**Student name: Date:**

**CLIENT**

| **Age** | **Reason for referral** |
| --- | --- |
| **Client History: History of Present Condition /Relevant Medical & Surgical history/Diagnosis(es) etc.** |

**PART A. NUTRITIONAL ASSESSMENT BEFORE MEETING THE CLIENT**

1. After reviewing the referral and all available client information (medical, nursing, observations, medications, lab. and test results etc.), complete the table below. relevant to the client.

| *As reported in the client’s available information:* **Sign(s)** *&* **Symptom(s)a**  | **Possible Causes** *(Aetiology*) | **What must, should, could you find out or do to confirm this during the dietitian-client interview/anthropometric examination.**This may require discussion with MDT or the client’s primary carer. |
| --- | --- | --- |
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|  |  |  |

a. Please differentiate signs (objective) from symptoms (subjective). Please explain/interpret your entries relevant to the client..

2. Are there factors that may be contributing to the patient’s condition (e.g. psychosocial, cognitive, co-morbidities, medications etc.) at this stage?

| **Contributing Factor(s)b.**  | **Reason for your answer** |
| --- | --- |
|  |  |

b. Please explain/interpret your entry(ies) relevant to the client

3. Were your findings after this part of the assessment as expected? Explain.

For example, was this a typical presentation of a COPD patient or a T2D patient? Why/why not?

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4. Based on your findings from questions 1-3 above, what will you prioritise when you meet the client?

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**PART B. NUTRITIONAL ASSESSMENT ON MEETING THE CLIENT**

5. You have now interviewed/assessed the client. Give a **summary** relevant to the information in questions 1-4 and outline if your findings were or were not as expected?

Please complete your summary in the NCPM format as you would in the dietetic notes.

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6. Having interviewed/assessed the client have you identified any findings, information, signs, symptomsc in addition to question 1?

Are there any other factors contributing to their nutritional issues?

| **Sign(s) c****Symptom(s)****Information****Findings** | **Possible Causes** *(Aetiology*) | **What must, should, could you find out or do to confirm this**  |
| --- | --- | --- |
|  |  |  |

c. Please differentiate signs (objective) from symptoms and explain/interpret your entries relevant to the client..

**PART C. NUTRITION DIAGNOSIS**

7. For this consultation and in order of priority, identify and list, what for you as the Dietitian, is/are the client’s main ***nutritional issue(s)***

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8. Write a PES statement (nutrition problem related to aetiology/root cause evidenced by signs and symptoms)

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**PART D. NUTRITION INTERVENTION .**

9. List the client agreed short-term and long-term SMART goals made.

| **Short Term Goals** | **Long Term Goals** |
| --- | --- |
|  |  |

10. Write out your **dietetic plan** as per **step 8 of NCPM**. Based on this plan what evidence/guidelines have you used to support this plan? e.g. current best practice guidelines (BPG), systematic reviews (SR), randomised control trials (RCT) etc.

If not applicable, state this.

| **NCPM Steps:** | **Justification:** | **Best available evidence (full reference)** |
| --- | --- | --- |
| Food and/or Nutrient Delivery:Nutrition Education:Nutrition Counselling:Coordination of Care: |  |  |

11. Identify, list and explain factors contributing to potential favourable or unfavourable **outcomes** for this patient (e.g. disease process, compliance with dietetic intervention).

For example, do they have a good knowledge of healthy foods, do they enjoy exercise or are they highly compliant with their ONS?

| **Favourable / Facilitator** | **Unfavourable / Barrier** |
| --- | --- |
|  |  |

12. Brainstorm 1-2 more ideas using the Systems Thinking chart. You may or may not carry out these interventions, but gaining practice in systems thinking will be helpful as you move forward in your career.

| **Individual** | **Community** | **Physical spaces** | **Multidisciplinary support / referral** | **Local services and networks** | **Organisational practices** | **Policy and Legislation** |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |

**PART E. NUTRITION MONITORING & EVALUATION**

13. What **outcome measure(s)** will you choose and how do you propose to **assess the effectiveness** of your management plan outlined in question 10? Provide a timeline.

|

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14. How will you **progress/** **modify** your management plan during your next review, outlined in question 10, if the next time you see the client they are:

| **BETTER** |  |
| --- | --- |
| **WORSE** |  |

15. Does the patient require input from other MDT members and if so will this affect your treatment plan? What are your options?

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16. Looking towards the future, what are your criteria for discharging this client from dietetics? Who should be involved?

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| --- |

| PROCESS FOR STUDENT SUBMISSION AND TUTOR REVIEW OF THIS FORM |
| --- |
| The student will submit a completed EBCR form to the appropriate Tutor via a jointly agreed mode.The Tutor will review the form. The Tutor will return the reviewed form and provide written feedback to the student.The student is not required to automatically rewrite/redo the form unless clearly directed to do so by the Tutor. The student will include the Tutor reviewed form in their learning portfolio.Students are encouraged to retain the Tutor feedback in the reviewed form for the purposes of learning and reflection. |