on NPO status or clear liquid diets for more than 3-5 days, the dietitian or diet therapist notifies the healthcare provider via documentation in the patient's medical record.

6.2.2. Maintain a personalized therapeutic menu pattern for patients on a therapeutic diet. Calculate any nonstandard diet orders. Refer to the *NMS Guide* for procedures to maintain the kardex.

**6.3. Weighted Diet Census.** AF Form 2573, **Diet Census**, will be completed daily to record the number of patient meals served. Maintain a local file of diet census data and diet orders to use in the manpower formula. Refer to the *NMS Guide* for use of the data.

**6.4. Dietary Progress Notes.** Use the Subjective, Objective, Assessment, Plan or Recommendation (SOAP or SOAR) methods to record progress notes in the patient's medical record. Refer to the *NMS Guide* for procedures.

## Chapter 7

### DIET CONSULTATIONS

**7.1. Inpatient Consultations.** A diet order in the medical record, signed by the healthcare provider, constitutes a valid diet order. A separate SF 513 is not required to complete the consultation.

7.1.1. NMS must instruct the patient, or the individual responsible for the patient's care after discharge, on the therapeutic diet after the healthcare provider writes the diet order in the medical record.

**EXCEPTIONS:**

- The provider indicates that the patient need not follow the diet after discharge.
- The patient understands the diet and does not require further instruction.

7.1.2. Write in a progress note why you are not instructing the patient.

- If the patient will leave the hospital with a different diet, the healthcare provider should order the discharge instruction 1 full duty day before the patient's discharge.

**7.2. Outpatient Consultations.**

7.2.1. The healthcare provider requests outpatient diet consultations on SF 513, indicating the time frame to complete the consult. If routine, the following guidelines may be appropriate:

- Within 72 hours for patients with gestational and insulin-dependent diabetes.
- One week for active duty weight reduction and patients with non-insulin dependent diabetes.

7.2.2. Make a quiet and private space available for diet consultations.

7.2.3. You may give diet consultations for outpatients in groups or individually.

7.2.4. The patient schedules an appointment through the appointment system according to local procedures.

**7.3. Who May Give Nutritional Consultations.**

7.3.1. Dietitians or authorized diet therapists give diet consultations to outpatients or inpatients.

7.3.2. When a facility has no dietitian or diet therapist, the MTF commander designates a qualified healthcare provider that the MAJCOM Consultant Dietitian authorizes as the diet counselor.

7.3.3. A registered dietitian uses AF Form 628, **Diet Instruction/Assessment Authorization**, to evaluate and authorize diet therapists or other designated diet counselors to:

- Perform each type of diet consultation.
- Complete nutrition screenings, calorie counts, and diet calculations.
- Write progress notes in patient's medical records.

7.3.3.1. Annotate AF Form 1098, **Special Task Certification and Recurring Training**, for diet therapy specialists according to AFI 36-2202 (formerly AFR 50-23), *Enlisted Specialty Training*.

**Note: When the patient requires a consultation in a medical facility that has no dietitian and no authorized individual can perform this function, the diet therapist must call the command consultant dietitian for instructions.**

7.3.4. Diet authorizations are for two years or when significant changes in diet instruction materials occur.

#### **7.4. Performing the Diet Consultation:**

7.4.1. Refer to the *NMS Guide* for procedures to conduct a diet instruction.

7.4.2. The diet counselor must use Air Force pamphlets (AFPAM) in the 166 or AFPAM 44 series (see **Attachment 1**), *ADA Patient Education Materials and Instructor's Guide*, and patient handouts in AFMAN 44-139 for nutritional education.

#### **7.5. Documenting the Diet Consultation.**

7.5.1. The dietitian or other authorized diet counselor completes SF 513 or SF 600, **Health Record - Chronological Record of Medical Care**, (SF 509 for inpatients) using the SOAP or SOAR method.

- If applicable, make a cross-reference to a consult on SF 513 in the progress notes.
- Refer to the *NMS Guide* for details and sample format.

7.5.2. The counselor must sign and stamp the entry. Include:

Name, Grade, USAF, BSC

Registered Dietitian

or

Name, Grade, USAF

Diet Therapy Supervisor (or Therapist)

Other healthcare providers who are authorized diet counselors use the same name stamp they use for all other medical record entries.

7.5.3. Record clinic workload on AF Form 555, **Patient Visit Register**, locally approved automated database, spreadsheet or word processing product, or input directly into CHCS. Transfer data on forms into CHCS before close of business.

