

D-DN06: Support implementation of a prescribed therapeutic diet or meal plan (in-patient)

Scope and objectives of clinical task

This CTI will enable the Allied Health Assistant (AHA) to:

- support the client (hospital inpatient, resident in care facility) to select foods that meet the prescribed therapeutic diet or meal plan.
- using calculation support tool/s, tally the nutritional content of selected foods and compare to the prescribed therapeutic diet or meal plan.
- educate the client on the goal intake for each of the food groups using client education resources e.g. NEMO and food models.

VERSION CONTROL

Version: 1.0

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Acknowledgements:	Metro North Hospital and Health Service		

The CTI reflects best practice and agreed process for conduct of the task at the time of approval and should not be altered. Feedback, including proposed amendments to this published document, should be directed to AHPOQ at: allied_health_advisory@health.qld.gov.au.

This CTI should be used under a delegation framework implemented at the work unit level. The framework is available at: <https://www.health.qld.gov.au/ahwac>

Please check <https://www.health.qld.gov.au/ahwac/html/clintaskinstructions.asp> for the latest version of this CTI.

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Requisite training, knowledge, skills and experience

Training

- Completion of CTI D-WTS01 When to stop.
 - Mandatory training requirements relevant to Queensland Health/HHS clinical roles are assumed knowledge for this CTI.
 - Completion of the following Queensland Health allied health assistant training modules (or corresponding units of competency in HLT43015 Certificate IV in Allied Health Assistance) or equivalent work-based learning:
 - Nutrition & Dietetics Guide for Allied Health Assistants - Combined Learner Guide. Part 1 and 2.
- Access the module/s at: <https://www.health.qld.gov.au/ahwac/html/ahassist-modules>.

Clinical knowledge

The following content knowledge is required by an AHA delivering this task:

- the rationale for commonly prescribed therapeutic diet and meal plans relevant to the client cohort e.g. inpatient, resident, eating disorders, high energy/high protein diet, eating for health.
- an understanding of food and the relationship with culture, religion, allergies/intolerances, personal preference, access and supply.
- common food groups and their nutritional content such as energy, carbohydrates, protein and fat.
- the elements of a therapeutic diet and meal plan including nutritional content, frequency, timing, amount, food and/or fluid, acceptable adjustments.
- awareness of texture modified diets and thickened fluids including common food choice selection options available in the local setting.
- tools to support the calculation of nutrition content including food composition tables, menu plans, recipe analysis and computer software e.g. Food Works, local hospital food service database.
- local client resource education tools including NEMO handouts, food posters and models.

The knowledge requirements will be met by the following activities:

- completing the training program/s (listed above).
- reviewing the Learning resource section.
- receiving instruction from an allied health professional in the training phase.

Skills or experience

The following skills or experience are not identified in the task procedure but support the safe and effective performance of the task and are required by an AHA delivering this task:

- nil.

Safety and quality

Client

- The AHA will apply CTI D-WTS01 When to stop at all times.
- In addition, the following potential risks and precautions have been identified for this clinical task and should be monitored carefully by the AHA during the task:
 - The AHA can present information on more than one nutritional goal to the same client. If the AHA notes an apparent conflict between information in the prescribed education resources, cease the task and liaise with the delegating health professional. For any information that has already been presented advise the client that clarification for their personal goals and requirements will be provided by the delegating health professional.
 - The client may have both oral and enteral nutrition as part of a feeding management plan e.g. nasogastric tube, parenteral nutrition or percutaneous endoscopic gastrostomy (PEG). If the client has commenced receiving enteral feeding and this was not part of the delegation instruction, liaise with the delegating health professional prior to commencing the task.
 - Clients may be placed Nil by Mouth (NBM) at short notice. This may be due to tube feeding or prior to having a procedure e.g. investigation or surgery. Therapeutic meal planning should still be completed to support nutrition for when the client is able to recommence oral intake. Determine the length of time that the client will be NBM and if relevant complete the local ordering processes.
 - Clients may commence, or have changes made to, a texture modified diet or thickened fluids as part of the care plan. Confirm that the food or fluid modification requirement is accurate on the meal ordering system. Educate the client to the food item changes and inform the delegating health professional as part of feedback.
 - Clients may be unable to participate in food selection as they are absent for a procedure or investigation, or are non-rousable, unwell or in pain or are engaged by visitors or other members of the healthcare team. If possible complete the task at another time and if required implement local procedures for meal ordering i.e. default options.

