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| **KEY:** Green: Auto populates (where possible) Dark Blue: SNOMED codes  Light Blue: Free Text, Values and Yes/No options Red: Comments to aid input of appropriate free text | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **CORE DATA** | | | | | | | | | | | | | | | |
| **NHS number** | **AUTO POPULATES FROM CORE RECORD** | | | | | | **Date of Birth** | | | | **AUTO POPULATES FROM CORE RECORD** | | | | |
| **Name** | **AUTO POPULATES FROM CORE RECORD The addition of Preferred Name is helpful** | | | | | | | | | | | | | | |
| **Alerts** | | | | | | | | **AUTO POPULATES FROM CORE RECORD** e.g Allergies / Safeguarding Concerns | | | | | | | |
| **APPOINTMENT DATA** | | | | | | | | | | | | | | | |
| **Date (dd/mm/yyyy)** | | **Time (hh:mm)** | | | | | **Appointment number** | | | | | | **New/Review** | | |
| **AUTO POPULATES FROM APPOINTMENT DATA** | | **AUTO POPULATES FROM APPOINTMENT DATA** | | | | | **AUTO POPULATES FROM APPOINTMENT DATA** | | | | | | **AUTO POPULATES FROM APPOINTMENT DATA** | | |
| **REASON FOR REFERRAL** | | | | | | | **Auto populates from referral entry** | | | | | | | | |
| **Date of referral** | | | | | | | **Auto populates from referral data** | | | | | | | | |
| **Dietetic Speciality** | | | | | **Drop down list** | | **Band** | | | | | **Drop down list** | | | |
| **Location** | | | | | **Ward / OP clinic / other** | | **Consultation type** | | | | | **Face to face/ phone/ video/ email** | | | |
| **Current Date and Time** | | | | | **Auto populates** | | **Consent given** | | | | | **Yes verbal or written / Implied Consent / Best interests decision** | | | |
| **ASSESSMENT** | | | | | | | | | | | | | | | |
| **Anthropometrics** | | | | | | | | | | | | | | | |
| **Weight (kg)** | **VALUE**  **Auto populates from core record** | | | | **Height (m)**  **ADULT** | | **VALUE**  **Auto populates from core record** | | | | **BMI (kg/m2)** | | | | **VALUE**  **Calculated from weight and height** |
| **Weight centile (kg)**  **PAEDS** | **VALUE** | | | | **Height/length (cm)**  **PAEDS** | | **VALUE**  **Auto populates from core record** | | | | **Height centile (cm)**  **PAEDS** | | | | **VALUE** |
| **MUAC (cm)** | **VALUE** | | | | **Skinfold thickness (mm)** | | **VALUE** | | | | **MUAMC (cm)** | | | | **VALUE**  **Calculated from MUAC and TSF** |
| **FREE TEXT**  Include interpretation of anthropometry and summary of weight history where relevant | | | | | | | | | | | | | | | |
| **Biochemistry** | | | | | | | | | | | | | | | |
| **Biochemistry/Investigations** | | | | | | | **Auto populates relevant data from core record** | | | | | | | | |
| **Interpretation** | | | | | | | | | | | | | | | |
| **FREE TEXT**  Recommend do not rewrite or cut and paste blood results but focus on your interpretation of the relevant results | | | | | | | | | | | | | | | |
| **Clinical** | | | | | | | | | | | | | | | |
| **Past medical history** | | | | **Auto populates from core record** | | | | | | | | | | | |
| **Diagnoses** | | | **Auto populates from core record** | | | | **Medications** | | | | | **Auto populates from core record** | | | |
| **Summary of pertinent medical problems and medications** | | | | | | | | | | | | | | | |
| **FREE TEXT**  Recommend do not rewrite or cut and paste from medical notes; but focus on the key relevant points e.g. symptoms, medical/surgical investigations or treatment, disease progression or prognosis, and medications pertinent to the current nutritional concerns. | | | | | | | | | | | | | | | |
| **Dietary** | | | | | | | | | | | | | | | |
| **Food Allergies/Food Preferences/ Therapeutic Diet** | | | | | | | | | **Auto populates from core record** | | | | | | |
| **Dietary intake** | | | | | | | | | | | | | | | |
| **FREE TEXT**  Include relevant information e.g. recent dietary changes / eating behaviours / typical day / intake from enteral/parenteral feed / ONS | | | | | | | | | | | | | | | |
| **KEY:** Green: Auto populates (where possible) Dark Blue: SNOMED codes  Light Blue: Free Text, Values and Yes/No options Red: Comments to aid input of appropriate free text | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Nutritional Requirements** | | | | | | | | | | | | | | | |
|  | | | | | **Energy (kcal/d)** | | | | | **Protein (g/d)** | | | | **Other nutrients (as required)** | |
| **Estimated Requirements** | | | | | **VALUE** | | | | | **VALUE** | | | | **VALUE** | |
| **Estimated Intake** | | | | | **VALUE** | | | | | **VALUE** | | | | **VALUE** | |
| **Intake minus Requirements** | | | | | **Calculated from values above** | | | | | **Calculated from values above** | | | | **Calculated from values above** | |
| **FREE TEXT**  Add your interpretation of nutritional adequacy considering both estimated requirements and intake | | | | | | | | | | | | | | | |
| **Environmental** | | | | | | | | | | | | | | | |
| **FREE TEXT**  Add your summary of relevant factors including behavioural, knowledge, psychological and social, new safeguarding concerns | | | | | | | | | | | | | | | |
| **Person Centred Goals / Expectations and Priorities** | | | | | | | | | | | | | | | |
| **FREE TEXT**  Consider person centred goals, priorities, readiness to change, ideas, concerns and expectations | | | | | | | | | | | | | | | |
| **Functional** | | | | | | | | | | | | | | | |
| **Handgrip strength** | | | | **VALUE** | |  | | | | | | | | | |
| **FREE TEXT** Consider relevant factors e.g. ADL, clinical frailty, muscle wasting, sit to stand, steps per day | | | | | | | | | | | | | | | |

