



NOVA SCOTIA COLLEGE OF
Dietitians AND
Nutritionists

Nutrition Prescription Standards

Nova Scotia College of Dietitians and Nutritionists

The Nova Scotia College of Dietitians and Nutritionists (NSCDN) is the regulatory body for the profession of dietetics in Nova Scotia. In the public interest, the NSCDN regulates dietitians and nutritionists to practice in a safe, ethical and competent manner.

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Glossary

Authorization Statement - Interprets the Act's scope of practice pertaining to the practice of a specific activity.

Authorized Prescriber - A health care provider who is authorized by legislation to prescribe drugs and other health agents.

Collaboration -Working together with one or more members of the health care team, each of whom makes a unique contribution toward achieving a common goal. Collaboration is an ongoing process that requires effective communication among members of the health care team and a clear understanding of the roles of the individuals involved in the collaboration process (NSCN, 2022).

Direct Client Care - Individualized nutrition care provided directly to clients by dietitians through collaboration and the nutrition care process.

Dispensing - The preparation and distribution of a drug order. Prescriptions are dispensed by pharmacists or a certified dispenser.

Guideline - Recommendations endorsed by the College. The College encourages its members to be familiar with and to follow its guidelines whenever possible and appropriate. Guidelines are intended to provide guidance, instruction, and direction to make informed decisions. Guidelines support professional judgment and permit flexible decision-making in practice.

Health Care Professionals -Providers from different disciplines, often including both regulated health professionals and unregulated professionals, who collaborate to provide client care.

Medical Diagnosis -A disease or pathology of specific organs. It is not within the dietetic scope of practice to make a medical diagnosis.

Nova Scotia College of Dietitians and Nutritionists (NSCDN) - The provincial regulatory body for dietitians and nutritionists in Nova Scotia. This organization is referred to as 'the College' throughout this document.

Nutrition Agents – Products that aid in the optimization of nutrition status but are independent of schedule I, II, or III drugs (e.g., texture modified diet, therapeutic diet, adaptive eating utensils).

Nutrition Care Process – A standardized process for providing care. There are four steps in the process: nutrition assessment, nutrition diagnosis, nutrition intervention, and nutrition monitoring and evaluation (AND, 2013).

Nutrition Diagnosis – The specific nutrition problem that can be resolved or improved through a nutrition intervention (AND, 2013).

Nutrition Prescription – An order for a nutrition agent, nutrition support or a drug relevant to a nutrition diagnosis.

Nutritional Status – the state of the body in relation to nutrient consumption, nutrient needs and the ability of the body to digest, absorb, and use nutrients.

Nutrition Support - The provision of oral, enteral or parenteral nutrients to treat or prevent malnutrition. Nutrition Support can include oral, enteral, and parenteral nutrition to maintain or rebuild nutrition status.

Oral Antihyperglycemic Agents - Oral agent that lowers glucose levels in the blood.

Organization Approved by the Board – A facility, service or business that employs dietitians within a collaborative care practice with other health care professionals.

Original Prescriber – The prescriber who authorized the original prescription.

Parenteral Nutrition - The intravenous administration of nutrients including dextrose; amino acids; intravenous lipid emulsions (ILE); electrolytes; vitamins and trace elements that are delivered by a central venous route (into large diameter vein, usually the superior vena cava adjacent to the right atrium) or a peripheral venous route (into a peripheral vein, usually of the hand or forearm). (ASPEN 2012).

Permit Number -A number that is issued to an authorized prescriber. A permit number is added to chart notes indicating that a dietitian has prescriber authorization.

Policy - A statement that enables informed decision-making, by setting limits and assigning responsibilities and accountabilities. In terms of professional practice, policies are formal, non-negotiable, clear, authoritative statements directing professional practice.

Practice of Dietetics - “...the translation and application of scientific knowledge of food and nutrition to human health through

- (i) comprehensive nutritional assessment to determine nutritional status, nutrition-related diagnosis and nutritional requirements of individuals or populations related to health status and disease,

(ii) the planning, implementation and evaluation of nutrition interventions aimed at promoting health and preventing disease,
(iii) nutrition prescription, including enteral and parenteral nutrition and the prescription or ordering of drugs or other agents to optimize nutrition status,
(iv) ordering parameters required to monitor nutrition interventions and evaluate nutrition outcomes,
(v) the provision of nutrition education and counselling to clients, families, colleagues and health-care professionals,
(vi) development and evaluation of policies that affect food, food security and nutrition as it relates to health status,
(vii) integration of food and nutrition principles in the development and management of food service systems,
(viii) such delegated medical functions as are approved in accordance with the Medical Act, and
(ix) such other aspects of dietetics as may be prescribed in regulations approved by the Governor in Council, and
research, education, consultation, management, administration, regulation, policy or system development relevant to subclauses (i) to (ix)” (Dietitians Act, 2009).

