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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 SYMPTOMSIf 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**