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| **NUTRITION AND DIETETIC DIAGNOSIS (NDD)** | | |
| **Summary of Assessment** | | |
| **FREE TEXT**  Summarise your assessment findings together with your clinical reasoning and priorities. PASS statements provide a useful summary.  PASS statement: Nutrition related PROBLEM related to AETIOLOGY as evidenced by SIGNS AND SYMPTOMS  If more than one PASS statement, include all NDDs together with their priority. | | |
| **Nutrition related Problem 1** | **Aetiology (root cause)** | **Signs & Symptoms** |
| **SNOMED SUBSET: NUTRITION RELATED PROBLEM** | **Free Text** | **Free Text** |
| **Nutrition related Problem 2** | **Aetiology (root cause)** | **Signs & Symptoms** |
| **SNOMED SUBSET: NUTRITION RELATED PROBLEM** | **Free Text** | **Free Text** |

**NOTE: Add further PASS statements as required**

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| **STRATEGY** | | |
| **Proposed Outcome of Dietetic Intervention** | | **DROP DOWN LIST: PROPOSED OUTCOME** |
| **Dietetic goals** | **FREE TEXT** Agree SMART goals which relate directly to the desired outcome.  Focus on how progress is measured, choose indicators | |
| **Indicator 1** | **SNOMED SUBSET: INDICATOR** | **FREE TEXT OR VALUE** |
| **Indicator 2** | **SNOMED SUBSET: INDICATOR** | **FREE TEXT OR VALUE** |
| **Proposed Actions** | | |
| **FREE TEXT** Plan actions to meet goals (and progress towards proposed outcome) | | |

**NOTE: Add further Indicators as required**

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| --- | --- |
| **IMPLEMENTATION** | |
| **DIETETIC INTERVENTION 1** | **SNOMED SUBSET: INTERVENTION** |
| **DIETETIC INTERVENTION 2** | **SNOMED SUBSET: INTERVENTION** |
| **MEDICATION CHANGES** | **FREE TEXT** Nutrition related medications started / changed /stopped OR changes advised |
| **FREE TEXT** Summary of actions taken, communication and co-ordination to deliver each intervention | |
| **NOTE: add further Interventions as required** | |
| **MONITOR AND REVIEW** | |
| **Is a review required?** | **Drop down list** e.g. Yes / No / review declined |
| **Timeframe** | **Drop down list** e.g. 1 week/1 month/6 months |
| **Location** | **Drop down list** e.g. ward numbers/OP clinics |
| **Type** | **Drop down list** e.g. face to face/telephone/online consultation |
| **Review to be undertaken by** | **Free text** indicate the most appropriate member of the dietetic workforce |
| **Transfer of care to** | **Drop down list** e.g.community trust/acute trust |
| **If no plans to review, complete the Evaluation section** | |

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| **Time spent on Dietetic Consultation (mins)** | | **TIME** | |
| **DIETITIAN NAME JOB TITLE**  **HCPC Number** | **HCPC number** | **DIETITIAN SIGNATURE** | **Digital signature** |

**Note: Complete Evaluation section at the end of the Episode of Dietetic Care**

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| **EVALUATION Outcome of Dietetic Intervention** | | | | |
| **NUTRITION RELATED PROBLEM** | | | **Outcome of Problem** | |
| **Nutrition related Problem 1** | | **Auto populates from SNOMED code** | **Resolved/improved/no change/worsened** | |
| **Nutrition related Problem 2** | | **Auto populates from SNOMED code** | **Resolved/improved/no change/worsened** | |
| **INTERVENTIONS USED** | |  | **Comments** | |
| **Intervention 1** | | **Auto populates from SNOMED code** | **Free Text** | |
| **Intervention 2** | | **Auto populates from SNOMED code** | **Free Text** | |
| **OUTCOME INDICATORS** | | **Initial value** | **Final value** | **Comments** |
| **Indicator 1** | **Auto populates from initial SNOMED code** | **Auto populates from initial value for indicator 1** | **Final value** | **Free Text** |
| **Indicator 2** | **Auto populates from initial SNOMED code** | **Auto populates from initial value for indicator 2** | **Final value** | **Free Text** |
| **BARRIER(S) (at end of episode of care)** | | | **Drop down list** | **Free Text** |
| **DIETETIC GOALS achieved** | | | **YES/NO** | **Free Text** |
| **Have person centred goals / expectations been achieved?** | | | **YES/NO** | **Free Text** |
| **Changes in nutrition related medication** | | | **Free Text** | |
| **PROPOSED OUTCOME** | | | **Auto populates from initial Drop Down List** | |
| **Has proposed outcome been achieved?** | | | **YES/NO** | **Free Text**  e.g.explain variance from proposed outcome |

**NOTE: Include further Problems, Interventions, Indicators etc as required**