

Clinical Task Instruction

Delegated Task

D-DN07: Provide education on dietary fluid management

Scope and objectives of clinical task

This Clinical Task Instruction (CTI) will enable the Allied Health Assistant to:

- recognise and monitor for signs of dietary fluid management problems within prescribed parameters
- provide education on fluid intake including fluid restrictions, measurements and self-monitoring.

VERSION CONTROL

Version: 1.2

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Document custodian: Chief Allied Health Officer, Queensland Health

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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 the Office of the Chief Allied Health Officer (OCAHO) 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/html/ahassist>

Prior to use please check <https://www.health.qld.gov.au/ahwac/html/clintaskinstructions> 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 clinical roles are assumed knowledge for this CTI.
- Services may implement this CTI through protocol-driven delegation processes. The protocol may include additional information to be collected about the client's fluid management status such as CTI D-DN01 Height, Weight and Body Mass Index, D-DN02: Malnutrition Screening Tool and/or D-DN04: Administer the Subjective Global Assessment. If this is the case, additional training is required in the workplace instructions, audit tools and CTIs that support the model.

Clinical knowledge

- The following content knowledge is required by an allied health assistant delivering this task:
 - the common conditions and risk factors for developing fluid overload
 - the common signs, symptoms and monitoring parameters for fluid overload as relevant to the client population e.g. ankle oedema, shortness of breath, excessive/reduced urine output, wet weight versus dry weight
 - the basic rationale, principles and elements of a dietary fluid management plan including tools to support this e.g. food and fluid consumption recall chart, fluid balance chart, prescribed fluid intake parameters
 - the purpose, aims and local client resources for dietary fluid management education including models, props, posters and handouts.
- The knowledge requirements will be met by the following activities:
 - complete the training program/s (listed above)
 - reviewing the Learning resource and required reading
 - 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 allied health assistant delivering this task:
 - competence or ability to obtain competence in identifying pitting oedema of the ankles.

Safety and quality

Client

- The allied health assistant 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 allied health assistant during the task:
 - if the client is on a fluid balance chart and this was not part of the delegation instruction, liaise with the delegating health professional.
 - it is not uncommon for clients on fluid restrictions to excessively reduce their fluid intake, resulting in dehydration. Dehydration signs and symptoms are similar to those experienced on a

fluid restriction. In the absence of a fluid weight gain, signs of dehydration include reports of a dry mouth and/or lips, dark concentrated urine, headaches and reports or observation of minimal fluid intake. If dehydration signs are present, provide fluid management education reinforcing parameters (minimum and maximum) and note observations as part of feedback to the delegating health professional.

- clients in hospital may be on intravenous (IV) fluids or enteral feeds, and these will impact on total fluid intake. If the client has commenced on IV fluids or enteral feeds and this was not part of the delegation instruction, cease the task and inform the delegating health professional.
- clients may have additional nutritional restrictions or requirements that need be adhered to as part of providing fluid management education. These include prescribed oral nutrition supplement drinks or dietary restrictions including low salt or low potassium diets, food allergies or intolerances, religious and/or cultural beliefs. This information, including required adjustments to standard education should be included in the delegation instruction. If nutritional restrictions or requirements are unclear, or the client is placed on or advises of a new restriction, cease the task and liaise with the delegating health professional.
- if, when providing education, 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 and it is appropriate and the carer provides consent, then provide the education to 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. If NEMO resources are being used these are 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.

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 if protocol initiated, delegation should occur according to the protocol criteria e.g. eligibility checklist for task variance.
- 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:
 - reason for education e.g. diagnosis and/or nutrition status
 - any nutritional management restrictions or requirements e.g. use of oral nutrition supplement drinks, low sodium, no added sodium or low potassium diet

- the client's fluid restriction amount, including implications of IV fluids and/or enteral feeding if relevant
- if the client is on a fluid balance chart
- if any relevant fluid-related signs or symptoms to monitor and report (e.g. oedema, rapid weight changes, dehydration symptoms)
- the client resource and/or handout for use and any specific information to be adjusted, emphasised or discussed during the education session
- factors impacting the delivery of information such as hearing or sight problems, English as a second language or neurological problems impacting communication.

2. Preparation

- Collect or print the required client education resources including models, handouts and demonstration items e.g. jug and/or measuring cups, fluid composition table (ready reckoner).

3. Introduce task and seek consent

- The allied health assistant introduces themselves to the client.
- The allied health assistant 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 allied health assistant describes the task to the client. For example:
 - I've been asked (by the dietitian) to provide you with some information on managing your fluid intake.
- The allied health assistant seeks informed consent according to the Queensland Health Guide to Informed Decision-making in Health Care, Version 2.6 (2025).