Equipment, aids and appliances

- nil.

Environment

- Where possible the task should be performed in a quiet area with limited distractions e.g. curtains drawn or doors closed.

Performance of clinical task

1. Delegation instructions

- Receive the delegated task from the health professional.
- The delegating allied health professional or procedure should clearly identify parameters for delivering the clinical task to the client, including any variance from the usual task procedure and expected outcomes. This may include:
 - meal type and timing

- therapeutic diet or meal plan goal/s and nutritional requirements e.g. energy, carbohydrates, protein, fat
- allergies/intolerances, personal preferences, cultural or religious requirements and adaptations
- standard education resource/s to be used.

2. Preparation

- Client therapeutic diet or meal plan and the standard education resource/s for use.
- Nutrition calculation support tools e.g. food composition tables, menu plans, recipe analysis tools or databases.
- Access to computer software and/or calculator if required in the local service model.

3. Introduce task and seek consent

- The AHA introduces him/herself to the client.
- The AHA checks three forms of client identification: full name, date of birth, **plus one** of the following: hospital UR number, Medicare number, or address.
- The AHA describes the task to the client. For example:
 - “I have been asked to help you select your food choices.”
- The AHA seeks informed consent according to the Queensland Health Guide to Informed Decision-making in Health Care, 2nd edition (2017).

4. Positioning

- The client's position during the task should be:
 - at the bedside/in bed with an over bed table positioned in front of the client or seated at a table in a supportive chair.
- The AHA's position during the task should be:
 - in a position where the AHA is easily able to point to stimulus items and provide instructions.

5. Task procedure

- Explain and demonstrate (where applicable) the task to the client.
- Check the client has understood the task and provide an opportunity to ask questions.
- The task comprises the following steps:
 1. Confirm the prescribed therapeutic diet/meal plan including nutritional goals with the client.
 2. Have the client select food menu options.
 3. Tally the required nutritional intake for the selected food options and determine if nutritional goals are met. If goals are met continue to step 6. If goals are not met continue to step 4.
 4. Educate the client on possible alternative food choices including the rationale.
 5. Request the client review food options to meet the prescribed therapeutic diet or meal plan goals. Repeat step 3. See Safety and quality section.
 6. Complete local processes for submitting menu selections.

- During the task:
 - provide feedback and correct errors in the performance of the task including:
 - clients may repeatedly choose the same foods. This may be due to a poor understanding or limited knowledge of alternatives or fussy eating patterns including fear or preconceptions. To improve healthy eating behaviours selecting a wide variety of food groups is recommended¹. Clients should be encouraged to try different foods.
 - clients who choose food items that do not meet therapeutic goals should receive information on the recommended food choices. This may include discussing the nutritional content of each food choice as identified by the nutritional support tools and providing alternative appropriate food options. If the client continues to select inappropriate food choices provide encouragement and listen with empathy e.g. acknowledging the difficulty with creating new food habits. Provide re-education to support the therapeutic meal plan goals. If the client continues to select inappropriate food choices, cease the task.
 - When discussing a therapeutic meal plan and recommendations clients may become distressed, agitated and/or unco-operative. This may be due to feeling challenged by their diagnosis and/or the therapeutic meal plan, personal food preferences, cultural or religious requirements or food allergies/intolerances. Pause the task and listen to the client's concern. If the client advises of a new food allergy/intolerance, personal preference, cultural or religious requirement that impacts on food choices, complete the task removing the food items and inform the delegating health professional of specific nutritional goals that are not met. If the client continues to become distressed, agitated and/or unco-operative, cease the task and liaise with the delegating health professional.
 - monitor for adverse reactions and implement appropriate mitigation strategies as outlined in the 'Safety and quality' section above including CTI D-WTS01 When to stop.
- At the conclusion of the task:
 - encourage feedback from the client on the task.
 - provide summary feedback to client, emphasising positive aspects of performance and areas to work.
- ensure the client is comfortable and safe.

