

CASE STUDY - Screening for Swallowing Difficulty by RDNs

Case: A registered dietitian nutritionist (RDN) wants to obtain approval to perform initial swallowing screenings on patients/clients.

Statement: The [Scope and Standards of Practice for the Registered Dietitian Nutritionist](#) (RDN) does not guarantee that a RDN will be able to perform expanded practice skills, however it can guide the RDN to the resources and options to evaluate whether they can safely and effectively provide an expanded practice skill and advance individual practice.

Explanation of Case: In this example, the RDN uses the [Scope and Standards of Practice for the RDN](#) to determine whether performing initial swallowing screenings on patients is within their individual scope of practice. Although the RDN may seek advice and direction from colleagues, the initial review is the RDN's responsibility.

Case Study Resources

- Resources from the Academy of Nutrition and Dietetics (Academy) and Commission on Dietetic Registration (CDR)
 - [Academy Dietetic Practice Groups](#) - DPGs such as Dietitians in Nutrition Support and Dietetics in Health Care Communities (*membership required*)
 - [Academy Evidence Analysis Library](#) (*membership required*)
 - [Nutrition Care Process Terminology](#)
 - [ACEND Education Core Knowledge and Competencies for the RDN](#)
 - [Code of Ethics](#)
 - [Revised 2024 Scope and Standards of Practice for RDN and for NDTR](#)
 - [Essential Practice Competencies for CDR's Credentialed Nutrition and Dietetics Practitioners](#)
 - [CDR Certifications](#)
 - [Common Credentials Held by RDNs and NDTRs](#)
 - [CDR Definition of Terms List](#)
 - [Focus Area Scope and Standards of Practice for RDNs](#) (eg, Nutrition Support, Intellectual and Developmental Disabilities, Adult Weight Management, Oncology Nutrition, Diabetes Care, Pediatric Nutrition)
- Institutional, regulatory, and other resources
 - [State licensure laws and regulations](#)
 - [CDR Practice Tools](#)
 - [Centers for Medicare & Medicaid Services State Operations Manual](#)
 - Clinical Guidelines, such as:
 - [American Society for Parenteral and Enteral Nutrition \[ASPEN\]](#)
 - [American Diabetes Association Standards of Care](#)
 - [American Speech-Language-Hearing Association: Scope of Practice in Speech-Language Pathology \(2016\)](#)
 - [International Dysphagia Diet Standardization Initiative](#)
 - [Johns Hopkins Medicine: Swallowing Disorders](#)
 - RDN job description

- Organization policies and procedures
- Hospital and medical staff process for obtaining clinical privileges for therapeutic diet order writing or expanded role/nutrition-related services (eg, insertion of nasogastric and nasoenteric feeding tubes)
- Accreditation standards, if applicable (eg, TJC, DNV GL, ACHC formerly known as HFAP, CoC)

USING THE SCOPE OF PRACTICE DECISION ALGORITHM

The [Scope of Practice Decision Algorithm](#) is a resource that guides a RDN through a series of questions to determine whether a particular activity is within their individual scope of practice. Questions are answered based on a critical evaluation of their knowledge, skills, experience, judgment and demonstrated competence. The tool is designed to evaluate each activity separately.

Question 1: Do the Scope and Standards of Practice or applicable RDN focus area standards contain information that provides guidance on whether the practitioner can perform this activity?

To determine current practice, the RDN performs a literature search on the role of health professionals, including RDNs, performing initial swallowing screenings; a review of current practice in the area; and networks with colleagues. The RDN finds there is a growing practice of having trained health professionals performing initial swallowing screenings as a means of more rapid identification of patients with potential swallowing disability for referral to the speech-language pathologist.^{1,2,3,4} Indicators 4.3.5, 7.2.6 and 7.4.6 in the [Scope and Standards of Practice for the RDN](#) suggest that RDNs may perform bedside swallow screening, given they have demonstrated competence to do so.⁵

“EAT-10 A Swallowing Screening Tool”, a validated screening questionnaire available in 28 languages from Nestle Nutrition, is one tool being used by RDNs to alert the physician and/or speech-language pathologist of patients/clients with possible swallowing problems.⁶ Each organization’s speech language pathologists and other health care practitioners would determine which tool or process to use according to needs of the patient population.^{7,8,9,10}

Question 2: Does this activity align with nutrition practice guidelines (eg, EAL); other national organization standards of practice and/or practice guidelines; accreditation standards; federal and state regulations; CMS conditions of participation or conditions for coverage; and facility/program accreditation standards applicable to the setting or population and good business practices (e.g., Code of Ethics)

Performing initial screenings, identifying risk, and referring patients/clients to a speech-language pathologist greatly improves patient care,³ confirming the importance of RDNs performing initial swallowing screenings.

