I. **PURPOSE:** To inform patients of food-drug interactions requiring significant dietary modifications.

II. **POLICY:** Montana State Hospital dietitian, in cooperation with the pharmacy, will counsel patients concerning dietary modifications due to their drug therapy.

III. **DEFINITIONS:** None

IV. **RESPONSIBILITIES:**

   A. The pharmacy will notify the physician of patients requiring food-drug interaction education.

   B. The physician will modify orders as clinically indicated.

   C. The dietitian will provide food-drug interaction education and documentation upon request.

V. **PROCEDURE:**

   A. Food-Drug Interactions

      1. Medications which must require nutritional counseling include:

         - Atypical Antipsychotics
         - Tetracycline
         - Statins
         - Isonaizid
         - Coumadin
         - Lithium
         - Iron Supplements
         - Potassium-Losing Diuretics
         - MAO Inhibitors

      2. Nutritional counseling for other medications causing possible food-drug interactions will be conducted upon request.

      3. Pharmacy will notify dietitian of patients on drugs requiring significant dietary modifications including but not limited to:

         a. MAO Inhibitors
         b. Any other medications dietitian may request of pharmacy
B. Dietary Consultation.

1. Dietitian will educate patient regarding specific food-drug interaction and give patient dietary education upon request for consultation or at dietitian’s discretion.

2. Dietitian will document consultation in dietary section of medical record when consultation performed.

C. Patient Discharge

1. If a patient is discharged with medications, the pharmacy will send Medication Information Sheets along with the discharge medications.

2. If further dietary education on any food-drug interaction is necessary for discharge, dietitian will consult with patient upon request.

VI. REFERENCES: None.

VII. COLLABORATED WITH: Medical Director, Dietary Services Manager, Pharmacy Director.


IX. DISTRIBUTION: All hospital policy manuals.

X. ANNUAL REVIEW AND AUTHORIZATION: This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per M.C.A. § 307-106-330.

XI. FOLLOW-UP RESPONSIBILITY: Registered Dietitian

XII. ATTACHMENTS: None

Signatures:

Jay Pottenger
Hospital Administrator

Thomas Gray, MD
Medical Director