Prescribe - To authorize the use of a drug or treatment for the management of a client’s diagnosis or diagnoses. The act of prescribing involves assessing and monitoring the safety and efficacy of the prescribed medication or treatment.

Prescriber Number - A number issued to a dietitian through Medavie Blue Cross. This number is used when writing a prescription for a drug or nutrition support that is dispensed through a pharmacy.

Prescribing – Prescribing is an act in which an authorization, in writing or otherwise, is communicated directly to a pharmacist, certified dispenser or other person authorized by regulations, by a person authorized by law to prescribe drugs or devices.

Prescription – A written order or script for a drug, nutrition support or nutrition agent.

Professional Judgement – Applying knowledge, skills, and experience, in a way that is informed by professional standards, laws, and ethical principles, to develop an opinion or decision about what should be done to best serve clients.

Professional Misconduct – “Includes such conduct or acts relevant to the profession that, having regard to all the circumstances, would reasonably be regarded as

disgraceful, dishonourable or unprofessional and, without limiting the generality of the foregoing, may include

- i. failing to maintain the standards for the practice of dietetics,
- ii. failing to uphold the [code of ethics](#) adopted by the College,
- iii. abusing a person verbally, physically, emotionally or sexually,
- iv. misappropriating personal property, drugs or other property belonging to a patient or to the employer of a member of the college,
- v. wrongfully abandoning a patient,
- vi. neglecting to provide care to a patient,
- vii. failing to exercise appropriate discretion in respect of the disclosure of confidential information,
- viii. falsifying records,
- ix. inappropriately using the professional status of dietitian for personal gain,
- x. promoting for personal gain any drug, device, treatment, procedure, product or service that is unnecessary, ineffective or unsafe,
- xi. publishing, or causing to be published, any advertisement that is false, fraudulent, deceptive or misleading,
- xii. engaging or assisting in fraud, misrepresentation, deception or concealment of a material fact when applying for or securing registration or a licence or taking any examination provided for in this Act, including using fraudulently procured credentials, and
- xiii. taking or using any of the designations set out in Section 21 or describing the person's activities as "dietetics" or "nutrition therapy" in any advertisement or publication, including business cards, websites or signage, unless the referenced activity falls within the practice of dietetics" (Dietitians Act, 2009).

Regulated Health Care Professional – An individual who is licensed under provincial legislation to provide specific health care services to patients, including but not limited to dietitians, nurses, nurse practitioners, pharmacists, and physicians. Regulated professionals are regulated in the public interest where they provide health services in a safe, competent, and ethical manner.

Schedule I Drugs – The drugs and medicines in this Schedule are the drugs listed in *Schedule I of the National Drug Schedules*, which are part of Canada's National Drug Scheduling System published by the National Association of Pharmacy Regulatory Authorities and require a prescription as a condition of sale (Drug Schedules Regulations, 2013).

Schedule II Drugs – The drugs and medicines listed in this Schedule are the drugs listed in *Schedule II of the National Drug Schedules*, which are part of Canada's National Drug Scheduling System published by the National Association of Pharmacy

Regulatory Authorities, and do not require a prescription as a condition of sale but are only available from a pharmacist or a certified dispenser (Drug Schedules Regulations, 2013).

Schedule III Drugs – The drugs and medicines listed in this Schedule are the drugs *listed in Schedule III of the National Drug Schedules*, which are part of Canada’s National Drug Scheduling System published by the National Association of Pharmacy Regulatory Authorities, and do not require a prescription as a condition of sale but are sold from the self-selection area of the pharmacy (Drug Schedules Regulations, 2013).

Scope of Practice – The roles, functions and accountabilities which members of a profession are legislated, educated and authorized to perform. In Nova Scotia, the scope of practice of dietitians is defined within the [Dietitian Act](#) (2009).

Employment Scope of Practice – An employment scope of practice encompasses practice functions that a dietitian has been hired to perform. This scope is based on an individual job description, employer policies, guidelines, and job-specific education completed by the dietitian.

Individual Scope of Practice – The roles, functions and accountabilities that an individual is educated and authorized to perform. (Dietitians Act (2009)). An individual scope of practice can vary and is reflective of a dietitian’s practice experience, education and competence.

Standard of Practice - The minimal professional practice expectations for any dietitian in any setting or role, approved by the Board or otherwise inherent in the profession (Dietitians Act (2009)).

Introduction to Nutrition Prescription

There are benefits to the health care system and patients' access to care when health care professionals (HCP) practice to their full scope of practice. When HCPs practice to their full scope of practice, they apply knowledge and skills attained from formal training, continuing education and professional experience. As HCPs, dietitians engaging in nutrition prescription can provide timely, efficient and complete nutrition care.

The professional scope of practice incorporates the roles, functions and accountabilities that dietitians are educated and authorized to perform. Nutrition prescription is defined within the dietetic scope of practice as: "The practice of dietetics means the translation and application of scientific knowledge of food and nutrition to human health through... nutrition prescription, including enteral and parenteral nutrition and the prescription or ordering of drugs or other (nutrition) agents to optimize nutrition status" (Dietitians Act, 2009).