6. Document

- Document the outcomes of the task in the clinical record, consistent with relevant documentation standards and local procedures. Include observation of client performance, expected outcomes that were and were not achieved, and difficulties encountered or symptoms reported by the client during the task.
- For this task the following specific information should be presented:
 - the foods chosen
 - nutritional goals achieved including any calculated values requested in the delegation instruction
 - education resources/tools used to assist the client in making food choices.

¹ Australian Government. National Health and Medical Research Council. Department of Health and Ageing (2013). Eat for Health Australian Dietary Guidelines Summary.

7. Report to the delegating health professional

- Provide comprehensive feedback to the health professional who delegated the task.

References and supporting documents

- Queensland Health (2015). Clinical Task Instruction D-WTS01 When to stop.
<https://www.health.qld.gov.au/ahwac/html/clintaskinstructions.asp>
- Queensland Health (2017). Guide to Informed Decision-making in Health Care (2nd edition).
https://www.health.qld.gov.au/_data/assets/pdf_file/0019/143074/ic-guide.pdf

Assessment: performance criteria checklist

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Name:

Position:

Work Unit:

Performance Criteria	Knowledge acquired	Supervised task practice	Competency assessment
	Date and initials of supervising AHP	Date and initials of supervising AHP	Date and initials of supervising AHP
Demonstrates knowledge of fundamental concepts required to undertake the task.			
Obtains all required information from the delegating health professional, and seeks clarification if required, prior to accepting and proceeding with the delegated task.			
Completes preparation for the task including collecting the therapeutic meal plan and nutrition calculation support tools.			
Introduces self to the client and checks client identification.			
Describes the purpose of the delegated task and seeks informed consent.			
Positions self and client appropriately to complete the task and ensure safety.			
Delivers the task effectively and safely as per delegated instructions and CTI procedure. a) Clearly explains the task, checking the client's understanding. b) Presents the therapeutic diet or meal plan and food selection resource including food options to the client. c) Supports the client to select food options. d) Tally's the nutritional content of selected foods and compares to nutritional goals. e) If required provides education on food choices that meet the goals. f) Completes local meal ordering processes. g) During the task, maintains a safe clinical environment and manages risks appropriately. h) Provides feedback to the client on performance during and at completion of the task.			
Documents the outcomes of the task in the clinical record, consistent with relevant documentation standards and local procedures.			
Provides accurate and comprehensive feedback to the delegating health professional.			

Comments on the local service model e.g. workplace instructions and protocols included during the training phase:

Resources for use that the AHA has been trained and assessed as competent to deliver:

- NEMO resources. Queensland Government (2017): Nutrition Education Materials Online (NEMO) Available at: <https://www.health.qld.gov.au/nutrition>.

Carbohydrate	<input type="checkbox"/> Carbohydrate awareness <input type="checkbox"/> Carbohydrate counting
Energy	<input type="checkbox"/> High protein energy diet <input type="checkbox"/> High protein high energy diet in hospital
Fat	<input type="checkbox"/> Low fat diet <input type="checkbox"/> Dietary fats
Fibre	<input type="checkbox"/> Fibre <input type="checkbox"/> Low fibre diet <input type="checkbox"/> Modified fibre diet
Glycaemic Index	<input type="checkbox"/> Carbohydrates and Glycaemic Index
Phosphate	<input type="checkbox"/> Phosphate
Potassium	<input type="checkbox"/> Controlling potassium (K+)
Protein	<input type="checkbox"/> Kidney disease – getting the right amount of Protein <input type="checkbox"/> High protein high energy diet <input type="checkbox"/> High protein high energy diet in hospital
Sodium	<input type="checkbox"/> Low salt diet <input type="checkbox"/> Simple swaps to eat less sodium (salt) <input type="checkbox"/> Reducing salt intake with health failure

Additional resources (full reference including version and URL) such as:

- Energy
 - Australian Government: Department of Health (2015). Australian Dietary Guidelines. Guidelines 1, 2 & 3. Available at: <https://www.eatforhealth.gov.au/>.
 - Government of Western Australia. Centre for Clinical Interventions (2018). Metabolism and Eating Disorders. Available at: <https://www.cci.health.wa.gov.au/>.