4. Positioning

- The client's position during the task should be:
 - in a comfortable position to see demonstrations or read printed resources (where relevant) and converse with the allied health assistant. Ideally the client should be seated in a chair or sitting up in bed.
- The allied health assistant's position during the task should be:
 - facing the client and at eye level, ideally in a position where the allied health assistant is easily able to converse with the client, 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 client's suitability for dietary fluid management education. See the Safety and quality section.
 2. If required by the local service model weigh the client using the local workplace instructions.
 3. Complete a food and fluid consumption recall chart for the preceding 24 hours. See Safety and quality and Learning resource sections.
 4. Calculate the total amount of fluid consumed and compare this to the client's prescribed dietary fluid management plan and fluid balance chart, if relevant.

5. Confirm the client's understanding of their prescribed fluid restriction including their fluid management plan and how it is measured.
 6. Using information from the diet and fluid history, provide education on fluid management using the standard resource/s e.g. NEMO handout and measuring jug.
 7. Discuss the strategies on the education resource that support the client to adhere to their fluid restriction e.g. use of climate control environment, ice chips, a food and fluid consumption recall chart, using smaller drink cups or use of measuring cups in food preparation.
- During the task:
 - provide feedback and correct errors in the performance of the task including:
 - during the 24-hour fluid recall, clients may report consuming fluids that are not recorded on the fluid balance chart. Document any discrepancies, including estimated amounts, and provide this information as feedback to the delegating health professional.
 - note and report any relevant symptoms or observations identified during the task, including changes in weight, pitting oedema, signs of fluid overload, or signs of dehydration.
 - clients may over or under-estimate their amount of fluid consumption, making adherence difficult. Reinforce standard measurements with the client as part of providing education e.g. one standard cup = 250mL. If the client is having difficulty with fluid recall or calculating their daily intake, educate the client in the use of a food and fluid consumption recall chart for self-monitoring, including the use of measuring cups and spoons.
 - when providing education, reinforce information on minimum and maximum fluid intake amounts and provide positive reinforcement for adherence.
 - clients may experience or report thirst when on a fluid restriction. This may be influenced by environmental factors (hot, dry weather), medications, oral dryness or health conditions such as diabetes. As part of the education reinforce the strategies from the client resource e.g. sucking on ice chips/cubes, chewing gum and oral hygiene.
 - if the client expresses a concern about the information the allied health assistant is providing, or indicates that they have received conflicting advice, reassure the client that the information provided is based on the approved resource provided by the health service. If the client continues to indicate that they believe the information to not be correct, cease the task and inform the client you will liaise and clarify with the delegating health professional.
 - confirm the client understands the information provided by asking whether they have any questions and observing for signs of confusion or concern. Record any questions not covered by the available resources or the allied health assistant's training and refer them to the appropriate health professional for follow-up. Allied health assistants must work within their scope of practice and must not provide information based on personal opinion or experience.
 - 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 on
 - 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 fluid restriction the client has been prescribed
 - fluid intake on 24-hour recall, and if in a hospital setting, the amount documented on the fluid balance chart
 - differences between fluid restriction parameters and fluid intake (below/ adhering/ above)
 - reported symptoms or observations e.g. dry mouth, pitting oedema
 - education provided and strategies implemented to support care e.g. food and fluid consumption recall chart, client handout/resource provided
 - any further planned review of the client to reinforce information from the session e.g. self-monitoring or follow up appointments.

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>.
- Queensland Health (2025). Guide to Informed Decision-making in Health Care. Version 2.6. Available at: <https://www.health.qld.gov.au/consent/clinician-resources/guide-to-informed-decision-making-in-healthcare>.
- Tapsell L (Ed) (2006). Evidence based practice guidelines for the nutritional management of chronic kidney disease. Nutrition & Dietetics 63 (Suppl 2.) Blackwell publishing. DOI: 10.1111/j.1747-0080.2006.00100.x