Through the [Dietitians Act](#) (2009), the NSCDN authorizes dietitians to engage in nutrition prescription. This legislation authorizes dietitians to prescribe drugs, nutrition support and nutrition agents to optimize nutrition status. This document interprets the professional scope of practice as defined in the [Dietitians Act](#) (2009). It includes authorization statements, policies and the standards of practice related to nutrition prescription.

Authorization statements, policies, and standards are regulatory tools that regulate activities within the professional scope of practice to support competent and safe practice. Nutrition prescription presents a risk of harm. Therefore, these tools are in place to support and direct dietetic practice and help mitigate these risks. As dietetic practice evolves, the NSCDN will revise the authorization statements, policies and standards of practice relevant to nutrition prescription. These changes will reflect shifts in current practice to continuously represent the minimum standard for competent practice.

Dietitian prescribers must thoroughly understand the NSCDN [Standards of Practice](#) (2020) and [Code of Ethics](#) (2007). The Nutrition Prescription standards communicate information specific to prescribing, based on the assumption that dietitians are informed of professional expectations conveyed through the [Standards of Practice](#) (2020) and the [Code of Ethics](#).

The [Academy of Nutrition and Dietetics Scope of Practice Decision Algorithm \(2021\)](#) can support the dietitian to recognize their individual and employment scope of practice and identify whether they are competent to perform a specific activity. The NSCDN's Continuing Competency Program also supports a dietitian to self-reflect and identify areas to enhance their practice based on their individual and employment scope of practice.

Role of NSCDN

In the public interest, the NSCDN regulates dietitians and nutritionists to practice in a safe, ethical and competent manner. In line with this mandate, the NSCDN is accountable to:

- license dietitians and authorize prescribers,
- implement regulatory standards and guidelines for prescribers, and
- act when a prescriber does not engage in safe, ethical and competent care.

Role of the Employer

To optimize access to care, employers recognize and authorize the use of nutrition prescription within their organization and establish policies and procedures to support nutrition prescription. Employment policies further identify the circumstances and parameters to direct nutrition prescription.

Role of the Prescriber

The role of an authorized prescriber is to support a client's access to the health system. When engaging in nutrition prescription, a dietitian must:

- thoroughly understand their individual and employment scope of practice,
- have a clear understanding of the NSCDN [Code of Ethics](#) (2007) and [Standards of Practice](#) (2020) and prescribe according to these ethical standards,
- understand their accountability as a self-regulated health professional,
- retain the required prescriber certification as applicable to their employment scope (e.g., Certified Diabetes Educator), and
- use professional judgement to self-assess their prescribing competence, identify knowledge gaps relevant to their employment scope of practice and develop a learning plan to fill these gaps through the continuing competency program.

AUTHORIZATION STATEMENT: The Prescription or Ordering of Drugs and Nutrition Agents to Optimize Nutrition Status

According to the [Dietitians Act](#) (2009), the practice of dietetics means “the translation and application of scientific knowledge of food and nutrition to human health through... nutrition prescription and includes the prescription or ordering of drugs or other (nutrition) agents to optimize nutrition status.”

Dietitians are accountable to prescribe in accordance with the legislated scope of practice and their individual and employment scope of practice, including the activities for which the dietitian has received education and training and is competent. A dietitian may only undertake the prescribing of drugs or nutrition agents where collaborative relationships or appropriate protocols have been established. Dietitians must only prescribe in practice settings that have been approved by their employer. Failure to comply with standards of practice is considered professional misconduct as defined in the [Dietitians Act](#) (2009)

Dietitians are accountable to practice according to the nutrition care process, to think critically and make decisions in a systematic manner to provide safe and effective care. When prescribing drugs or nutrition agents, there must be a clear relationship between the drug or nutrition agent with the nutrition diagnosis. The intent of the prescription must be to impact nutritional status. Nutrition diagnosis differs from the medical diagnosis. A nutrition diagnosis is the specific nutrition problem that can be resolved or improved through a nutrition intervention. A prescription refers to a written order for a drug or nutrition agent.

Dietitians authorized to adjust insulin and oral antihyperglycemic agents are certified according to the policy *Certification Required to Adjust Insulin* (page 11). Dietitians are not authorized to be original prescribers for insulin or oral antihyperglycemic agents. A dietitian does not necessarily require prescribing authorization to adjust insulin and non-insulin agents. See Appendix A for more information regarding when a dietitian is required to be an authorized prescriber.

In collaboration with the health care team, a dietitian is authorized to discontinue drugs or nutrition agents that they prescribed. Upon a nutrition assessment, a dietitian may discontinue a drug or nutrition agent that is deemed to no longer benefit a client or is no longer required. If a drug or nutrition agent has been ordered by another prescriber as a nutrition intervention, the dietitian should collaborate with the original prescriber or appropriate members of the health care team before making a change to a prescription.