The members of the Steering Committee of Special Interest Division 13 (Swallowing and Swallowing Disorders) of the American Speech-Language-Hearing Association define ‘swallowing screening’ as follows: *“The term swallowing screening is generally used to refer to a minimally invasive evaluation procedure that provides quick determination of: the likelihood that dysphagia exists; whether the patient requires referral for further swallowing assessment; whether it is safe to feed the patient orally (for purposes of nutrition, hydration, and administration of medicine); whether the patient requires*

referral for nutritional or hydrational support”.¹⁰

[The Academy of Nutrition and Dietetics and American Society for Parenteral and Enteral Nutrition: Revised 2021 Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists \(Competent, Proficient, and Expert\) in Nutrition Support](#)¹¹ states that the RDN at proficient or expert level of practice may evaluate need for a modified barium swallow study (SOP 1.3B) and then make a referral to a speech language pathologist following organizational process (SOP 3.9B). The RDN collaborates with the interprofessional team members (eg, physical, occupational, speech therapy; social services; psychology; or dental services) to facilitate referrals that optimize nutrition care as indicated (SOPP 3.2B1). The [Scope and Standards of Practice for the RDN](#) specifies that the RDN may assess patient nutritional status, working closely with interprofessional team members (eg, collaborating with the speech language pathologist to improve swallowing in patients with dysphagia).⁵

Additional information regarding RDNs performing initial swallowing screenings has been presented in multiple journals (eg, the *Journal of the American Dietetic Association*³ and *Topics in Clinical Nutrition*,¹²), dietetic practice group newsletters, and at regional and national professional Academy meetings.

Upon reviewing the federal and state regulations, the RDN determines that the federal CMS Conditions of Participation for Hospitals, effective July 11, 2014, (no change as of latest revision 220, 04-19-24) allows hospitals and their medical staff to grant clinical privileges to RDNs or other clinically qualified nutrition professional to write therapeutic diet orders, consistent with state laws and regulations, and organization policies.¹³ After reviewing the state regulations for hospitals, the RDN finds no regulations that would prevent a hospital from granting privileges, however, RDN privileging must be ensured through the hospital’s medical staff rules, regulations, and bylaws or other facility-specific process.

Each hospital and its medical staff must determine if a specific activity requires privileging. If privileging is required, the medical staff determines which ordering privileges to grant the RDN(s) and the specific scope of care services that may be granted (eg, bedside swallow screening).¹⁴

In lieu of privileging for activities not specified in regulations, the administration and medical staff/director of hospitals and other health care settings (eg, long-term care facilities, medical clinic) may determine specific activities that can be performed by an RDN (eg, bedside swallow screening), given the RDN has appropriate education and training, and has demonstrated and documented their competence).

Question 3: If the state(s) where you work license RDNs, is there any language that prohibits the activity? Is there language in any other profession’s statute and regulations that would prohibit an RDN or NDTR performing the activity?

Upon researching the applicable state licensure/practice act, occupational practice acts for other relevant disciplines (eg, speech-language pathologists), and facility-specific federal regulations, the RDN finds that initial swallowing screenings are not explicitly permitted or restricted. The RDN determines that performing initial swallowing screening meets the requirements of the state licensure act because it is a step in assessing nutrition needs.

The scope of practice for a speech-language pathologist (SLP) describes “the breadth of the role of the SLP in the prevention, assessment, and habilitation/rehabilitation of communication and swallowing disorders.”¹⁵ This implies that swallowing evaluations are to be done by speech-language pathologists only.

Question 4: Do you have the necessary knowledge, skills, training (including certificates of training or required certification[s] (eg, CNSC, CSG) to perform the activity?