Workplace instructions and protocols trained in as part of the service model

- _____
- _____
- _____

Comments:

Record of assessment competence:

Assessor name:	Assessor position:	Competence achieved: / /
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Scheduled review:

Review date: / /

Support implementation of a prescribed therapeutic diet or meal plan (in-patient): Learning resource

Required reading

- Australian Government. National Health and Medical Research Council. Department of Health and Ageing (2013). Eat for Health Australian Dietary Guidelines Summary. Guideline 2. Available at: <https://www.eatforhealth.gov.au/guidelines>.
- Dietitians Association of Australia. Available at: <https://daa.asn.au/>.
 - Understanding food allergies and intolerances
 - Understanding food intolerance and sensitivity
- Food standards Australia New Zealand (2019). Australian Food Composition Database available at: <http://www.foodstandards.gov.au/science/monitoringnutrients/afcd/Pages/default.aspx>.
- Queensland Government: Queensland Health (2017). Welcome to Nutritional Education Materials Online (NEMO). Available at: <https://www.health.qld.gov.au/nutrition>.
See list in the Performance Criteria Checklist above.
- Local services may also have access to additional resources including
 - Nutrition Manual published and purchased at Dietitians Association of Australia. Available at: <https://daa.asn.au/>.

The local service model will determine which nutritional calculations the AHA will be trained in. The following list is provided to support learning for calculations that may be required. Where additional calculations are required the local service will need to identify and locate the training tools.

Example additional nutrient specific required reading

- Energy intake
 - Nutrition Australia (n.d.). Balancing energy in and out. Available at: <http://www.nutritionaustralia.org/national/resource/balancing-energy-and-out>.
- Carbohydrates
 - Government of Western Australia. Centre for Clinical Interventions (2018). Available at: <https://www.cci.health.wa.gov.au/>.
 - Dietitians Association of Australia (2019). Available at: <https://daa.asn.au/>.
 - Carbohydrates - what you need to know.
- Fat:
 - Dietitians Association of Australia (2019). Available at: <https://daa.asn.au/>.
 - Fat: To cut or not to cut, that is the question.
- Fibre
 - Dietitians Association of Australia (2019). Available at: <https://daa.asn.au/>.
 - Dietary fibre: key for a happy, healthy gut.
- Protein:
 - Dietitians Association of Australia (2019). Available at: <https://daa.asn.au/>.
 - All about protein.

The local service may determine that additional knowledge for particular client groups is required to support the service model. The local service will need to identify and locate training resources that are relevant to the identified clinical area. Additional training and resources should be listed as part of the performance criteria checklist. The following examples are provided.

- Diabetes
 - Ehowhealth (2010). Diets for medical conditions: How to manage Type 2 Diabetes with health eating. Available at: <https://www.youtube.com/watch?v=14G55D6exAg>.
- Chronic Kidney disease
 - UCI Health (2016). Renal nutrition for kidney disease. Available at: <https://www.youtube.com/watch?v=MnB31gz2q9o>.
- Eating disorders
 - Government of Western Australia. Centre for Clinical Interventions (2018). Available at: <https://www.cci.health.wa.gov.au/>.
 - Regular Eating for Recovery
 - Dietary Guidelines during Recovery
 - KeltyMentalHealth (2012). Eating Disorders Meal Support: Chapter 2 – Meal Planning. Available at: <https://www.youtube.com/watch?v=Q0vjhmSbgjc>.