Dietitians have the authority to prescribe drugs and nutrition agents to optimize nutrition status according to the Authorized Drug Classifications for Dietitians

Prescribing (Appendix B). Dietitians are not authorized to prescribe any drugs listed in the Controlled Drugs and Substances Act and its Regulations (includes narcotics, controlled drugs, exempted codeine products, benzodiazepines, and other targeted substances). Prescribing drugs can only occur within an organization approved by the NSCDN Board (Appendix C). Dietitians working in private practice settings are not authorized to engage in the prescription of drugs. However, they may recommend drugs and nutrition agents based on a comprehensive nutritional assessment.

Dietitians have the authority to prescribe drugs or nutrition agents in accordance with the [Dietitians Act](#) (2009), [Dietitians Regulations](#) (2023), [policies](#), and [standards](#) established by the NSCDN and are subject to any condition and restrictions imposed on their license.

AUTHORIZATION STATEMENT: Nutrition Support

According to the [Dietitians Act](#) (2009), the practice of dietetics means “the translation and application of scientific knowledge of food and nutrition to human health through... nutrition prescription, including enteral and parenteral nutrition to optimize nutrition status.”

Dietitians are accountable to practice under the legislated scope of practice and their individual scope of practice, including the activities for which the dietitian has received education and training and is competent. Dietitians are required to practice according to the nutrition care process to think critically and systematically make decisions to provide safe and effective care. Failure to comply with standards of practice is considered professional misconduct as defined in the [Dietitians Act](#) (2009). A dietitian may only prescribe nutrition support where collaborative relationships or appropriate employment protocols have been established.

Dietitians have the authority to prescribe or write orders for nutrition support in accordance with the [Dietitians Act](#) (2009) and [Regulations](#) (2023), [policies](#), and [standards](#) established by the NSCDN and are subject to any condition and restrictions imposed on their license. Prescribing can only occur within an organization approved by the NSCDN board (Appendix C). Dietitians working in a private practice setting are not authorized to engage in prescribing nutrition supports. However, they may recommend nutrition support based on a comprehensive nutritional assessment.

POLICY STATEMENT: Dietitians must work in direct client-care to gain prescribing authorization to order scheduled drugs and nutrition support.

A dietitian who applies for prescribing authorization to prescribe drugs and nutrition support must currently practice in a direct client-care role within an organization approved by the NSCDN Board of Directors (Appendix C). Dietitians working in private practice settings are not authorized to become authorized prescribers.

Dietitians who work in direct client-care, but are not authorized prescribers, may order nutrition agents and supports that do not require a prescription. See the flowchart in Appendix A.

POLICY STATEMENT: Certification Required to Adjust Insulin and Oral Antihyperglycemic Agents

The dietitian adjusting insulin must be certified in insulin dose adjustment and certified or started the Certified Diabetes Educator (CDE) certification process.

Dietitians engaged in the practice of insulin adjustment must submit proof of certifications during the annual license renewal process. These include:

- current Diabetes Care Program of Nova Scotia (DCPNS) insulin dose adjustment certification, and
- CDE certification or evidence of engagement in the certification process. Completion of the CDE must be completed within 24 months of the approved NSCDN authorized prescriber application.

Dietitians adjusting oral antihyperglycemic agents must hold a Certified Diabetes Educator (CDE) certification before engaging in this process.

Dietitians engaging in insulin and oral antihyperglycemic agent adjustment, must practice in accordance with the current Diabetes Canada Clinical Practice Guidelines.

POLICY STATEMENT: Completion of the Nutrition Prescription e-Learning Module

Dietitians are required to complete NSCDN's Nutrition Prescription e-Learning Module before applying for prescribing authorization. Following the module completion, a dietitian is responsible for seeking mentorship and informal and formal educational opportunities to attain and maintain competency.

If a dietitian has experienced a lapse in prescribing of drugs and nutrition support for three or more years, the dietitian is required to re-take the NSCDN prescribing module and re-apply for prescribing authorization.

On the annual renewal application, dietitians are required to declare their engagement in nutrition prescription.

POLICY STATEMENT: Nutrition Prescription and Continuing Competency

To engage in “nutrition prescription, including enteral and parenteral nutrition and the prescription or ordering of drugs or other (nutrition) agents to optimize nutrition status,” dietitians must engage in and document learning activities related to nutrition prescription on the Continuing Competency Program (CCP) learning log on an annual basis. A dietitian engaging in nutrition prescription must complete at least one goal and relevant learning activities to an area of nutrition prescription that applies to their practice area.

GUIDELINE: Nutrition Prescription and Continuing Competency

The following are examples of competency activities that may be documented to support evidence of continuing competency related to nutrition prescription:

- Review of the Nutrition Prescription Standards,
- independent self-directed learning related to nutrition diagnosis, nutrition support, the appropriate use of drugs or agents that impact nutritional status, including indications, contraindications, and interactions,
- engagement in formal learning opportunities related to nutrition prescription, and
- maintain knowledge of current clinical practice guidelines and application.

