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**Note:** The toolkit PDF contains additional files. To access these additional toolkit files, click on the paper clip on the lower left or select [View > Navigation panels > Attachments](#) from the menu bar.

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# Medical Nutrition Therapy Flowchart of Encounters for Celiac Disease

This document is designed to assist registered dietitians (RD) in completing the Medical Nutrition Therapy Initial and Follow-up Progress Notes for Celiac Disease, also located in this toolkit. These are suggested timeframes between encounters and they may vary based on the specific situation. A more extensive description of each encounter is located in the Medical Nutrition Therapy Encounter Process for Celiac Disease.

The format follows the Nutrition Care Process (NCP), which includes nutrition assessment, nutrition diagnosis, nutrition intervention, and nutrition monitoring and evaluation. When completing the Medical Nutrition Therapy Initial and Follow-up Progress Notes for Celiac Disease, use of the most current ADA *IDNT Reference Manual* is also recommended. For more information on the NCP and Standardized Language, see [www.eatright.org/ncp](http://www.eatright.org/ncp).

## Referral/Consult Information (< 30 days prior to encounter one)

Related forms:

- Instructions for Medical Nutrition Therapy Sample Referral Form
- Sample Referral Form: Referral for Medical Nutrition Therapy

RD to obtain pertinent clinical data from referral source or client medical record/information system:

<ul style="list-style-type: none"> <li>✓ Laboratory values (e.g., celiac antibodies, anemia profile)</li> <li>✓ Other clinical data (e.g., intestinal biopsy results or skin biopsy of those with dermatitis herpetiformis)</li> </ul>	Presenting signs and symptoms
<ul style="list-style-type: none"> <li>✓ Physician treatment goals or medical plans and signature/date</li> </ul>	<ul style="list-style-type: none"> <li>✓ Medications (dose, frequency), dietary/herbal supplements</li> </ul>
<ul style="list-style-type: none"> <li>✓ Past medical history (other diseases or conditions such as type 1 diabetes or thyroid disease)</li> </ul>	<ul style="list-style-type: none"> <li>✓ Physical activity clearance or limitations</li> </ul>

## Encounter 1: 45-90 minutes

Initial Education on the gluten-free dietary pattern is split between Encounter 1 and Encounter 2

Related documents/forms:

- Medical Nutrition Therapy Encounter Process for Celiac Disease
- Medical Nutrition Therapy Celiac Disease Initial Progress Note

RD to obtain clinical data from client medical record/information system and patient/client interview:

### Assessment

- Evaluate height, weight, weight history, growth history, relationship to family stature, BMI, biochemical data
- Review medical history (e.g., thyroid, diabetes)
- Review medical history of family including other autoimmune diseases
- Document clients food and nutrition history by obtaining a comprehensive diet history including current dietary intake (grain intake, sources of B vitamins, fiber, calcium, iron, and vitamin D), food intolerances (e.g., lactose), physical activity pattern, dining in/out practices, food availability, and psychosocial or economic issues impacting nutrition therapy
- Document clients food experience including any previously prescribed or self-imposed food restrictions
- Assess prescribed and over the counter medications and supplements for their potential gluten content and potential for food or drug interaction.
- Assess gastrointestinal symptoms such as type, frequency and volume of bowel function, abdominal pain, bloating, nausea and vomiting

**Assessment, cont'd**

- Assess client's knowledge base, motivation level and readiness to change to a gluten-free dietary pattern
- Assess factors that could affect quality of life such as how the gluten-free dietary pattern will affect religious and social activities and economic status.

**Nutrition Diagnosis**

List and prioritize the nutrition diagnosis(es) that includes the problem (P), etiology (E) and signs and symptoms (S). For example, patient/client has an undesirable food choices related to food and nutrition knowledge deficit as evidenced by gluten containing foods and, new diagnosis of celiac disease.

**Nutrition Intervention**

- Discuss nutrition prescription of the gluten-free dietary pattern (e.g., grains to avoid, grains to include)
- Discuss inclusion of oats
- Educate on label reading
- Educate on cross-contamination
- Provide resources
- Assist client in setting behavioral goals that are focused on maintaining the gluten-free dietary pattern
- List materials provided, referrals made or resources used (e.g., label reading, inclusion of oats, etc)
- Educate patient on how to determine gluten content for prescribed and over the counter medications and supplements (e.g., [glutenfreefoods.com](http://glutenfreefoods.com))
- Educate on how the gluten-free diet might effect dietary treatment of comorbidities