## Chapter 8

### CONTINUOUS QUALITY IMPROVEMENT (CQI)

#### 8.1. Dietary Care and Continuous Quality Improvement.

8.1.1. CQI focuses on outcome and examines the processes for achieving the outcomes.

- According to JCAHO standards, NMS reviews and evaluates the appropriateness and effectiveness of nutritional care (see *NMS Guide*).
- Refer to AFI 44-139 (formerly AFR 168-13), *Quality Assurance and Risk Management in the Air Force Medical Service*, and the current JCAHO manual for guidance on assessing quality of patient care.

8.1.2. Use process reviews to collect information for the quality improvement (QI) and medical care evaluation committees on nutrition and dietary care.

- Planned, systematic monitoring and evaluation includes appropriate quality control and quality improvement indicators.
- Use an interdisciplinary approach and objective, clinically valid criteria reflecting current professional knowledge.
- Take corrective action as necessary and document its effectiveness.

#### 8.2. Customer Satisfaction.

8.2.1. Use AF Forms 2503, **Nutritional Medicine Service Patient Evaluation**, and 2504, **Nutritional Medicine Service Patron Evaluation**, or automated product, to determine how patients and dining room patrons perceive the quality of food and service.

- Have these evaluations completed randomly and evaluate them at least every 3 months according to JCAHO standards.
- NMS management must immediately review the completed evaluations, document follow-up actions on areas of customer concern, take action to correct any problems and track trends.

8.2.2. Check food trays for accuracy.

- Correct errors before serving trays.
- Document these checks and periodically evaluate for trends.

## Chapter 9

### MEDICAL FACILITIES SUPPORTED BY BASE FOOD SERVICE

#### 9.1. Responsibilities.

**9.1.1. Medical Treatment Facility (MTF) Commander.** The MTF commander or designated representative:

- Develops an advance written list (in cooperation with the Base Food Service activity) of the names of personnel who may certify meal requests.
- Ensures that a letter of agreement outlining the responsibilities of both Base Food Service and NMS personnel is on file in both activities.
- Arranges for an enclosed vehicle to transport NMS personnel and supplies to Base Food Service to assemble and transport trays and nourishments from Base Food Service to the MTF and back 3 times daily.
- Ensures that an appropriate healthcare provider prescribes any supplemental feedings. Pharmacy personnel purchase and prepare medical foods.
- Makes sure that food items and meals are used only for patient feeding.
- Ensures:
  - Coordination in advance, by telephone, the number and types of meals and pickup times with the supervisor of the Base Food Service activity.
  - Prepares, or helps Base Food Service personnel prepare, therapeutic meals.
  - Notification of the Base Food Service Supervisor as soon as possible in advance when menu items cannot be used for therapeutic diets and specifies substitutes. Substitutes must not cause the total cost of meals for patients to exceed the total monetary allowance per day.
  - Assignment of an individual to:
    - Pick up meals.
    - Return soiled dishes and equipment to Base Food Service.
    - Serve meals to patients in the MTF.
      - Request and purchase of special patient feeding items from the commissary.

**9.1.2. Base Food Service Officer or designated representative:**

- Provides the NCOIC, NMS, with the menu for the base dining facility at least 2 weeks in advance and notifies the NCOIC of any menu changes at least 24 hours in advance.
- Works with the NCOIC, NMS, to offer at least two entree choices not served at the previous meal.
- Adds 15 percent to the Basic Daily Food Allowance (BDFFA) when less than 100 rations per day is served.
- Ensures food issued for patient feeding is within the BDFFA.
- Provides an appropriate substitute for therapeutic diets when regular menu items are not suitable. For example, substituting all-beef ground beef for the soy protein-ground beef mixture usually used for troop feeding.

- Coordinates the number and types of meals.
- Reviews certified meal requests.
- Prepares and issues regular meals.
- Assists NMS personnel with preparing therapeutic diet meals.
- Provides portion control condiments for patient feeding on a "by-meal" basis.
- Provides NMS personnel with a designated parking space and a work area where they can assemble trays and prepare therapeutic diet food.
- Provides dishwashing support to NMS activities without dishwashing facilities.

**9.2. Accounting for Meals Served.** Follow these guidelines:

9.2.1. Prepare duplicate copies of AF Form 812, **ALACS Meal Order Record**, (obtained from the base PDO, not Base Food Service) for each meal period according to procedures in the *NMS Guide*.

9.2.2. For each meal, attach the original AF Form 812 to a copy of AF Form 1094. Base Food Service retains these forms for audit purposes.