Assessment: performance criteria checklist

D-DN07: Dietary fluid management screening and education

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 collecting the required client education resources including models, handouts and demonstration items e.g. jug and/or measuring cups with fluid.			
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) Confirms the client's suitability for dietary fluid management education. c) Completes a basic food and fluid consumption recall chart for the preceding 24 hours. d) Calculates the total amount of fluid consumed and compares this to the client's prescribed dietary fluid management plan. e) Confirms the client's understanding of their prescribed fluid restriction. f) Uses information from the diet and fluid history to provide education on fluid management using the standard resource/s. g) Discusses any particular strategies on the education resource that supports the client to adhere to their fluid restriction. h) During the task, maintains a safe clinical environment and manages risks appropriately. i) 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 allied health assistant has been trained and assessed as competent to deliver:				
NEMO resources. Queensland Government (2025): Nutrition Education Materials Online (NEMO) Available at: https://www.health.qld.gov.au/nutrition/patients				
Kidney Health	☐ Controlling fluid intake			
Kidney Health	☐ Simple swaps to eat less sodium (salt)			
If additional resources are included record the name and location (e.g. website) for each resource: ☐ _____ ☐ _____ ☐ _____				
Comments:				
Record of assessment competence:				
Assessor name:		Assessor position:		Competence achieved: / /

Scheduled review:		
Review date:	/ /	

Dietary fluid management screening and education: Learning resource

Required reading

- State Government Victoria (2017). Fluid retention (oedema). Available at: <https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/Fluid-retention-oedema>.
- Imperial College Healthcare NHS Trust (2025). Introduction to Managing Fluids. Available at: <https://www.youtube.com/watch?v=5lpglXZmaBA>
- 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.
- Orientation to local recording templates for IV fluid prescription and fluid balance chart.

Required viewing

- Nutrition student (2015). 24-hour diet recall. Available at: https://www.youtube.com/watch?v=YtGCldd_lzl.

Optional reading

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

Chronic Kidney Disease

For clients with chronic kidney disease evidence indicates that oedema-free (dry) actual body weight and BMI ranges representative of the stage of the disease reflect optimal nutritional status. Additionally, clients should have their dry weight and BMI monitored monthly, with a review of nutrition every 6 months if there is no evidence of malnutrition and more frequently if they are malnourished (Tapsell, 2006).

- Kidney Health Australia (2019). Available at: <https://kidney.org.au/>.
 - Diet & nutrition
 - Prevent (topics include what do your kidneys do, keeping your kidneys healthy, risk factors).
- National Institute of Diabetes and Digestive and Kidney Diseases (n.d.) Eating & Nutrition for Hemodialysis. Available at: <https://www.niddk.nih.gov/health-information/kidney-disease/kidney-failure/hemodialysis/eating-nutrition>.
- State Government of Victoria, Australia (2018). Better Health Channel: Kidney disease. Available at: <https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/kidney-disease>.

Heart Failure

- Heart Foundation (n.d.) Available at: <https://www.heartonline.org.au/>

A variety of resources are available including pathophysiology, psychosocial issues, behaviour change, educational videos and patient information booklets and resources. The local service should determine which resources are required and record these in the performance criteria checklist.

Liver failure

- State Government of Victoria, Australia (2018). Better Health Channel: Liver. Available at: <https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/liver>.
- State Government of Victoria, Australia (2018). Better Health Channel: Cirrhosis of the liver. Available at: <https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/cirrhosis-of-the-liver>.

Guide to completing a food and fluid consumption recall chart

- Ask the client to describe a usual day's intake for a 24-hour period. This includes main meals (breakfast, lunch, dinner), snacks between meals, any supplements or incidental food or fluid items (for example during social activities, during travelling, during physical activity or overnight).
- Fluid includes glasses of water, cups of tea or coffee and foods that contain fluids e.g. cereal with milk, soups or desserts.
- Items that are often not identified that contain fluid and that may require a prompt for recall include custard, ice cream, yoghurt, cream, jelly, gravy, sauces, cooked porridge, pasta and rice and if the client sips fluid with medications. These may be included as a local checklist or on the recording form.
- The client should be asked to quantify the amount for each fluid consumed. Where possible, ask the client to describe the size of the cup, glass, mug or bottle used to assist with estimating volumes. If the client has difficulty with recall, prompt the client by using measuring cups and standard quantity tables to show volumes. For a more accurate assessment ask the client to complete a fluid diary in which they measure out their fluid intake for 2-3 days.
- Clients residing in the community may find it easier to think about their daily routine as part of the fluid recall process. For example, prompt the client to consider "what do you usually eat or drink, from when you first wake up in the morning until you go to bed at night". Then prompt the client to consider each part of the day in turn e.g. breakfast, mid-morning, lunch/middle of the day, etc. Clients in hospital may be prompted by asking about their most recent intake and working backwards.
- If exact volumes cannot be recalled, record the client's best estimate and note that the volume is estimated.
- Ask specifically about alcoholic beverages, as these are often omitted during recall.

For Queensland Health only:

- An example template for recording recalled information is available at: https://www.health.qld.gov.au/_data/assets/pdf_file/0019/151921/hphe_foodrecord.pdf.