The following active practice activities are important components of building and maintaining competence related to nutrition prescription through active practice. These include:

- participation in the healthcare institution’s nutrition support activities (e.g., policy/guideline development),
- participation in care team rounds, and
- membership in professional association/society/network devoted to nutrition support.

POLICY STATEMENT: Application for Authorization to Prescribe Drugs and Nutrition Support

Dietitians are required to apply to the NSCDN for authorization to prescribe drugs and nutrition support.

Following successful completion of the NSCDN Nutrition Prescription e-Learning Module, the dietitian applies to the NSCDN for authorization to prescribe drugs and nutrition supports. Upon application approval, the dietitian is eligible to submit a

prescribing authorization request to Medavie and will receive an NSCDN-issued permit number. See Appendix D for more information related to this process.

Dietitians must state the prescribing number on all written prescriptions. Dietitians must state the NSCDN prescribing permit number in chart notes, signifying a dietitian's authorization to prescribe drugs.

A Nutrition Prescription Authorization Process Map (Appendix D) provides an overview of the authorization to prescribe process for dietitians in Nova Scotia.

STANDARDS OF PRACTICE: Nutrition Prescription

A dietitian must recognize and accept responsibility for the impact of their prescribing activities not only on their client but on the overall costs and sustainability of the health care system. Before considering a nutrition prescription, a prescriber should attempt all relevant non-prescription nutrition interventions. A dietitian engaging in nutrition prescription must prescribe in accordance with the [Standards of Practice](#) (2020) in combination with the Standards of Practice: Nutrition Prescription. When prescribing drugs, nutrition agents, or nutrition support, dietitians must:

- assess the client's needs,
- collaborate with relevant health care professionals as appropriate for purposes of communication, implementation, monitoring and clarification of any limiting or conflicting factors related to the nutrition prescription,
- be aware of the evidence on outcomes and cost effectiveness,
- consider the risks and benefits of the therapy for each client,
- provide clients with relevant information and counselling on drug, nutrition support or nutrition agents including cost effective alternative choices, and
- monitor, and document a client's response to the intervention, when applicable.

A dietitian is responsible to use professional judgement to determine if each prescription is in alignment with their scope of practice, knowledge, skills, competencies, and experience.

Knowledge: When prescribing drugs, nutrition supports and nutrition agents a dietitian demonstrates a thorough knowledge of the:

- relevant clinical practice guidelines, if applicable,
- the client's needs and healthcare objectives,
- nutrition diagnosis being addressed,
- client's conditions, disease states and processes, and pathology,
- client's situation with respect to diet, exercise, and illness, which may influence the required dose,
- different types of drugs and how to intervene when the patient has a history of drug allergies,
- the drug being prescribed,
- indications, contraindications, actions, interactions, side effects, and adverse effects of pertinent drugs,
- the drug schedules and where to access drug schedule information,
- drug-drug and drug-food interactions,
- supplements and natural health products or nutrition interventions used by the client,
- available dosage forms for the drug or agent and the recommended dosage for a specific population, and
- importance of administration factors such as timing.

Competency: A dietitian demonstrates competency in prescribing drugs, nutrition support and nutrition agents in the provision of medical nutrition therapy by:

- assessing appropriateness and safety of drugs, nutrition support or nutrition agents as nutrition interventions,
- assessing client's ability to understand and comply with instructions for drug, nutrition support or nutrition agent use,
- educating client regarding the drug, nutrition support or nutrition agent prescribed and its use, and
- instructing client on side and adverse effects related to the drug, nutrition support or nutrition agent prescribed, and
- monitoring the client following the initiation or dose change of a drug, nutrition support or nutrition agent.

References

Academy of Nutrition and Dietetics. (2018). *Abridged nutrition care process terminology (NCPT) reference manual: Standardized language for the nutrition care process*.

Academy of Nutrition and Dietetics. (2022). *Scope of practice decision algorithm*. Commission on Dietetic Registration.
https://admin.cdrnet.org/vault/2459/web///1_Scope_Of_Algorithm_r3_Final.pdf

College of Dietitians of Alberta. (2008). *The professional practice handbook for dietitians in Alberta*. Revised November 2022.
<https://collegeofdietitians.ab.ca/wp-content/uploads/2022/11/Professional-Practice-Handbook-for-Dietitians-in-Alberta-11.2022.pdf>

College of Dietitians of Alberta. (2022). *Continuing competency program manual*.
<https://collegeofdietitians.ab.ca/wp-content/uploads/2022/11/Continuing-Competence-Program-CCP-Manual-12.2022.pdf>

College of Dietitians of British Columbia. (2012). *Interpretive guide: Reserved acts*.
https://collegeofdietitiansofbc.org/wp-content/uploads/2020/11/Restricted_Activities_Interpretive_Guide_March_13-FINAL-1.pdf

