

Statement from the Diabetes Care and Education (DCE) Dietetic Practice Group of the American Dietetic Association

The Role of the Registered Dietitian in Teaching and in Administration of Injectable Medications Used in Diabetes Management

INTRODUCTION

Diabetes care and diabetes self-management education (DSME) have evolved significantly during the last several decades, transitioning from being delivered primarily in the inpatient arena to more frequently in outpatient settings. Diabetes management has also transitioned from being provider-driven to being a self-managed disease. Individuals with diabetes learn to monitor their blood glucose and self-administer and self-adjust therapies based on parameters developed and provided by their healthcare providers. With these changes, diabetes care providers, including registered dietitians (RDs), have expanded their roles in providing DSME and management of all content areas of DSME (1).

THE ROLE OF THE RD IN TEACHING AND IN ADMINISTRATION OF INJECTABLE MEDICATIONS USED IN DIABETES MANAGEMENT

The expanded role of the RD includes teaching self-management skills to enable the person with diabetes or his/her care provider(s) to properly administer injectable medications, monitor blood glucose level, and/or treat hypoglycemia and hyperglycemia. In response to the changing role of the RD, the American Dietetic Association's (ADA) standards of practice (SOP) and standards of professional performance (SOPP) for RDs (generalist, specialty and advanced) in diabetes care were developed, peer-reviewed and published in the *Journal of the American*

Dietetic Association (2). Within this document, sub indicator 3.5A2 under Standard 3: Nutrition Intervention identifies "selection and initiation of pharmacotherapy, including instructions on medication delivery systems" as a responsibility of a specialty or advanced-level RD (2).

Diabetes Education and Management

The RD practicing in diabetes management and education at the specialty or advanced level (2) who has satisfied the criteria of the ADA's scope of dietetics practice framework (SODPF) decision analysis tool (3) is competent to educate individuals and/or their significant others and related care providers about how to use

and administer the following diabetes therapies and monitoring modalities including, but not limited to:

Blood glucose-lowering medication, delivery devices and delivery systems:

- Injectable therapies, including insulin via syringes, pens and continuous subcutaneous insulin infusion pump; amylin analogs, incretin mimetics
- Inhaled therapies, including nasal and pulmonary insulins

Hypoglycemia treatment:

- Glucagon

Monitoring modalities:

- Self-blood glucose monitoring
- Continuous glucose monitoring
- Blood and urine ketone monitoring

All of the aforementioned topics are content areas in the national standards for diabetes self-management education (1) and ADA's diabetes medical nutrition therapy (4,5).

Administration of Injectable Medications

The ADA does not set definitive boundaries on what the RD cannot do in such areas as the administration of injectable medications. Instead, the ADA's SODPF (3) provides a decision analysis tool whereby an RD, along with his/her employer and/or other health care providers, may evaluate whether particular services, such as the administration of injectable medications, fall within the individual RD's scope and standards of professional practice (2). The scope of professional practice is defined by a number of factors, including, but not limited to, federal and state laws and regulations, state dietetic practice regulation and institutional policies and protocols (2). Most sources, including the laws of states that define a scope of practice, generally describe what is included within the practice, rather than what is not included.

Consequently, the administration of injectable medications is ordinarily not specifically prohibited by ADA or the authorities that define an RD's scope of practice. It is true, however,

as noted before, that the role of RDs in many settings is usually limited to educating individuals and/or care provider(s) on the self-administration and/or use of various delivery devices for injectable medications, recommending dose adjustments and evaluating medication administration technique(s). It is not common practice for an RD to administer injectable medications for treatment purposes.

SUMMARY

The ADA's SOP and SOPP for RDs in diabetes care (2) is a key resource for RDs at all levels of practice to ensure that RDs consistently demonstrate and measure their value as providers of safe and effective diabetes care. Other health care providers can use this document to become aware of the indicators for practice and professional performance of RDs in diabetes care at the three practice levels.

Diabetes care provided by RDs will continue to evolve and grow within healthcare delivery systems as therapies and technologies to manage diabetes advance. In addition, as RDs who practice in diabetes care continue to advance their careers into the specialty and advanced levels (1,2), the value of the role of the RD in diabetes care will be further demonstrated. ■

REFERENCES

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