



HEALTH HOLDING

HAFER ALBATIN
HEALTH CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

Department:	Clinical Nutrition		
Document:	Multidisciplinary I Policy and Procedure		
Title:	Clinical Nutrition Supplement Provision Policy		
Applies To:	All Staff		
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1. PURPOSE:

- 1.1 To standardize the provision of nutritional supplements to outpatient populations with identified nutritional needs, ensuring appropriate duration of therapy, monitoring, and renewal requirements while optimizing resource allocation.

2. DEFINITIONS:

- 2.1 **Nutritional Supplement:** Therapeutic oral nutrition products prescribed to address specific medical or nutritional deficiencies.
- 2.2 **High-Risk Population:** Includes preterm infants (<34 weeks or <1500g birth weight), failure to thrive, and chronic malabsorption.
- 2.3 **Renewal Cycle:** Periodic reassessment required for continued supplement provision

3. Scope:

- 3.1 **This policy applies to:**
 - 3.1.1 Registered clinical dietitians
 - 3.1.2 Paediatric and adult outpatient nutrition clinics
 - 3.1.3 Supply staff involved in supplement distribution

4. Prescription & Eligibility Criteria

- 4.1 Eligible Patients
 - 4.1.1 Preterm infants (born <34 weeks or <1500g) until corrected age 2 years
 - 4.1.2 Patients with:
 - 4.1.2.1 Chronic malnutrition (BMI <5th percentile or albumin <3.0 g/dL)
 - 4.1.2.2 Malabsorption syndromes (short gut, IBD)
 - 4.1.2.3 Other conditions per physician/dietitian assessment
- 4.2 Initial Provision
 - 4.2.1 Quantity: requested every month , supply based on
 - 4.2.1.1 Patient age/weight requirements
 - 4.2.1.2 Current stock availability (prioritize high-risk cases)
 - 4.2.1.3 Document exact amount dispensed in Supplement Request Form
 - 4.2.2 Duration:
 - 4.2.2.1 Maximum 1 year for standard cases
 - 4.2.2.2 Extendable to 2 years for preterm infants or chronic conditions with documented need

5. Renewal & Monitoring Protocol

- 5.1 Renewal Requirements
 - 5.1.1 Medical report renewal every 1 year including:
 - 5.1.2 Relevant labs (albumin, electrolytes, metabolic panels)

- 5.1.3 Clinical status update from treating physician
- 5.2 Exception Cases:
 - 5.2.1 Extensions beyond 2 years require:
 - 5.2.1.1 Approval by senior clinical dietitian/physician
 - 5.2.1.2 Documented justification in medical record
 - 5.2.2 Follow-Up Visits
 - 5.2.2.1 Mandatory every 3 months for:
 - 5.2.2.2 Nutritional reassessment
 - 5.2.2.3 Adjustment of supplement type/quantity

6. Dispensing & Documentation

- 6.1 Dispensing & Documentation
 - 6.1.1 Dietitian Evaluation:
 - 6.1.1.1 Verify eligibility via medical record review
 - 6.1.1.2 Calculate required dosage (e.g., 150ml/kg/day for infants)
 - 6.1.2 Stock Management:
 - 6.1.2.1 Allocate based on priority:
 - 6.1.2.2 Tier 1: Preterm infants & acute malnutrition
 - Tier 2: Chronic stable conditions
- 6.2 Required Documentation
 - 6.2.1 Medical Record:
 - 6.2.1.1 Initial prescription with duration
 - 6.2.1.2 3-month renewal notes
 - 6.2.1.3 Exception approvals (if applicable)
 - Inventory Log: Track dispensed supplements by patient ID

7. Non-Compliance & Discharge

- 7.1 Supplement suspension if:
 - 7.1.1 2+ months missed shows without justification
 - 7.1.2 Evidence of misuse (e.g., resale)
- 7.2 Reinstatement requires:
 - 7.2.1 New clinical assessment
 - 7.2.2 Approval by nutrition team lead

8. MATERIALS AND EQUIPMENT:

N/A

9. RESPONSIBILITIES:

- 9.1 Clinical Dietitians
- 9.2 Paediatric Physicians
- 9.3 Supply Staff


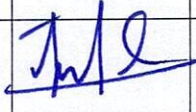
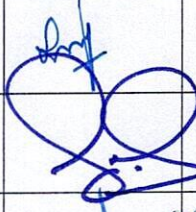
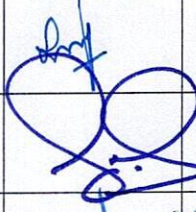

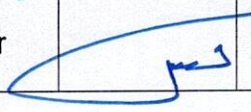
10. APPENDICES:

N/A

11. REFERENCES:

- 11.1 ESPGHAN Guidelines on Pediatric Parenteral Nutrition (2023)
- 11.2 AAP Policy on Preterm Nutrition (2022)
- 11.3 MCH HFR Formulary Guidelines

10. APPROVALS:

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