Diabetes Care Program of Nova Scotia. (2020). *Insulin dose adjustment guidelines*. Nova Scotia Health Authority. <file:///C:/Users/aconn/Downloads/insulin-dose-adjustment-guidelines.pdf>

Dietitians Act of 2009, Bill No. 47.
https://nslegislature.ca/legc/bills/61st_1st/3rd_read/b047.htm

Drug Schedules Regulations made under Section 81 of the Pharmacy Act of 2011. <http://www.gov.ns.ca/just/regulations/regs/pharmdrg.htm>

Nova Scotia College of Nursing. (2018). *Nurse practitioners standards of practice*.
https://cdn1.nscn.ca/sites/default/files/documents/resources/NP_Standards_of_Practice.pdf#:~:text=The%20Nova%20Scotia%20College%20of%20Nursing%20%28NSCN%29%20sets,client%20populations%20in%20a%20variety%20of%20practice%20settings.

Nova Scotia College of Nursing. (2022). *RN prescriber competencies*.
RN_Prescriber_Compencies.pdf (nscn.ca)

Nova Scotia College of Nursing. (2022). *RN prescriber practice guidelines*.
https://cdn3.nscn.ca/sites/default/files/documents/resources/RN_Prescriber_Practice_Guidelines.pdf

Nova Scotia College of Nursing. (2022). *Standards of practice for RN prescribers*.
[RN Prescriber Standards.pdf \(nscn.ca\)](#)

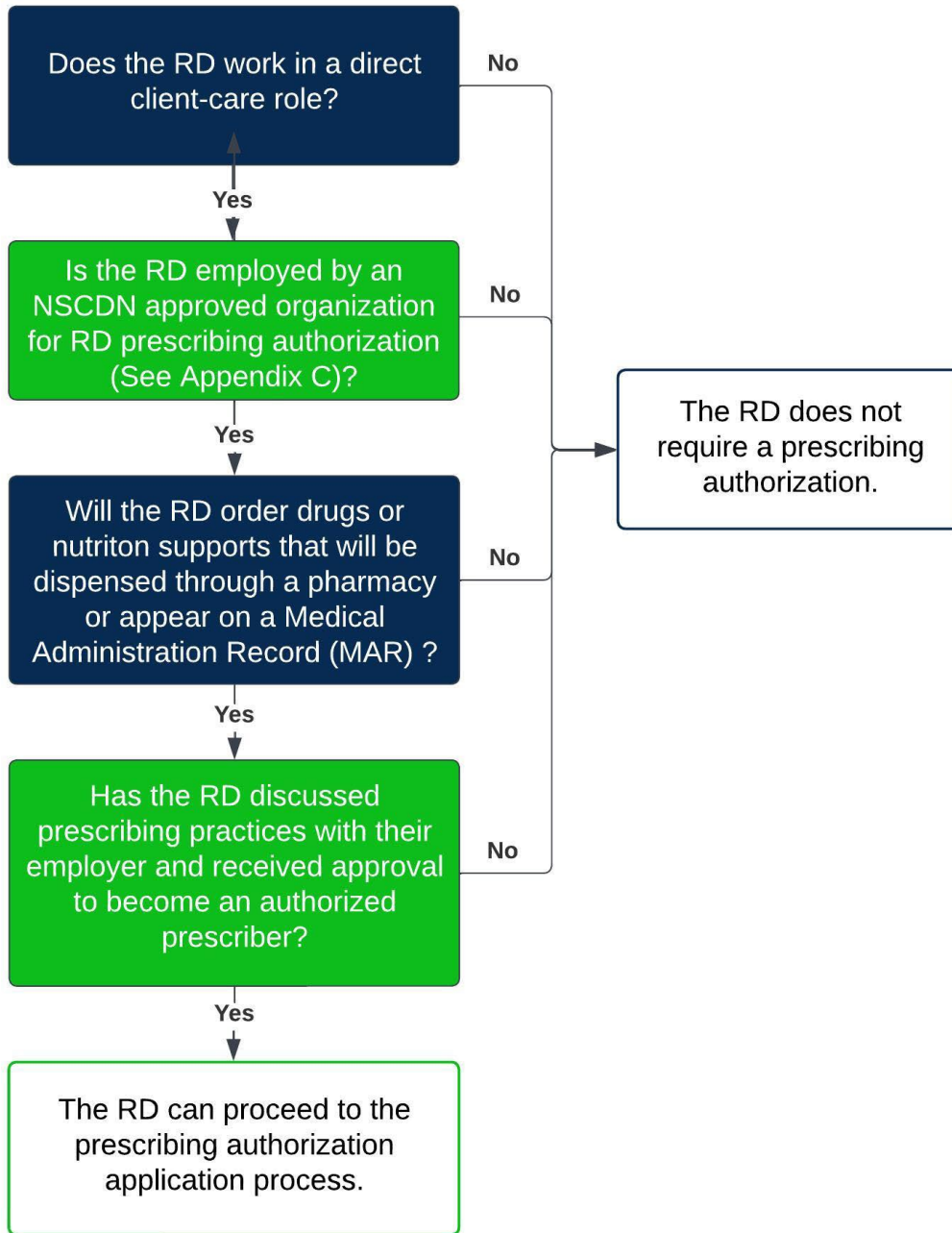
Nova Scotia College of Pharmacists (2019). *Standards of practice: prescribing drugs*.
https://www.nspharmacists.ca/wp-content/uploads/2016/05/SOP_PrescribingDrugs.pdf

