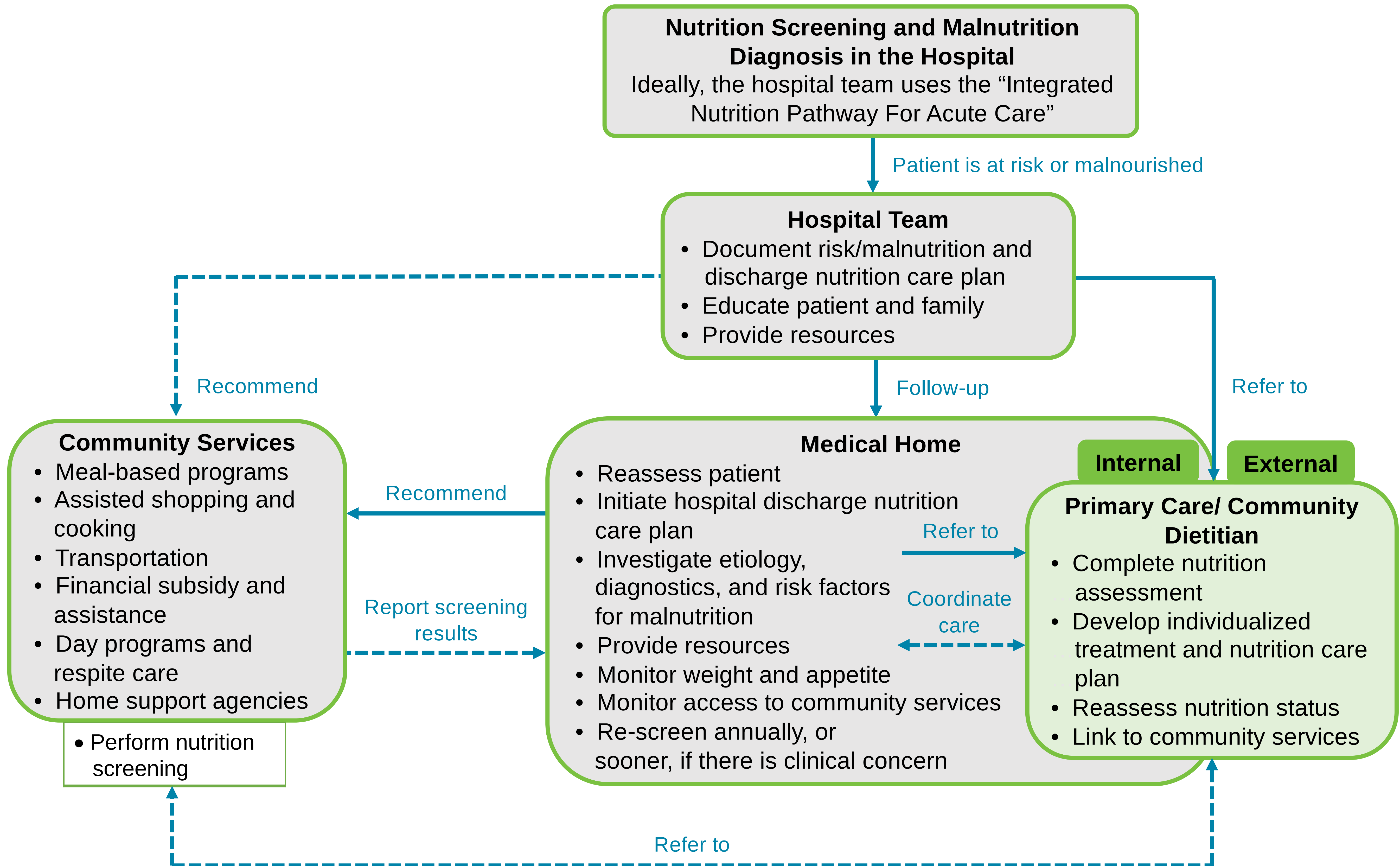
# Primary Care Nutrition Pathway for Hospital to Community Transitions

## A Guide for Providing Nutrition Care to At Risk and Malnourished Patients from Hospital to Community




**Footnotes**:

- A medical home refers to a team-based healthcare delivery model led by the patient's most responsible primary healthcare provider (e.g., MD, NP, RN, social worker, pharmacist, RD, OT, PT, SLP, mental health worker, etc.). RDs may be internal to the medical home or an external resource (i.e., private practice).
- Community services may also include: telehealth, system navigation, mental health resources, Veterans Affairs, and addiction services.
- Solid arrows indicate prioritized actions.
- Refer to the guidance document for more information.

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