

# Clinical Task Instruction

## Delegated Task

### D-DN05: Provide education on risk management strategies for a client with, or at risk of, malnutrition

#### Scope and objectives of clinical task

This CTI will enable the Allied Health Assistant to:

- provide standard risk management information, education and resources to clients with, or at risk of, malnutrition using the Queensland Health Nutrition Education Materials Online (NEMO).
- provide client-specific information/education, as defined by the health professional in the delegation instruction or local protocol.

#### VERSION CONTROL

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Approved:	Chief Allied Health Officer, Allied Health Professions' Office of Qld.	Date:	24/06/2022
Document custodian:	Chief Allied Health Officer, Allied Health Professions' Office of Qld.	Review date:	24/06/2025

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](mailto:allied_health_advisory@health.qld.gov.au).

This CTI must be used under a Delegation framework implemented at the work unit level. The framework is available at: <https://www.health.qld.gov.au/ahwac/html/calderdale-framework.asp>

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/Hospital and Health Service (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 and Dietetics Guide for Allied Health Assistants. Part 1, section 2.1 – Principles of Nutrition pp 47-52.

Access the module/s at: <https://www.health.qld.gov.au/ahwac/html/ahassist-modules>

- Implementation of this CTI by some local services may include protocol-driven processes that support additional information collection about the client's malnutrition status such as local screening protocols or audit processes. Where this is the case, additional training is required e.g. workplace instructions, audit tools and CTIs that support the model.

## Clinical knowledge

- The following content knowledge is required by an AHA delivering this task:
  - the principles of nutrition for good health.
  - the rationale for providing nutritional education to clients with, or at risk of, malnutrition including common questions and responses, and indications to seek further management or advice e.g. allergies, cultural/religious requirements, intolerances and fads.
  - the range of NEMO education/information resources used to provide nutritional education with relevance to the local client cohort, client's health and healthcare needs.
  - relevant processes and protocols related to the local service delivery model e.g. workplace instructions, clinical reasoning flowcharts, intake criteria, audit tools and recording forms.
- The knowledge requirements will be met by the following activities:
  - complete the training program/s (listed above)
  - reviewing the Learning resource.
  - 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:
  - only clients with, or at risk of, malnutrition should be provided with education on risk management strategies. If the client does not have a documented malnutrition status, cease the task and implement local processes for malnutrition screening. If the client's malnutrition status does not match the delegation instruction, or meet the local protocol for delivery of this CTI, cease the task and liaise with the delegating health professional.
  - a dietitian will be contributing to a feeding management plan if a client is receiving enteral nutrition e.g. nasogastric tube, parenteral nutrition or percutaneous endoscopic gastrostomy (PEG). If the client is 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 on Nil by Mouth (NBM) orders at short notice. This may be due to tube feeding or prior to having a procedure e.g. investigation or surgery. Clients can still receive education whilst NBM although timing should be considered for effectiveness. If NBM orders were not part of the delegation instruction, liaise with the delegating health professional prior to commencing the task.
  - as part of providing education, determine if the client has any allergies, cultural or religious requirements, intolerances or food fad/ beliefs. If these do not match with the delegation instruction or conflict with information on the standardised education resource, cease the task and inform the delegating health professional e.g. allergies or intolerance to dairy.
  - when providing education, if the client demonstrates signs of poor cognition including short term memory loss, confusion, perceptual problems or poor attention, cease the task. If the client has a carer present, educate the carer. If there is no carer, cease the task and liaise with the delegating health professional.
  - clients who are from a non-English speaking background may benefit from the use of an interpreter. NEMO resources are also available in other languages. If not included as part of the delegation instruction, or the client appears to be having problems with understanding due to language, liaise with the delegating health professional.
  - clients requesting information beyond that available in the standard education resource and this CTI should be followed up by the delegating health professional e.g. the client indicates they have previously been advised to avoid flavoured milks due to diabetes. AHAs must not attempt to provide information that sits outside their scope of clinical knowledge and training. Offering information based on personal opinion or experience is not appropriate in a clinical setting.
  - if clients express concern about the information the AHA is providing, or indicate that they have heard something different, reassure the client that the information provided is the most up to date available, and has been developed by a state-wide dietetic network. The AHA should answer questions by referring to sections on the printed resource. If the client continues to indicate they believe the information is not correct, consult with the delegating health professional.

