

# Clinical Task Instruction

## Delegated Task

# 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 to:

### VERSION CONTROL

Version:	1.2		
Reviewed: (Profession)	Directors of Nutrition and Dietetics	Date:	04/03/2026
Approved: (Operational)	Chief Allied Health Officer, Queensland Health	Date:	18/03/2026
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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 the Office of the Chief Allied Health Officer (OCAHO) at: [allied\\_health\\_advisory@health.qld.gov.au](mailto: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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- support the client (hospital inpatient, resident in care facility) to select foods that meet the prescribed therapeutic diet or meal plan
- use 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.

## 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.
- Completion of the National Allergy Strategy (2020). This is free of charge for Queensland Health staff.
  - All about allergens for hospitals: ward support staff.Access the module at: <https://foodallergytraining.org.au/>

### Clinical knowledge

- The following content knowledge is required by an allied health assistant delivering this task:
  - the rationale for commonly prescribed therapeutic diet and meal plans relevant to the client cohort e.g. high energy/high protein diet, texture modified diets and thickened fluids, low fibre diet, low salt diet, low fat diet
  - 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 the different diet codes used in the local setting
  - awareness of texture modified diets and thickened fluids including common food choice 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 patient meal management systems and databases
  - 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.
  - 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:
  - Nil.

## 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:
  - the allied health assistant may present information on more than one nutritional goal to the same client. If the allied health assistant 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 and/or parenteral nutrition as part of a feeding management plan e.g. via nasogastric tube or gastrostomy tube (percutaneous endoscopic gastrostomy (PEG) tube or parenteral nutrition (PN). If the client has commenced receiving enteral or parenteral nutrition 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 whilst awaiting swallow assessment or fasting prior to having a procedure e.g. investigation or surgery. If NBM and/or tube feeding was not included as part of the delegation instruction, confirm with the delegating health professional if 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, are non-rousable, unwell, 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

- 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.
- 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:
  - 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

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

## 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 have been asked to help you select your food choices.
  - I have been asked to provide you with some information on (name of resource requested).
- 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:
  - 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 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 ability to participate in the session. See the Safety and quality section.
  2. Confirm the prescribed therapeutic diet/meal plan including nutritional goals with the client.
  3. Have the client select food menu options utilising standard education resources found in the Learning resource to assist.
  4. Tally the required nutritional intake for the selected food options and determine if nutritional goals are met. If goals are met continue to step 7. If goals are not met continue to step 5.
  5. Educate the client on possible alternative food choices including the rationale.
  6. Request the client review food options to meet the prescribed therapeutic diet or meal plan goals. Repeat step 3. See Safety and quality section.
  7. 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 an inadequate understanding or limited knowledge of alternatives, strong preferences or habits, fear or preconceptions. To improve healthy eating behaviours selecting a wide variety of food groups is recommended (Australian Government, 2013). 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.
  - 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 or local meal management system, 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.

## 7. Report to the delegating health professional

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

## References and supporting documents

- Australian Government. National Health and Medical Research Council. Department of Health and Ageing (2013). Eat for Health Australian Dietary Guidelines Summary. Available at: <https://www.eatforhealth.gov.au/guidelines>
- 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>.

# Assessment: performance criteria checklist

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

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 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. <ul style="list-style-type: none"> <li>a) Clearly explains the task, checking the client's understanding.</li> <li>b) Presents the therapeutic diet or meal plan and food selection resource including food options to the client.</li> <li>c) Supports the client to select food options.</li> <li>d) Tallies the nutritional content of selected foods and compares to nutritional goals.</li> <li>e) If required, provides education on food choices that meet the goals.</li> <li>f) During the task, maintains a safe clinical environment and manages risks appropriately.</li> <li>g) 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. 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: <ul style="list-style-type: none"> <li>NEMO resources. Queensland Government (2017): Nutrition Education Materials Online (NEMO) Available at: <a href="https://www.health.qld.gov.au/nutrition">https://www.health.qld.gov.au/nutrition</a></li> </ul>	
Carbohydrate	<input type="checkbox"/> Carbohydrates and Glycaemic Index
Energy and Protein	<input type="checkbox"/> High protein energy diet <input type="checkbox"/> High protein high energy diet in hospital <input type="checkbox"/> Heart friendly high protein and high energy (HPHE) diet <input type="checkbox"/> High protein/high energy eating and diabetes
Fat	<input type="checkbox"/> Low fat diet
Fibre	<input type="checkbox"/> Increasing dietary fibre <input type="checkbox"/> Low fibre diet
Phosphate	<input type="checkbox"/> Phosphate
Potassium	<input type="checkbox"/> Healthy eating when you have high potassium levels
Sodium	<input type="checkbox"/> Simple swaps to eat less sodium (salt) <input type="checkbox"/> Reducing salt for kidney health
Texture Modification	<input type="checkbox"/> Soft and Bite Sized Diet (IDDSI Level 6) <input type="checkbox"/> Minced and Moist Diet (IDDSI Level 5) <input type="checkbox"/> Puree (IDDSI Level 4) <input type="checkbox"/> Thickened Fluids
Additional resources (full reference including version and URL) such as: _____ _____ _____	
Workplace instructions and protocols trained in as part of the service model	
<input type="checkbox"/> _____	
<input type="checkbox"/> _____	
<input type="checkbox"/> _____	

<b>Comments:</b>					
<b>Record of assessment competence:</b>					
Assessor name:		Assessor position:		Competence achieved:	/ /
<b>Scheduled review:</b>					
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>.
- Food standards Australia New Zealand (2022). 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.
- Queensland Government. Statewide Food Services (2025). Statewide therapeutic diet manual. Available at: <https://qhps.health.qld.gov.au/statewidefoodservice/html/resources>
- Queensland Government. Statewide Food Services (2022). Queensland Health Nutrition Standards for Meals and Menus. Available at: [https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0030/156288/qh-nutrition-standards.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0030/156288/qh-nutrition-standards.pdf)

The local service model will determine which nutritional calculations the allied health assistant 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 (2021). Balancing energy in and out. Available at: <https://nutritionaustralia.org/app/uploads/2022/03/Balancing-energy-in-and-energy-out.pdf>

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>.