

CHAPTER 1

Model and process for nutrition and dietetic practice

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The nutrition care process and model was first conceived by the Academy of Nutrition and Dietetics (Lacey & Pritchett, 2003). Since then it has evolved and been adapted and is now used by dietitians and nutritionists worldwide. The case studies in this book are written with the nutrition and dietetic care process in mind. The process can be used in any setting including clinical dietetics and public health. Although case studies in this book are based around the British Dietetic Association's (BDA) (2012) model and process (Figure 1.1) used by dietitians in the United Kingdom, they can be used alongside other versions of the process and model as well. The model starts with the identification of nutritional need, followed by six stages, namely, assessment, identification of the nutrition and dietetic diagnosis, planning the nutrition and dietetic intervention, implementing the intervention, monitoring and reviewing the intervention and finally evaluating the intervention.

The case studies use the ABCDE approach (Gandy, 2014), where A is for anthropometry, B stands for biochemical and haematological markers, C for clinical, D for dietary and E is used to include economic, environmental and social issues that may be relevant. Information collected during the assessment is used to make the nutrition and dietetic diagnosis. More details of the assessment can be found in Chapter 4.

Identifying the nutrition and dietetic diagnosis

The nutrition and dietetic diagnosis is the nutritional problem that is assessed using the dietitian's clinical reasoning skills and resolved or improved by dietetic intervention. The nutrition and dietetic diagnosis is a key part of the care process, and once the correct diagnosis has been made the intervention and the most appropriate outcomes to monitor will fall into place. The nutrition and dietetic diagnosis is written as a structured sentence known as the PASS statement, where P is the problem, A the aetiology and SS the signs and symptoms. The PASS statement should describe the 'Problem' related to 'Aetiology' as characterised by 'Signs/Symptoms', for example; inadequate energy intake (problem) related to an overly restrictive gluten free diet (aetiology) as characterised by weight loss of 4 kg and anxiety regarding appropriate food choices

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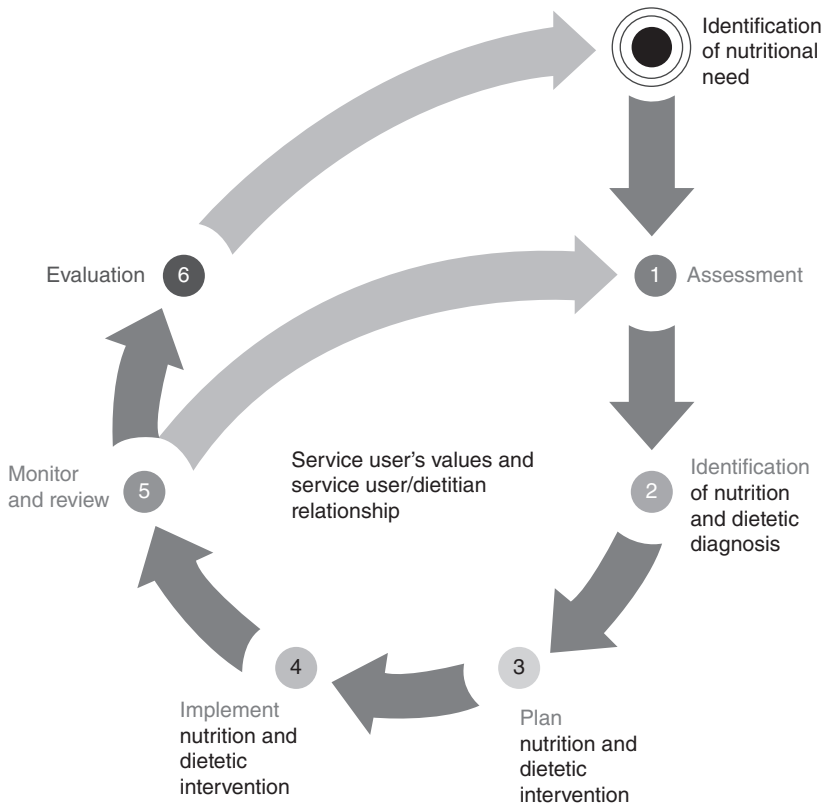


Figure 1.1 Nutrition and dietetic process (BDA (2012), p. 7. Reproduced with permission of British Dietetic Association).

(signs and symptoms). A well-written PASS statement is one where the dietitian or nutritionist can improve or resolve the problem, the intervention addresses the aetiology and the signs and symptoms can be monitored and improved. The nutrition and dietetic diagnosis can be broken down into the three steps; problem, aetiology and signs and symptoms.

Problem

This is the nutritional (dietetic) problem not the medical problem; it is the problem that can be addressed by dietetic intervention. In these case studies, the problems are expressed using the diagnosis terms as approved by the BDA. More details about the terminology can be found in Chapter 2 on international language and terminology. The problem is the change in the nutrition state that is described by adjectives such as decreased/increased, excessive/inadequate, restricted and imbalanced. In the United Kingdom, nutrition and dietetic diagnosis terms fall into one of the following seven categories:

- Energy balance;
- Oral or nutritional support;
- Nutrient intake;

- Function, for example, swallowing;
- Biochemical;
- Weight; and
- Behavioural/environmental.