9.2.3. AF Form 812 will reflect the food items for meals and between-meal feedings.

9.2.4. NMS must keep a copy of both forms for 12 months for audit purposes.

## Chapter 10

### MEDICAL FACILITIES SUPPORTED BY DIETETIC SHARING AGREEMENTS

**10.1. Applicability.** This chapter establishes guidelines for feeding patients in an MTF supported by a Dietetic Sharing Agreement. Another medical treatment facility at the same location may provide patient's food and other specified services.

**10.2. Medical Treatment Facility (MTF) Commander.** The MTF Commander or designated representative:

10.2.1. Coordinates the dietetic sharing agreement with the MAJCOM consultant dietitian to determine the best mix of services by USAF personnel and the other MTF dietary department. Sharing agreements must establish responsibility for:

- Inpatient clinical dietetics services including basic, intermediate, complex and extensive nutritional care.
- Inpatient consultation requests on SF 513 or other approved form.
- Method of requesting patient trays and ordering diets.
- Data collection, analysis, and implementation procedures to continuously improve quality of care.
- Measuring patient satisfaction, tray accuracy, and quality of nutrition care to establish a basis to pay for services.
- Outpatient individual and group diet consultations.
- Delivering trays to patients.

10.2.2. Monitors internal controls so that patients receive care at a standard comparable to those they would receive in a similar sized USAF MTF and in accordance with this instruction.

**10.3. MAJCOM Consultant Dietitian:**

- Helps develop and review all sharing agreements.
- Ensures that the sharing agreement includes all appropriate quality improvement programs and internal controls to demonstrate that services are being provided in accordance with the sharing agreement.

**10.4. Nutritional Medicine Service Personnel:**

- Perform nutrition and food service tasks in accordance with sharing agreements.
- Implement quality improvement and monitoring.

## Chapter 11

### NUTRITION CLINIC OPERATIONS AT MTF'S WITHOUT NUTRITIONAL MEDICINE SERVICE

#### 11.1. Nutrition Counseling Requirements.

##### 11.1.1. The MTF Commander or Designated Representative:

- Evaluates the types of nutrition counseling needed and the availability of nutrition clinic services from nearby military installations.
- Provides diet counseling for active duty personnel in the weight management program according to AFPD 40-5, *Fitness and Weight Management*, and any beneficiaries who are pregnant, have hyperlipidemia, diabetes, or medical conditions for which a therapeutic diet is an integral part of therapy.

11.1.2. When military installations have no nutrition clinic services available, consider these options to ensure that outpatients receive high-quality nutrition counseling using approved patient education materials:

- Assign a dietitian as full-time health promotion officer with additional responsibility for the nutrition clinic.
- Assign a diet therapist as nutrition clinic counselor.
- Schedule a reserve dietitian who lives in the area.
- Employ a part-time civilian registered dietitian.
- Designate a healthcare practitioner to be authorized as diet counselor (see 7.3, paragraph 7.3.).
- Contract for registered dietitian services.

**11.2. Quality Assessment/Improvement.** Whenever nutrition counseling is part of outpatient care, the MTF QA/I program manages quality improvement in diet counseling.

**11.3. MAJCOM Consultant Dietitian.** Provides guidance, monitoring, and evaluation, and documents the volume and type of counseling provided.

ALEXANDER M. SLOAN, Lt General, USAF, MC  
Surgeon General

## Attachment 1

### GLOSSARY OF REFERENCES, ABBREVIATIONS, ACRONYMS, AND TERMS

ADA *Manual of Clinical Dietetics* ( *ADA Diet Manual*)

ADA *Patient Education Materials and Instructor's Guide*

AFPD 40-1 , *Health Promotion*

AFPD 40-5, *Fitness and Weight Management*

AFPD 44-1 , *Medical Operations*

AFI 36-2202, *Enlisted Specialty Training* (formerly AFR 50-23)

AFI 40-104 , *Nutrition Education*

AFI 41-120 , *Medical Resource Management Operations* (formerly AFR 168-4 Chapter 10)

AFI 41-303, *Aeromedical Evacuation Dietetic Support* (formerly AFR 166-6)

AFI 44-139, *Quality Assurance and Risk Management in the Air Force Medical Service* (formerly AFR 168-13)

AFMAN 44-139, *Clinical Dietetics*

AFMAN 44-144 , *Nutritional Medical Service Resource Management*

AFMAN 146-12, *Armed Forces Recipe File*

AFPAM 166-10, *Good Eating: A Dieter's Guide*

AFPAM 44-124, *Diet Ordering Guide*

AFPAM 44-125, *Good Eating: A Dieter's Guide* (formerly AFP 166-10)

