

# Nourish Labs: Standard Operating Procedures

Nourish

## Purpose

This Standard Operating Procedure (SOP) equips Nourish Registered Dietitians with a clear, repeatable path for using basic lab results in care - especially when values are abnormal - while staying within RD scope.

## Roles & Responsibilities

### Nourish RD

Support labs to deliver nutrition education and counseling, set data-driven goals, and reinforce behavior change. Recommend that all results be reviewed with the patient’s PCP for formal medical interpretation.

### Partner Clinician Network

Review and sign every lab order. Monitor results for critical (“panic”) values and contact the patient immediately with medical instructions.

### Patient’s PCP

Provide medical interpretation, diagnosis, and any treatment decision (e.g., medications, additional testing, referrals) based on results. If the patient has no PCP, Nourish RDs should provide the approved referral options list and document the recommendation.

## Nourish Action Plan by Lab Result

Lab test	Nourish RD Standard Operating Procedures by Non-Critical Result
Total Cholesterol	<b>200 - 239 mg/dL</b> - Provide comprehensive nutrition & lifestyle counseling (e.g., increase daily soluble fiber intake, incorporate plant stanols/sterols, achieve a minimum of 150 minutes of moderate-intensity aerobic exercise per week). Advise the patient to raise this result at their next appointment with their primary-care provider (PCP)
	<b>≥ 240 mg/dL</b> - Deliver the same nutrition & lifestyle counseling and advise the patient to schedule a dedicated visit with their PCP within the next 30 days for a full review of lab results and cardiovascular-risk assessment. Record the recommendation and the patient's acknowledgement in the chart note.
LDL-C	<b>130 - 159 mg/dL</b> - Provide comprehensive nutrition & lifestyle counseling (e.g., reduce saturated-fat intake, increase soluble-fibre intake, sustain ≥ 150 minutes of aerobic exercise weekly). Note the intervention and advise the patient to review the result at their next PCP visit.
	<b>160 - 189 mg/dL</b> - Provide the above dietary guidance and instruct the patient to arrange a PCP appointment within 30 days to review and discuss results.
	<b>≥ 190 mg/dL</b> - Offer urgent nutrition and lifestyle counseling and direct the patient to secure a PCP appointment within 14 days for evaluation. Document all instructions and the patient's response in chart note.
HbA1C	<b>5.7 - 6.4 %</b> - Provide comprehensive nutrition & lifestyle counseling (e.g., balanced carbohydrate distribution, weight management, increased physical activity). Recommend repeating HbA1c in three months and advise the patient to review the result with their PCP at the next routine visit.
	<b>6.5 - 8.9 %</b> - Provide targeted dietary guidance to improve glycemic control and encourage self-monitoring of blood glucose where appropriate. Advise the patient to schedule a PCP appointment within 30 days to discuss initiation or adjustment of medical therapy; document the guidance and referral in chart note.
	<b>≥ 9 %</b> - Emphasize urgent nutrition modifications (e.g., lower glycemic meals and increased fiber) and instruct the patient to contact their PCP or endocrinologist within seven days for expedited evaluation and treatment planning.
Fasting Glucose	<b>100 - 125 mg/dL</b> - Provide comprehensive nutrition & lifestyle counseling (e.g., balanced carbohydrate distribution, weight management, and increased physical activity). Recommend confirmatory testing in three to six months and advise the patient to review the result with their PCP.
	<b>126 - 199 mg/dL</b> - Provide the same dietary counseling; direct the patient to schedule a visit with their PCP within 30 days for diagnostic confirmation and discussion of therapeutic options.
	<b>200 - 499 mg/dL</b> - Reinforce carbohydrate-management strategies and instruct the patient to seek PCP evaluation 7 seven days, or sooner if hyperglycemic symptoms develop.
TSH	<b>0.1 - 0.4 mIU/L or 4.0 - 10 mIU/L</b> - Provide comprehensive nutrition & lifestyle counseling (e.g., dietary iodine and selenium sources). Advise the patient to request a comprehensive thyroid evaluation from their PCP at the next available appointment. Document counseling and recommendation.
	<b>&lt; 0.1 mIU/L or &gt; 10 mIU/L</b> - Provide the same nutrition guidance and instruct the patient to book a PCP visit within 7 days for further assessment and possible endocrine referral. Record advice and patient acknowledgement in the chart note.

**Links to Full Clinical Reference Guides:** [Clinical Reference Guide - Heart Health \(Total Cholesterol, LDL-C\)](#); [Clinical Reference Guide - PreDM, T1DM, T2DM \(HbA1C, Fasting Glucose\)](#); [Clinical Reference Guide - Thyroid Disorders \(TSH\)](#)

All laboratory orders are signed by Nourish's lab ordering partner. Nourish Registered Dietitians only suggest panels and provide nutrition education based on results. Patients are recommended to review lab results with their primary care provider for formal interpretation and diagnosis.