B

Diab HA7 Develop, agree and review a dietary plan for an individual with diabetes

OVERVIEW

This standard covers supporting an individual with diabetes to make and sustain dietary and lifestyle changes using a dietary plan. The dietary plan should be agreed with the individual, and with their carer(s) if the individual chooses to involve them. The standard also concerns reviewing the plan, and agreeing revisions where the plan is not meeting the individual's needs.Users of this standard will need to ensure that practice reflects up to date information and policies.Version No 1

KNOWLEDGE AND UNDERSTANDING

You will need to know and understand:

1. the NSF for diabetes
2. the NICE guidelines on diabetes monitoring, management and education
3. the causes of diabetes
4. the signs and symptoms of diabetes
5. normal and abnormal blood glucose and HbA1c values
6. how to monitor glucose levels, HbA1c, blood pressure
7. typical progressive patterns of diabetes
8. the importance and effects of patient education and self management
9. the psychological impact of diabetes, at diagnosis and in the long term
10. how to gather information from patients about their health
11. how to work in partnership with patients and carers
12. the social, cultural and economic background of the patient/carer group
13. the impact of food and physical exercise on diabetes
14. the nature of concurrent diet-treated disorders
15. the interaction of food and diabetes medications
16. the effects of smoking, alcohol and illicit drugs
17. the effects of, and how to manage, intercurrent illness
18. how to manage hypoglycaemia
19. the medications used to manage diabetes
20. the long term complications of diabetes and when they are likely to occur
21. how to examine feet and assess risk status
22. how to monitor cardiovascular risk
23. how to monitor for renal disease
24. how to monitor for diabetic retinopathy

25. the law and good practice guidelines on consent
26. the staff member's role in the healthcare team and the role of others
27. local guidelines on diabetes healthcare
28. local referral pathways
29. local systems for recording patient information
30. quality assurance systems
31. the process of notification for legal and insurance purposes
32. sources of practitioner and patient information on diabetes
33. contact details of local and national support groups
34. how individuals can access local facilities for exercise and physical activity, education and community activities

PERFORMANCE CRITERIA

You must be able to do the following:

1. work in partnership with the individual and carer in a manner which encourages open communication and an honest exchange of views
2. explain the benefits of developing an individualised dietary plan
3. where the individual agrees to proceed, develop a thorough understanding of their medical and dietary history to provide a basis for the plan
4. identify
    1. any current conditions or treatment which indicate that dietary advice should be tailored to accommodate another condition that is managed by diet
    2. likely disruptions to the individual's normal diet
5. negotiate clear, specific goals for the dietary plan which
    1. will assist in the management of diabetes
    2. will ensure continued good nutrition
    3. are consistent with evidence-based practice
    4. meet the individual's needs and preferences
6. discuss implementation of the plan, including how the individual might tackle potential difficulties and who they might contact if they need support
7. provide details of the plan to the individual and carer, to remind them of goals, targets and activities, in an appropriate form
8. inform or discuss with the relevant member of the individual's healthcare team any new concerns about the individual's condition which have been revealed during the consultation
9. make an accurate record of the consultation that can be followed by other members of the care team, the individual and the carer
10. monitor and review progress with the dietary plan at regular intervals appropriate to:
    1. the individual's needs
    2. the risks to be managed
    3. the targets to be achieved
    4. the resources available
11. review the dietary plan in partnership with individuals and their carers, emphasising the need to find a programme that meets their particular needs
12. identify and acknowledge the individual's achievements and successes, and provide

positive support and reinforcement when they have not achieved their goals

13. assess and reinforce the individual's understanding of the purpose and benefits of the plan, involving those who support the individual in shopping and cooking where appropriate
14. identify and discuss problems or difficulties in following the plan, and explore how they may be overcome
15. consider options for modifying the plan where it is not meeting the individual's needs, based on:
    1. progress to date
    2. changes in the individual's condition
    3. changes in lifestyle or in medication
16. discuss special events which are anticipated and how to manage the dietary plan during these periods.
17. agree modifications to the plan and provide details of the plan in an appropriate form to the individual and carer, to remind them of goals, targets and activities
18. inform or discuss with the relevant member of the individual's healthcare team any new concerns about the individual's condition which have been revealed during the consultation
19. compile an accurate record of the consultation and make it available to relevant members of the care team

ADDITIONAL INFORMATION

This National Occupational Standard was developed by Skills for Health.This standard links with the following dimension within the NHS Knowledge and Skills Framework (October 2004):Dimension: HWB6 Assessment and treatment planning