

Surgical Nutrition (Adult) Clinical Referral Guideline

Clinic Referral Guideline

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General Information: This Clinical Referral Guideline is for patients who are 18 years or older.

REFERRALS OUT OF SCOPE:

- Bariatric surgery performed outside Denver Health with GI or nutrition complications.
- Post-operative Denver Health Bariatric patients with GI or nutrition complications need to be referred to the Denver Health Bariatric team.
- Non-surgical oncology patients.
- Outpatient EN management without surgical intent or with surgery planned > 3 months away.

Working Diagnosis/ Reason for Referral	Referral Criteria:	Lab or Other Diagnostic Tests Required Prior To Specialty Appointment
Gastrointestinal Fistulas & Complex GI Conditions	<ul style="list-style-type: none"> • Enterocutaneous fistulas (ECF) or other GI tract fistulas (e.g., gastro-gastric fistulas). • Crohn's disease with additional GI complications requiring surgical nutrition oversight (PN management). • Short Bowel Syndrome (SBS) 	None
Parenteral & Enteral Nutrition Needs	<ul style="list-style-type: none"> • Long-term outpatient parenteral nutrition (PN) management, with or without intestinal failure. • Patients transferred from outside hospitals to initiate TPN care at Denver Health. 	None

	<ul style="list-style-type: none"> • Outpatient enteral nutrition (EN) management when surgery is planned within the next 3 months. 	
Pre-operative Nutrition Optimization	<ul style="list-style-type: none"> • Non-oncology surgeries requiring anastomosis (examples may be added per department standards). • Oncology patients requiring surgery performed by Denver Health providers. • Malnourished patients who have a planned surgical procedure. ○ Malnutrition should be diagnosed using established criteria. • Patients with a documented history of poor wound healing who are scheduled for additional surgery and require pre-op nutrition optimization. • Patients enrolled in nutrition prehabilitation, typically 2–4 weeks prior to the planned OR date, for optimization before surgery. • Non-oncology head and neck surgery patients with planned surgery 2–4 weeks out. 	None
Post-operative Nutrition Concerns	<ul style="list-style-type: none"> • Poor wound healing or post-operative complications greater than 6 weeks after surgery. • Persistent poor oral intake or unintentional weight loss lasting more than 6 weeks post-operatively. • Patients with recurrent difficulty eating or maintaining weight after hiatal hernia (HH) repair >6 weeks post-op. 	None

	<ul style="list-style-type: none">• Poor wound healing < 6 weeks post-operative if patient at risk of readmission.	
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