There may be more than one problem, so a number of nutritional and dietetic diagnoses may be possible but these can often be consolidated into one diagnosis or one diagnosis may be prioritised, using clinical judgement and the client's wishes. Some nutrition and dietetic diagnosis may be more appropriate than others; practice and experience will hone this skill.

Aetiology

The aetiology is the cause of the nutritional problem. Causes may be related to behavioural issues such as food choices, environmental issues such as food availability, knowledge such as not knowing which foods are gluten free, physical such as inability to chew food, or cultural such as beliefs about foods. There may be more than one cause for the problem that a client has but the dietitian should be able to identify the basis of the problem using the information gained during the assessment process. For example, a client may have an incomplete knowledge of their gluten-free diet and this may be caused by:

- Missing a dietetic appointment;
- Not appreciating that all gluten-containing foods need to be avoided;
- A misconception that the diet was not important; and
- A lack of awareness of the gluten content of many manufactured foods.

It is also important that the aetiology identified in the PASS statement is one that the dietitian can influence because the aetiology forms the basis of the intervention. It may be difficult to identify the cause of the problem and in such circumstances the pragmatic approach may be to identify the contributing factors. Once identified, the aetiology may be linked to the problem using the phrase 'related to'.

Signs and symptoms

Signs are the objective evidence that the problem exists; they may be from anthropometric measurements, biochemical or haematological results. Symptoms are subjective: they may be things that the patient/client has talked about such as tiredness, clothes being too tight or loose, difficulty swallowing and lack of understanding. Signs and symptoms gathered during the assessment process can be used to quantify the problem and indicate its severity. Signs and symptoms may be linked to the aetiology using the phrase 'characterised by'. It is not necessary to have both signs and symptoms in the diagnostic statement; one or the other is adequate.

Alternative diagnoses may be made when answering the questions in the case studies. It does not necessarily mean that your statement is incorrect; it may be a reasonable alternative or less of a priority. Check that your PASS statement describes a problem that can be altered by dietetic intervention and that the evidence collected during the assessment process suggests that it is important. The signs and symptoms should ideally be ones that can be measured to help advance the progress in alleviating the problem.

Nutrition intervention

The nutrition intervention is the action taken by the dietitian to address the diagnosis. Ideally, the intervention should be aimed at the cause of the problem, the aetiology, but if this is not possible then the intervention should address the signs and symptoms of the problem. In some cases, the intervention may be to maintain a current situation, for example, adult PKU. The intervention may involve the dietitian in delegating or co-ordinating the nutrition care done by others. The intervention has two stages: planning and implementation. For each PASS statement it is necessary to establish a goal based on the signs and symptoms (planning) and an appropriate intervention based on the aetiology (implementation). The intervention should of course be evidence based. Interventions may involve recommending, implementing, ordering, teaching or referring to other professionals.

Planning

Planning the intervention may involve collecting more information from the patient or from other sources. Planning should involve the patient/client/carer or group in agreeing and prioritising the necessary steps, to ensure that the care is patient centred.

Implementation

Implementing the intervention is the phase of the nutrition and dietetic care process, which involves taking action. The intervention may involve the dietitian in training someone else to take action, or in supporting the patient/client to make behavioural changes. The dietitian may facilitate change through others, for example a dietetic assistant, nurse, care assistant, carer or teacher. The implementation may be something that is done to an unconscious patient such as the delivery of a prescribed total parenteral nutrition feeding regimen. Alternatively, the intervention may involve a community or group, for example a school meals project or lipid lowering group.

Monitoring and review

Monitoring focuses on changes in the signs and symptoms that were identified in the initial assessment to see if progress is being achieved and goals are met. The goals should be SMART:

- S – specific
- M – measurable
- A – achievable
- R – realistic
- T – timely

SMART goals should make the monitoring process easier. Monitoring should be ongoing or carried out at planned intervals so that the results of the monitoring process can be used to review the intervention and modify it, if necessary. This may

involve a new assessment and a new nutrition and dietetic diagnosis, which will in turn lead to new goals and additional monitoring. Some of the case studies in this book involve more than one nutrition and dietetic diagnosis.

Evaluation

Evaluation takes place at the end of the process. It involves collecting data about the current situation and comparing it with data from the assessment, with a reference standard such as BMI indicators of obesity or HbA1c measures of diabetes, or with goals that were established early in the planning process. The effectiveness of the evaluation can be judged by changes in the signs and symptoms identified in the nutrition and dietetic diagnosis.

The nutrition and dietetic care process may be an ongoing process where an individual patient is seen many times over a number of years for a chronic condition such as diabetes or it may be a short episode of care.

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