## Equipment, aids and appliances

- Nil

## Environment

- Ensure the environment is managed appropriately for effective communication e.g. minimising distractions, closing the door or curtain for privacy, having the client wear their reading glasses and/or hearing aids.

## Performance of clinical task

### 1. Delegation instructions

- Receive the delegated task from the health professional.  
Note: the delegation instruction for this task may be provided directly from a health professional or as part of a local work instruction or clinical protocol and may be provided concurrently with the instruction for CTI D-DN02 Malnutrition Screening Tool (MST) and/or CTI D-DN01 Height, Weight and Body Mass Index.
- The delegating allied health professional should clearly identify parameters for delivering the clinical task to the specific client, including any variance from the usual task procedure and expected outcomes. This may include:
  - malnutrition status if known e.g. malnourished or at risk of malnutrition.
  - additional objective measures e.g. Malnutrition Screening Tool (MST) score, Subjective Global Assessment (SGA) score, Body Mass Index (BMI).
  - current nutrition care plan e.g. current diet, meals and snacks, high protein meals, supplements, special diet codes, mealtime assistance required.
  - the client resource/handout or poster for use.
  - specific information to be adjusted, emphasised or discussed during the education session. Refer to the Learning resource.
  - factors impacting the delivery of information such as hearing or sight problems, English as a second language, neurological problems impacting communication or the need to provide education to the carer.

### 2. Preparation

- Collect or print the required client education resources.

### 3. Introduce task and seek consent

- The AHA introduces themselves to the client.
- The AHA checks three forms of client identification: full name, date of birth, **plus one** of the following: hospital unit record (UR) number, Medicare number, or address.
- The AHA describes the task to the client. For example:
  - “I have been asked to provide you with some information on (*name of resource requested*).”

- 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:
  - in a comfortable position to read printed resources (where relevant) and converse with the AHA. Ideally the client should be seated in a chair or sitting up in bed.
- The AHA's position during the task should be:
  - in a position to read the information resource and converse with the client. Ideally the AHA should be facing the client and at eye level. Positioning such that the client can clearly see the AHA is particularly important for clients with hearing or other communication problems.

## 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. Where possible, move to a quiet area or close curtains/door to limit distractions.
  2. Confirm the client's ability to participate in the education. See the 'Safety and quality' section.
  3. If required for the local service model, complete an audit checklist e.g. confirm clients understanding of malnutrition screening occurring and education provided (see the Learning resource). If not required for the local service model, continue to step 4.
  4. Provide the information/education resource to the client.
  5. Present the information/education e.g. a summary of the resource including any variants to the standard information requested by the delegating health professional or local service protocol.
  6. Discuss any particular strategies on the information brochure that have been highlighted by the delegating health professional.
- During the task:
  - check that the client understands the information provided by asking if they have any questions and by gauging whether the client appears confused or concerned about the information.
  - note any questions that the client has that are not covered by the printed resource or by the AHA's training and indicate to the client that these questions will be provided to the relevant health professional for follow-up.
  - 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:
  - ask the client if they have understood and/or have any further questions.
  - 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:
  - outcome of any required local audit processes e.g. score.
  - topic of the education/information or title of the written resource provided.
  - protocols or processes implemented for ongoing management.