Nova Scotia Dietetic Association. (2012). *Continuing competency program toolkit*.
<https://nsdassoc.ca/images/media/documents/2018-CCP-Toolkit.pdf>

Teitelbaum, D., Guenter, P., Howell, W. H., Kochevar, M. E., Roth, J., & Seidner, D. L. (2005). Definition of terms, style, and conventions used in A.S.P.E.N. guidelines and standards. *Nutrition in clinical practice: official publication of the American Society for Parenteral and Enteral Nutrition*, 20(2), 281–285.
<https://doi.org/10.1177/0115426505020002281>

Appendix A

Prescribing Authorization



Appendix B: Authorized Drug or Agent Classifications for Dietitian Prescribing

NUTRITION DIAGNOSIS	THERAPEUTIC GROUP
Excessive energy intake	Energy modified oral intake, antiobesity medications and bulking agents/fibre supplements.
Excessive oral food/beverage intake	Energy modified oral intake, antiobesity medications and bulking agents/fibre supplements.
Enteral/parenteral nutrition support inconsistent with needs	Enteral nutrition formula modification - water flushes, medication flushes, modular protein, modular carbohydrate, infant formulas, parenteral nutrition modification – amino acids, dextrose, lipids, vitamins, minerals, electrolytes, trace elements, antisecretory agents, pancreatic enzymes and sodium bicarbonate.
Fluid intake inconsistent with needs	IV fluids and enteral free water and fluid-modified oral intake.
Excessive alcohol intake	IV/oral/enteral/sublingual/intramuscular thiamine, multivitamins and single vitamins.
Nutrient intake/utilization inconsistent with needs	macronutrient restriction, micronutrient restriction, macronutrient supplementation, micronutrient supplementation, trace element intake modification and electrolyte intake modification.
Malnutrition	Energy modified oral intake, oral/enteral/parenteral nutrition support, macronutrient intake modification, micronutrient intake modification, macronutrient supplementation, micronutrient supplementation, trace element supplementation, electrolyte supplementation and thiamin supplementation.
Protein-energy intake/utilization inconsistent with needs	Energy modified oral intake, enteral/parenteral nutrition support, macronutrient restriction, micronutrient restriction, macronutrient supplementation, micronutrient supplementation, trace element supplementation and electrolyte supplementation.
Inadequate fat intake	MCT, Omega-3, topical EFA, ILE and fat soluble vitamin supplementation.
Protein intake/utilization inconsistent with needs	Modular protein supplementation and single amino acid supplementation.
Carbohydrate intake/utilization inconsistent with needs	Modular carbohydrate supplementation.
Fibre intake/utilization inconsistent with needs	Bulking agents/fibre supplementation.
Vitamin intake/utilization inconsistent with needs	Vitamin supplementation.

Mineral intake/utilization inconsistent with needs	Mineral supplementation.
Swallowing difficulty	Thickened liquids and texture modified foods.
Breastfeeding difficulty	Galactagogues.
Altered GI function	Antacids, antidiarrheals, antiemetics, antisecretory agents, bulking agents, laxatives, prokinetic agents, PPIs, stool softeners, prebiotics and probiotics.
Impaired nutrient utilization	Pancreatic enzyme replacement therapy, metabolic formulas, modular supplementation for metabolic disorders, and insulin and oral antihyperglycemic agents ¹ .
Altered nutrition-related laboratory values	Macronutrient supplementation, micronutrient supplementation, macronutrient restriction, micronutrient restriction, phosphate binders and potassium binders.
Underweight	Appetite stimulants, energy modified oral intake, oral/enteral nutrition supplementation/support, macronutrient supplementation and micronutrient supplementation.
Involuntary weight loss	Appetite stimulants, energy modified oral intake, oral/enteral nutrition supplementation/support, macronutrient supplementation, micronutrient supplementation, macronutrient restriction and micronutrient restriction,
Inadequate energy intake/Predicted inadequate energy intake	macronutrient restriction, micronutrient restriction, macronutrient supplementation and micronutrient supplementation,
Overweight/obesity	Energy modified oral intake, antiobesity medication and bulking agents/fibre supplements.
Involuntary weight gain	Energy modified oral intake, antiobesity medication and bulking agents/fibre supplements.

