Inpatient acuity and complexity is rising in Canadian hospitals. Triaging inpatients for dietetic service is essential to ensure that those in greatest need for medical nutrition therapy receive dietetic service first. Dietetics however, has few publications on this topic.(1-3) Through an iterative process, Fraser Health (FH) created a Priority Intervention Criteria (PIC) tool (page 2) that specifies four levels of urgency for medical nutrition therapy based on the construct of avoiding the onset/deterioration of International Dietetic Nutrition Terminology nutrition diagnoses. The tool underwent face validity testing at 12 FH hospitals repeatedly until consensus was achieved. The PIC tool has been in use by over 100 dietitians for 3 years and plans are underway to prospectively test its inter-rater reliability. Currently FH dietitians use the PIC tool to prioritize and share their caseload to minimize high priority inpatient wait times for dietetic care. PIC values are an integral part of dietitian workload measurement statistics and are used to describe inpatients to the inter-professional healthcare team. Dietetic leadership staff uses PIC statistics to build funding proposals to communicate patient care needs to senior leadership.

References:


## HOW TO USE THIS TOOL:
Based on referrals, nutrition worksheets and rounds, assign a PIC value to all patients that should be seen that day. Patients are seen according to their PIC score. Patients may not fit into the options listed. Use your clinical judgment as to the relative risk for harm or deterioration and the relative potential for improvement to direct your assignment of PIC.

### PIC 1
- **Urgent need for MNT to avoid the onset or deterioration of the following:**
  - Suspect severe malnutrition/SGA C/ BMI <18
  - Unintended severe weight loss: >2% in 1 week, >5% in 1 month, >7.5% in 3 months, >10% in 6 months
  - Malnutrition screening tool identifies high risk (score ≥3)
  - Poor growth or prematurity (NICU/peds)
  - Hyper/hyperkalemia, hypo/hypermagnesemia
  - EN negatively impacting drug bioavailability/kinetics

### PIC 2
- **Moderate urgency for MNT to avoid the onset or deterioration of the following:**
  - Suspect moderate malnutrition/SGA B
  - Unintended significant weight loss: 1-2% in 1 week, 5% in 1 month, 7.5% in 3 months, 10% in 6 months
  - Malnutrition screening tool identifies moderate risk (score 2)
  - Hypo/hyperglycemia requiring change in nutrition intervention
  - EN/PN intolerance

### PIC 3
- **Minor urgency for MNT to avoid the onset or deterioration of the following:**
  - Unintended weight loss not significant: <1% in 1 week, <5% in 1 month, <7.5% in 3 months, <10% in 6 months
  - Hyperphosphatemia warranting nutrition intervention
  - Poor intake (50-75% of requirements) for ≥10 days
  - Inadequate carbohydrate intake increasing risk for hypoglycemia

### PIC 4
- **No urgency for MNT or requires maintenance MNT:**
  - Unintended weight gain when receiving EN/PN
  - Suspected malabsorption
  - Food-medication interaction increasing vitamin/mineral requirements
  - Structured clinical pathway

### NUTRITION EDUCATION
- **Nutrition education required for immediate discharge**
- **Nutrition education required for non-immediate discharge**
- **Education required to prevent acute harm during hospitalization or upon discharge**
- **Complex nutrition education**
- **Most urgent need for MNT**

Priority 0 (Zero): patients, although active on caseload, are unable to be seen by RD due to extrinsic factors:
- Nutrition intervention is inappropriate
- Patient is unavailable
- Reason for referral not clear despite screening