**Nutrition Monitoring and Evaluation**

- Check indicators to monitor up to each of the four categories of nutrition outcomes, based on signs and symptoms from PDS statement(s), and readiness to adopt gluten-free lifestyle, ability to make adjustment/changes in lifestyle)
- Assist client in setting behavioral goals that are focused on maintaining the gluten-free dietary pattern
- Specify next appointment

Two to four weeks between encounters

**Encounter 2: 45-90 minutes**

Related documents/forms:

- Medical Nutrition Therapy Encounter Process for Celiac Disease
- Medical Nutrition Therapy Celiac Disease Follow-up Progress Note

RDs obtain clinical data from client medical record or information system and client interview:

**Assessment**

- Reassess weight, BMI
- Review any new medical diagnoses and/or changes in management of other diagnoses such as insulin regimen changes in type 1 diabetes
- Obtain brief diet history to evaluate clients adherence to the gluten-free dietary pattern and evaluate grain intake, sources of B vitamins, fiber, calcium iron, and vitamin D, food intolerances (e.g., lactose), dining in/out practices and food availability
- Compare to expected outcomes or goals
- Reassess gastrointestinal symptoms such as type, frequency and volume of bowel function, abdominal pain, bloating, nausea and vomiting
- Reassess client's knowledge base, motivation level and readiness to change to a gluten-free dietary pattern
- Reassess factors that could affect quality of life such as how the gluten-free dietary pattern is affecting religious and social activities and economic status

**Nutrition Diagnosis**

Based on outcome data from initial encounter list and prioritize new or existing nutrition diagnosis(es) that includes the problem (P), etiology (E) and signs and symptoms (S).

**Nutrition Intervention**

- Individualize the nutrition prescription of the gluten-free dietary pattern (e.g., calorie intake, calcium and vitamin D intake, iron supplementation, B vitamin and fiber intake) changes in medical status
- Discuss consumption of whole/enriched gluten-free grains
- Discuss addition of a gluten-free, age and gender appropriate multivitamin and mineral supplement
- Assist client in setting behavioral goals focused on maintaining the gluten-free dietary pattern
- Provide referral to community resources for dining out, shopping for gluten-free foods and ongoing support
- Provide recommendations to other health care providers such as rechecking celiac antibodies and other lab data, evaluating bone density
- List materials provided, referrals made or resources used

**Nutrition Monitoring and Evaluation**

- Check any new indicators to monitor under each of the four categories of nutrition outcomes, based on signs and symptoms from PES statement(s) (e.g., celiac antibodies, biochemical status, readiness to adopt a gluten-free lifestyle, ability to make adjustments/changes in lifestyle)
- Specify next appointment

**Six to 12 months between encounters****Encounter 3 (6 months post diagnosis and annually thereafter): 30-45 minutes**

Related forms:

- Medical Nutrition Therapy Encounter Process for Celiac Disease
- Medical Nutrition Therapy Celiac Disease Follow-up Progress Note.

RD to obtain clinical data from client medical record information system and client interview:

**Assessment**

- Re-evaluate, weight, BMI, changes in growth pattern, celiac antibodies and other biochemical data
- Review any new medical diagnoses and/or changes in management of other diagnoses such as insulin regimen, changes in type 1 diabetes
- Document client's food and nutrition history by obtaining a comprehensive diet history including current dietary intake (grain intake, sources of B vitamins, fiber, calcium, iron, and vitamin D), food intolerances (e.g., lactose), adherence to the gluten-free dietary pattern, dining in/out practices, food availability, and psychosocial or economic issues impacting nutrition therapy. Reassess gastrointestinal symptoms such as type, frequency and volume of bowel function, abdominal pain, bloating, nausea and vomiting. Assess prescribed and over the counter medications and supplements for their gluten content and potential for food or drug interaction. Reassess prescribed and over the counter medications and supplements for their gluten content and potential for food or drug interaction.
- Reassess client's knowledge base, motivation level and readiness to change to a gluten-free dietary pattern
- Reassess factors that could affect quality of life such as how the gluten-free dietary pattern is affecting religious and social activities and economic status
- Compare to expected outcomes or goals
- Determine adherence to the gluten-free dietary pattern or barriers to learning or implementing changes
- Identify any positive or negative outcomes

**Nutrition Diagnosis**

Based on outcome data from initial encounter list and prioritize new or existing nutrition diagnosis(es) that includes the problem (P), etiology (E) and signs and symptoms (S).