The RDN evaluates their education and training and notes extensive training in medical nutrition therapy, which includes the ability to assess the need for modified diet consistencies or NPO status. While the RDN performs nutrition-focused physical exams, experience specific to independently performing physical assessment skills required for initial swallowing screenings is limited. Subsequently, the RDN collaborates with the speech language pathology (SLP) professionals to identify a swallow screening tool that could be used by the nurses and the RDN. Once approved by the medical staff, the RDN reviews the tool’s instructions and supporting references, and schedules online training and supervised hands-on instructions from the SLPs. All education, training, and competence assessments are documented in the RDN’s personnel file and Professional Development Portfolio.

According to published practice guidelines, no additional credentials are required for the RDN to perform initial swallowing screenings on their patients/clients. The RDN is trained by Speech Language Pathologists in conducting initial swallowing screenings and competence is assessed initially and annually thereafter.

Question 5: Have you demonstrated your ability to perform the activity competently to an individual with the knowledge and skills to appropriately assess your competence to perform the activity according to accepted standards, including those for the required certification? Is that evaluation documented in your personnel record?

The RDN reviews the [Scope and Standards of Practice for the RDN](#)⁵ and the [Academy of Nutrition and Dietetics and American Society for Parenteral and Enteral Nutrition: Revised 2021 Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists \(Competent, Proficient and Expert\) in Nutrition Support](#)¹¹ to determine education, skills, and training needed to practice competently in the area of swallowing screening and advance their level of practice.

The RDN demonstrates competence in performing initial swallowing screenings. The RDN’s competence is monitored and documented annually by the Speech Language Pathologist per the organization’s policies and procedures. The RDN’s personnel file contains documentation to support this yearly assessment of competence.

Question 6: Does your employer/organization in its governing documents, policies and procedures, or other documents (eg, medical staff bylaws, rules, and regulations; medical director-approved policy or protocol) recognize the credential (eg, RDN, or specialist credential[s]) held as authorized to perform the activity?

The RDN knows that privileging to write orders for diet or nutrition-related services is not currently an option for RDNs in this hospital. Upon reviewing the resources, the RDN determines this is will not

prohibit them from performing swallow screenings, as privileging is not a requirement. Administration, physician leaders, and the speech language pathologists are supportive of RDNs performing initial swallow screenings, as it provides additional opportunities to identify patients with potential swallowing risks and contributes to decreased length of stay, medical costs, and improvement in quality of care. With training and initial and annual competence assessment, the RDN can screen patients for swallowing problems as part of nutrition screening or assessment.

Once the RDN has acquired the appropriate education and demonstrated the required skills and competence, the RDN's job description and policies and procedures for the organization are amended to ensure the RDN is able to perform initial swallowing screenings.

Question 7: Have you worked with your supervisor and/or organization representative to ensure organization-required steps and necessary documents (eg, organization and department/services policies and procedures, billing procedures, personal job description) are completed and approved by committees, when applicable, to allow the RDN to perform the activity?

Before performing the activity, the RDN meets with their supervisor to review the hospital's process and procedures, including the following.

- Ensure that the activity is included in job descriptions, in granted privileges if working in a hospital-based facility where privileging is required, and in applicable policies and procedures.
- Confirm that personnel files contain documentation of education, training, credentials, if applicable, and competence in performing the activity.
- Investigate the organization's liability coverage and need for personal professional liability insurance.
- For billable services, investigate whether this activity, as performed by an RDN, will be reimbursed by health plan insurers, including Medicare.

Disclaimer: *This resource is intended solely as a model to assist practitioners in using the Scope and Standards of Practice, and the Scope of Practice Decision Algorithm, and in determining their individual scope of practice. It should not be viewed as determinative of any particular inquiry or outcome. The results of an actual inquiry may differ according to the specific factual circumstances and State laws applicable to the specific situation.*

In this Case Study, the CDR has chosen to use the term RDN to refer to both registered dietitians (RD) and registered dietitian nutritionists (RDN) and to use the term NDTR to refer to both dietetic technician, registered (DTR) and nutrition and dietetics technician, registered (NDTR).

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