¹ see Policy Statement: Certification Required to Adjust Insulin and Oral Antihyperglycemic Agents (page 12)

*Schedule 1 Drugs. Note: All drugs deliver via PN/IV are considered Schedule 1 drugs

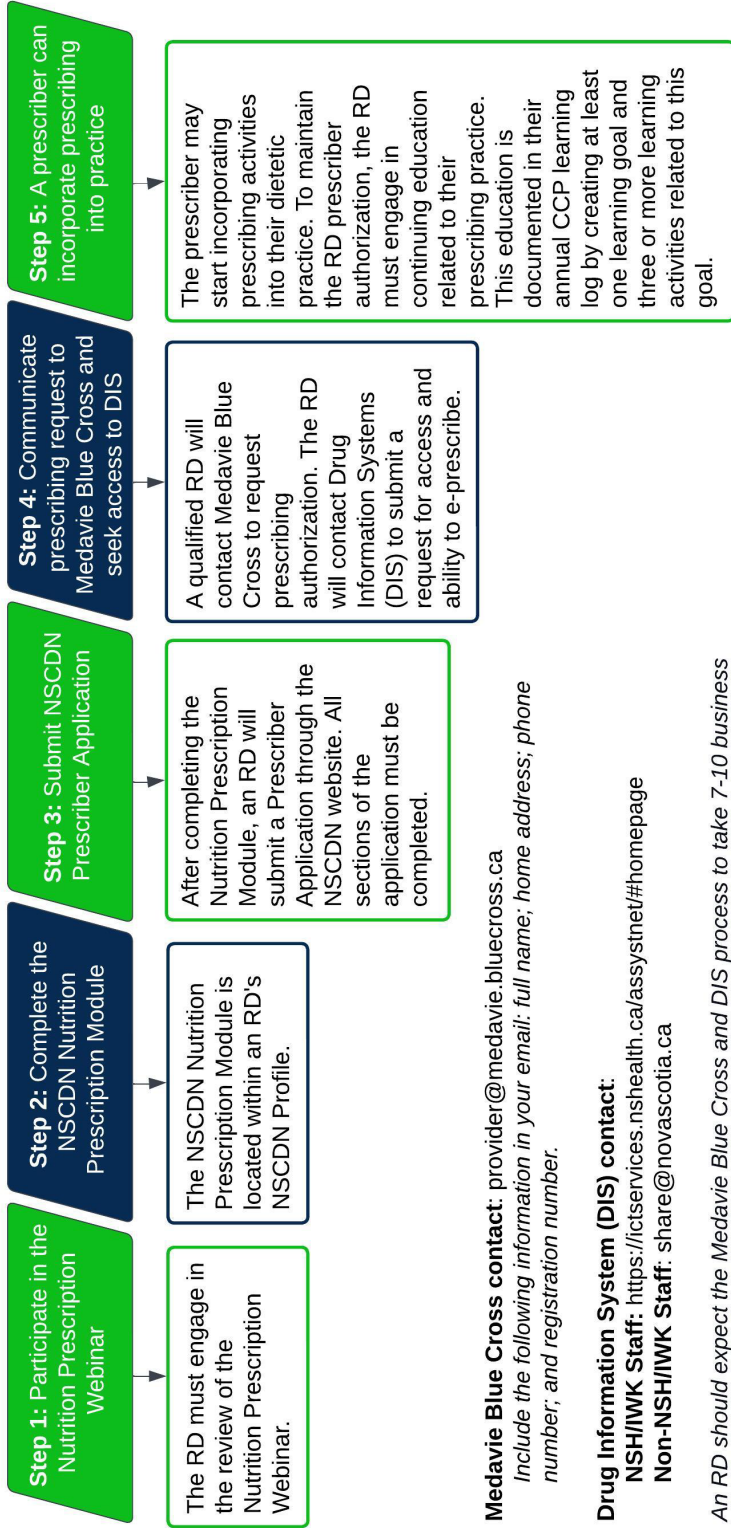
Appendix C

NSCDN Approved Organizations for RD Prescribing Authorization	
Authorized Organizations	<ul style="list-style-type: none">• Health authorities in Nova Scotia (eg. Tajikeymik, NSH, IWK)• Continuing Care facilities (eg., licensed long term care facility including residential care facility and nursing homes)

Appendix D

Nutrition Prescription Authorization Process

A dietitian is qualified to seek and maintain prescriber authorization if they are employed by an organization that has been approved by the NSCDN (Appendix C) and if the dietitian works in a direct client-care role where nutrition prescription is approved by the employer and will be used by the dietitian.



Medavie Blue Cross contact: provider@medavie.bluecross.ca
 Include the following information in your email: full name; home address; phone number; and registration number.

Drug Information System (DIS) contact:
NSH/IWK Staff: <https://ictservices.nshealth.ca/assystnet/#homepage>
Non-NSH/IWK Staff: share@novascotia.ca

An RD should expect the Medavie Blue Cross and DIS process to take 7-10 business days for approval. The NSCDN will advise the RD and their employer when the RD's Authorization to Prescribe Application has been processed and when they can start prescribing.