AFPAM 44-126, *Spending Your Food Guide Wisely for Good Nutrition* (formerly AFP 166-12)

AFPAM 44-127, *Aircrew Nutrition* (formerly AFP 166-16)

AFPAM 44-128, *Nutrition and the Athlete* (formerly AFP 166-17)

AFPAM 44-129, *Prenatal Nutrition* (formerly AFP 166-20)

AFPAM 44-130, *Prenatal Calorie Controlled Weight Gain* (formerly AFP 166-21)

AFPAM 44-131, *Dietary Information for the Person with Diabetes* (formerly AFP 166-26)

AFPAM 44-132, *Calorie Restricted Diets for Weight Reduction* (formerly AFP 166-26)

AFPAM 44-133, *Improving Eating Habits* (formerly AFP 166-27)

AFPAM 44-134, *Cholesterol and Calorie Restricted Diets with Modified Fat for Hyperlipidemias*

AFPAM 44-136, *Eating for Wellness with Less Fat and Cholesterol* (formerly AFP 166-43)

AFPAM 44-137, *Cholesterol Restricted Diet* (formerly AFP 166-45)

AFPAM 44-138, *2 Gram Sodium Diet* (formerly AFP 166-48)

AFI 44-108, *Infection Control Program* (formerly AFR 160-41)

AFI 48-116, *Food Safety and Inspection Program* (formerly AFR 161-26) *Nutritional Medicine Service Guide (NMS Guide)*

**ADA**—American Dietetic Association

**AFI**—Air Force Instruction

**AFP**—Air Force Pamphlet (old acronym)

**AFPAM**—Air Force Pamphlet (new acronym)

**AFPD**—Air Force Policy Directive

**AFR**—Air Force Regulation

**AFSC**—Air Force Specialty Code

**BSC**—Biomedical Sciences Corps

**CHAMPUS**—Civilian Health and Medical Program of the Uniformed Services

**CHCS**—Composite Health Care System

**CL**—Clear Liquid

**CNM**—Certified Nurse Midwife

**CQI**—Continuous Quality Improvement

**CTIM**—Cooked Therapeutic Inflight Meal

**DBMS**—Director of Base Medical Services

**EST**—Enlisted Specialty Training

**HCP**—Health Care Provider

**HSI**—Health Services Inspection

**JCAHO**—Joint Commission for the Accreditation of Healthcare Organizations

**MAJCOM**—Major Command

**MEPRS**—Medical Expense Performance Reporting System

**MSC**—Medical Service Corps

**MTF**—Medical Treatment Facility

**NCOIC**—Noncommissioned Officer in Charge

**NMIS**—Nutrition Management Information System (formerly TRIFOOD)

**NMS**—Nutritional Medicine Service

**NPO**—Nothing Per Oral

**OIC**—Officer in Charge

**OJT**—On-the-job Training

**PDO**—Publications Distribution Office

**QA/I**—Quality Assessment/Improvement

**RD**—Registered Dietitian

**SAV**—Staff Assistance Visit

**SF**—Standard Form

**SOAP**—Subjective, Objective, Assessment, Plan (Medical Record Entry Format)

**SOAR**—Subjective, Objective, Assessment, Recommendation (Medical Record Entry Format)

**USAF**—US Air Force

**American Dietetic Association**—The parent professional organization that establishes standards of practice for the training and performance of registered dietitians.

**Check It Out**—A multiagency nutrition education program that identifies and markets healthier choice foods at the point of sale in appropriated and non-appropriated fund dining facilities.

**Cooked Therapeutic In-flight Meal**—Therapeutic diet foods provided by the medical treatment facility to patients receiving a prescribed therapeutic diet who are embarking on aeromedical evacuation flights.

**Joint Commission for the Accreditation of Healthcare Organizations**—The accreditation body for medical treatment facilities.

**Medical Foods**—Tube feedings and dietary supplements which enhance or replace regular foods for patients with special feeding requirements.

**NMIS**—Nutrition Management Information System (formerly TRIFOOD) is triservice data automation of food procurement, production, service, and ration accounting functions.

**NMS Guide**—An unofficial "how-to" guide distributed by the Associate Chief, BSC for Dietetics with sample forms, procedures, and other information to assist with Nutritional Medicine Service operations.

**"Nothing Per Oral" or "Nothing By Mouth"**—The patient will receive no food or beverages from Nutritional Medicine Service when this diet order is written.

## Attachment 2

### NMS PERSONNEL RESPONSIBILITIES

#### A2.1. Nutritional Medicine Service (NMS) Officer:

- Is responsible to the DBMS for planning and managing nutritional medicine service operations, including delivering clinical dietetics services; nutrition education and research.
- Advises the DBMS and Air Force community on nutrition.