## 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. Available at: <https://www.health.qld.gov.au/ahwac/html/clintaskinstructions.asp>
- Queensland Health (2017). Guide to Informed Decision-making in Health Care (2<sup>nd</sup> edition). Available at: [https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0019/143074/ic-guide.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0019/143074/ic-guide.pdf)
- Queensland Health (2017). Nutrition Education Materials Online. <http://www.health.qld.gov.au/nutrition/default.asp>

# Assessment: performance criteria checklist

## D-DN05: Provide education on risk management strategies for a client with, or at risk of, malnutrition

**Name:**

**Position:**

**Work Unit:**

Performance criteria	Knowledge acquired	Supervised task practice	Competency assessment
	<i>Date and initials of supervising AHP</i>	<i>Date and initials of supervising AHP</i>	<i>Date and initials of supervising AHP</i>
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 gathering equipment and relevant NEMO resource/s.			
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.			
<p>Delivers the task effectively and safely as per delegated instructions and CTI procedure.</p> <ul style="list-style-type: none"> <li>a) Clearly explains the task, checking the client's understanding.</li> <li>b) Where possible, moves to a quiet area or closes curtains/door to limit distractions.</li> <li>c) Confirms the client's ability to participate in the education.</li> <li>d) If required by the local service, completes audit checklists.</li> <li>e) Provides the information/education resource to the client.</li> <li>f) Presents information/education resource including any variants to the standard information requested by the delegating health practitioner or local service protocol.</li> <li>g) Discusses any particular strategies on the information brochure that have been highlighted by the delegating health professional.</li> <li>h) During the task, maintains a safe clinical environment and manages risks appropriately.</li> <li>i) Provides feedback to the client on performance during and at completion of the task.</li> </ul>			

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. CTIs, 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 nutritional support resources located at: [https://www.health.qld.gov.au/nutrition/nemo\\_nutrsup](https://www.health.qld.gov.au/nutrition/nemo_nutrsup)

- ☐ High Protein/High Energy Diet
- ☐ High Protein/High Energy Drink
- ☐ High Protein/High Energy Recipes
- ☐ Loss of Appetite
- ☐ High Protein/High Energy Diet in Hospital
- ☐ Quick Tips for HPHE diet
- ☐ You are at risk of malnutrition, or malnourished

Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If additional resources are not located on NEMO, cite location for each resource.

#### Comments:

#### Record of assessment competence:

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

Review date:	/ /	
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# Provide education on risk management strategies for a client with, or at risk of, malnutrition: Learning resource

## Required reading

- NEMO client education resources for the local service delivery model, including orientation to their location. These should be recorded in the Performance Criteria Checklist.
- Queensland Government: Queensland Health (2017). Welcome to Nutritional Education Materials Online (NEMO). Available at: <https://www.health.qld.gov.au/nutrition>
- Schultz U, Nothwehr F, Hanson J, Chrisman M, Haines H (2012). A nutrition information needs survey among older adults: application of adult learning principles. *Quality in Ageing and Older Adults*, 13(2): 145-153. Available at: <https://doi.org/10.1108/14717791211231229>

## Example of local audit tool

- The SIMPLE approach. Peer audit tool. Available at: [https://tpch.qld.libguides.com/ld.php?content\\_id=44048779](https://tpch.qld.libguides.com/ld.php?content_id=44048779)

## Example adult learning questions when providing education on malnutrition

- Have you seen this before (show the client the education sheet)?
- Can I ask you some questions about malnutrition?
- Do you remember anybody speaking with you about malnutrition? What can you remember?
- Has anybody told you that you are at risk of malnutrition or malnourished?
- Do you think you are at risk of malnutrition or malnourished?
- Do you remember what foods are high in protein?
- Have you been receiving additional snacks or supplements? Do you know why?
- Do you know your nutrition plan whilst staying in hospital?
- Do you know if you have a plan in place for when you go home from hospital?
- Do you think it is important for you to follow a plan to manage malnutrition risk either in hospital or when you go home?
- How will you get further information about an ongoing nutritional plan (GP, private dietitian, public dietitian if available, written information, website, other)?

Note: not all questions will be relevant for every client. Questions are provided to support education principles and are examples only and should not be used as a script.