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**Nutrition Intervention**

- Reinforce and individualize the nutrition prescription of the gluten-free dietary pattern (e.g, calorie intake, gluten-free and age and gender appropriate multivitamin, calcium and vitamin D intake, iron supplementation, B vitamin and fiber intake), changes in medical status
- Reinforce consumption of whole/enriched gluten-free grains
- Reinforce any behavioral goals focused on maintaining the gluten-free dietary pattern
- Provide referral to community resources for dining out, shopping for gluten-free foods and on-going support
- Provide recommendations to other health care providers such as rechecking celiac antibodies and other lab data
- List materials provided, referrals made or resources used

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**Nutrition Monitoring and Evaluation**

- Check any new indicators to monitor under each of the four categories of nutrition outcomes, based on signs and symptoms from PES statement(s) (e.g., celiac antibodies, biochemical status, readiness to adopt a gluten-free lifestyle, ability to make adjustments/changes in lifestyle)
  - Specify next appointment
- 

SAMPLE



# Medical Nutrition Therapy Celiac Disease Follow up Progress Note

Name \_\_\_\_\_ MR # \_\_\_\_\_  
 Medical Diagnosis \_\_\_\_\_  
 Date \_\_\_\_\_ Time \_\_\_\_\_ Units \_\_\_\_\_

## Nutrition Reassessment

### Previous Diagnoses

- |   |   |
|---|---|
| <input type="checkbox"/> _____<br><input type="checkbox"/> Resolved (nutrition problem no longer exists)<br><input type="checkbox"/> Improvement shown (nutrition problem still exists)<br><input type="checkbox"/> Unresolved no improvement shown<br><input type="checkbox"/> No longer appropriate (change in condition) | <input type="checkbox"/> _____<br><input type="checkbox"/> Resolved (nutrition problem no longer exists)<br><input type="checkbox"/> Improvement shown (nutrition problem still exists)<br><input type="checkbox"/> Unresolved no improvement shown<br><input type="checkbox"/> No longer appropriate (change in condition) |
| <input type="checkbox"/> _____<br><input type="checkbox"/> Resolved (nutrition problem no longer exists)<br><input type="checkbox"/> Improvement shown (nutrition problem still exists)<br><input type="checkbox"/> Unresolved no improvement shown<br><input type="checkbox"/> No longer appropriate (change in condition) | <input type="checkbox"/> _____<br><input type="checkbox"/> Resolved (nutrition problem no longer exists)<br><input type="checkbox"/> Improvement shown (nutrition problem still exists)<br><input type="checkbox"/> Unresolved no improvement shown<br><input type="checkbox"/> No longer appropriate (change in condition) |

Refer to ADA *International Dietetics & Nutrition Terminology Reference Manual* for appropriate measurement of the indicators below. Refer to ADA *Celiac Disease Evidence-Based Nutrition Practice Guideline* for pertinent nutrition assessment factors.

### Food/Nutrition-related History (Note any changes from previous encounter. Assess compliance to gluten-free dietary pattern)

#### Energy Intake

- Total energy intake \_\_\_\_\_
- Change in total energy intake \_\_\_\_\_

#### Fluid/beverage intake

- Oral fluids amounts \_\_\_\_\_
- Liquid meal replacement or supplement \_\_\_\_\_

#### Food intake

- Transitioned to gluten-free diet  Yes  No
- Amount and frequency of food
  - Grains \_\_\_\_\_
  - Gluten-free grains or grain foods:
    - Total \_\_\_\_\_
    - Whole \_\_\_\_\_
    - Refined, unenriched \_\_\_\_\_
    - Enriched/fortified \_\_\_\_\_
- Fortified/enriched foods (no grain) \_\_\_\_\_
- Fruits \_\_\_\_\_
- Vegetables \_\_\_\_\_
- Milk/milk products \_\_\_\_\_
- Animal protein \_\_\_\_\_
- Beans, nuts, seeds \_\_\_\_\_
- Fats, oil \_\_\_\_\_
- Gluten-free sweets/desserts \_\_\_\_\_
- Types of food/meals (e.g., special dietary products or foods, convenience foods, self-prepared foods/snacks) \_\_\_\_\_

- Meal/snack pattern \_\_\_\_\_

#### Fat and cholesterol intake

- Total fat \_\_\_\_\_
- Saturated fat \_\_\_\_\_
- Omega 3 fatty acids \_\_\_\_\_

#### Protein intake

- Total protein \_\_\_\_\_
- High biological value protein \_\_\_\_\_

#### Breakfast

#### Lunch

#### Dinner

#### Snacks

#### Beverages

