Dietetics – Outpatient/Community Prioritisation (Adults only) Te Whatu Ora, Te Tai o Pou		tu Ora, Te Tai o Poutini West Coast
Priority	Client Type / Presentation / Diagnosis	Response Time
P1 - High Patients deemed High Clinical Risk and/or will have a high level of benefit from Dietetics intervention	 P1: Patients that are at risk of serious harm or risk of hospital admission without the immediate involvement of Dietetics Parenteral (PN) Nutrition (IV nutrition) (in conjunction with Christchurch Dietitians) Enteral feeding and/or transitional feeding (new and existing community patients) Newly diagnosed Type 1 Diabetes Nutrition in pregnancy including GDM, hyperemesis, previous bariatric surgery, body mass index (Bl of 18.5 kg/m2 or less, triplet pregnancy or greater than 12 weeks gestation with on-going poor c intake High output ileostomy (>1L/day) for more than five days Inflammatory bowel disease (IBD) for exclusive enteral nutrition (EEN) Referrals prioritised as P2 who have not been assessed within 60 days 	
P2 – Medium Patients deemed Moderate Clinical Risk <i>and/or will have a high level of benefit from Dietetics intervention</i>	 P2: Patients who require intervention to improve functional or health outcomes Malnutrition as defined by: Unintentional weight loss >10% in last 3-6 months BMI < 18.5 BMI < 20 and unintentional weight loss >5% in the last 3-6 months Inflammatory bowel disease (IBD) with unintentional weight loss* with or without nutrideficiencies Type 2 Diabetes starting on insulin Severe liver disease with unintentional weight loss* or requiring high protein, low sodium educatie Eating disorders (diagnosed as per DSM criteria) with clear nutritional goal (Specialist Mental Hear referrals only) Coeliac disease - newly diagnosed post gastroscopy or blood test (TTG) Cancer with unintentional weight loss* and/or nausea, vomiting, mucositis, xerostomia (dry mout diarrhoea or dysphagia. Diagnosis of head & neck, pancreatic, lung, gastrointestinal, liver cancer Chronic kidney disease with unintentional weight loss* and/or dysphagia Nutrition support pre and post transplantation Nutrition support pre and post bariatric surgery Referrals prioritised as P3 who have not been assessed after 120 days. 	on Ith

P3 – Low		Within 120 days of receiving a referral
Patients deemed Low clinical Risk and/or will benefit from Dietetics intervention	 Irritable bowel syndrome (diagnosed) with diarrhoea, or alternating diarrhoea and constipation and negative coeliac serology Diverticular disease Non-healing chronic wounds with or without malnutrition Stage 3 or stage 4 pressure injuries Weight reduction to be eligible for surgery (must include current weight, goal weight for surgery and expected date of surgery) 	

* unintentional weight loss defined as 5 to 10% in past 3 to 6 months

Appointments will be offered in the Hokitika, Greymouth, Reefton or Westport clinics in the first instance. Community visits, phone or telehealth appointments can be organised where the patient is unable to attend a clinic (outpatient) appointment in person.

Exclusion Criteria

- Undiagnosed food allergy or food intolerance
- Bowel complaints with no investigations e.g. constipation or diarrhoea (use Healthinfo resources)
- Hyperlipidaemia or dyslipidaemia (can attend the Cardiac programme or refer to PHO dietitians)
- Healthy eating advice & general adult nutrition (use Healthinfo resources)
- Gout
- Weight reduction
- Type 2 diabetes or pre-diabetes (refer to PHO dietitians)

Note: Not an exhaustive list