##### A2.1.1. Food Production and Service:

- Plans for, requests, receives, stores, controls, safeguards, issues, and inventories all resources.
- Manages and supervises food production and service of regular and therapeutic meals for inpatient trays and dining room patrons.
- Maintains high standards for safety, sanitation, and security.
- Monitors cashier functions to accurately identify diners, obtain appropriate diner signatures, collect payment from cash customers, and use correct accounting procedures when a facility provides dining room service.
- Plans and conducts in-service and on-the-job training for all NMS personnel and other members of the health care team.
- Ensures that workable plans define NMS operations in disaster, emergency and contingency situations, and train the NMS staff to deal with these situations.

##### A2.1.2. Clinical Dietetics Services:

- Writes the menu for regular and therapeutic diets.
- Gives diet instructions prescribed by privileged health care practitioners.
- Makes dietary rounds. Talks to patients, gathers information and makes dietary progress notes in inpatient medical records.
- Gives nutritional care to inpatients and outpatients.
- Participates on the Nutrition Support Team when one exists.
- Sets calorie levels, determines appropriate therapeutic diets, and may order laboratory checks for follow-up on patients receiving cholesterol restricted diets in accordance with privileges at current MTF.
- Ensures that cooked therapeutic in-flight meals (CTIMs) and other dietary therapeutic needs are correct and on time for aeromedical evacuation patients.
- Establishes and implements the NMS quality improvement program.

A2.1.3. Registered dietitians independently perform nutritional assessments, dietary analyses, and diet calculations; identify patients at nutritional risk; order patient weights; conduct research; recommend nutritional care; and provide diet consultations for normal and preventive nutrition education.

##### A2.1.4. Education and Research:

- Researches and prepares lectures for other health training programs in the MTF.

- Plans and conducts on-the-job (OJT) and in-service training classes for NMS personnel, including junior dietitians, and other members of the health care team.
- Provides nutrition education at interdisciplinary clinics.
- Implements NMS Health Promotion program.

**A2.1.5. Nutrition Advisory Functions (Performed by the MAJCOM Consultant Dietitian when no dietitian is assigned at the MTF):**

- Serves as nutrition advisor to the DBMS.
- Serves as nutrition consultant for the Air Force community and other governmental and private agencies.
- Provides educational and other consultative services to base schools and child development centers.

**A2.2. Diet Therapy Supervisor:**

- Directs, inspects and evaluates completed work of diet therapy personnel (AFSC 4D031/4D051).
- Establishes work schedules and work assignments utilizing AF Form 2578, **Medical Food Service Work Schedule**, and AF Form 2577, **Medical Food Service-Daily Work Assignment**. Responsible for completion of AF Form 2581, **Daily Absenteeism Record**.
- Conducts inservice training.
- Orders and maintains diet instruction pamphlets, forms and nutritional supplements.
- Calculates simple and routine diets.
- Assists in writing individual therapeutic menus.
- Assists dietitian with performing daily nursing unit rounds.
- Performs quality improvement studies.
- Assists the NMS Officer with administrative duties.

**A2.3. The Consultant Dietitian:**

- Advises the USAF Surgeon General, MAJCOM and numbered Air Force Surgeons, and the DBMS at base level.
- Makes medical consultant visits semiannually or as requested by the facility.
- Provides interim professional assistance to Nutritional Medicine Service operations by telephone or in writing.
- Provides in-service training to NMS personnel on management and clinical nutrition topics, and gives nutrition lectures to professional staff. Trains and authorizes diet therapy personnel to give diet instructions, complete basic nutritional screenings and diet calculations, write basic progress notes, and complete AF Form 2572, **Nutritional Assessment of Dietary Intake** (for dietary counseling).
- Performs in-depth nutritional assessments and complex diet instructions beyond the scope of the assigned diet therapy staff.
- Establishes NMS quality improvement program activities.
- Completes professional reviews and studies.

- Performs annual NMS quality improvement program evaluation.
- Reviews and approves all clinical dietetics operating instructions.
- Advises NMS personnel on planning, preparing and serving regular and therapeutic diets.
- Reviews regular and therapeutic menus for nutritional adequacy, acceptability, and conformance to medical standards.
- Screens medical records for appropriate and timely dietary progress notes and diet consultation records.
- Advises the DBMS on the use of NMS resources, including nutritional supplements and medical foods.
- Evaluates NMS manning and staffing and recommends changes, if needed.
- Evaluates NMS health promotion efforts.
- Writes report of site visit.