SFHDiabHA7
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.

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Performance criteria

You must be able to:

- P1 work in partnership with the individual and carer in a manner which encourages open communication and an honest exchange of views
- P2 explain the benefits of developing an individualised dietary plan
- P3 where the individual agrees to proceed, develop a thorough understanding of their medical and dietary history to provide a basis for the plan
- P4 identify
  - P4.1 any current conditions or treatment which indicate that dietary advice should be tailored to accommodate another condition that is managed by diet
  - P4.2 likely disruptions to the individual's normal diet
- P5 negotiate clear, specific goals for the dietary plan which
  - P5.1 will assist in the management of diabetes
  - P5.2 will ensure continued good nutrition
  - P5.3 are consistent with evidence-based practice
  - P5.4 meet the individual's needs and preferences
- P6 discuss implementation of the plan, including how the individual might tackle potential difficulties and who they might contact if they need support
- P7 provide details of the plan to the individual and carer, to remind them of goals, targets and activities, in an appropriate form
- P8 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
- P9 make an accurate record of the consultation that can be followed by other members of the care team, the individual and the carer
- P10 monitor and review progress with the dietary plan at regular intervals appropriate
  - P10.1 the individual's needs
  - P10.2 the risks to be managed
  - P10.3 the targets to be achieved
  - P10.4 the resources available
- P11 review the dietary plan in partnership with individuals and their carers, emphasising the need to find a programme that meets their particular needs
- P12 identify and acknowledge the individual's achievements and successes, and provide positive support and reinforcement when they have not achieved their goals
- P13 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
- P14 identify and discuss problems or difficulties in following the plan, and

explore how they may be overcome

P15 consider options for modifying the plan where it is not meeting the individual's needs, based on:
- P15.1 progress to date
- P15.2 changes in the individual's condition
- P15.3 changes in lifestyle or in medication

P16 discuss special events which are anticipated and how to manage the dietary plan during these periods

P17 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

P18 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

P19 compile an accurate record of the consultation and make it available to relevant members of the care team

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Knowledge and understanding

You need to know and understand:

K1 the NSF for diabetes
K2 NICE guidelines on diabetes monitoring, management and education
K3 the causes of diabetes
K4 the signs and symptoms of diabetes
K5 normal and abnormal blood glucose and HbA1c values
K6 how to monitor glucose levels, HbA1c, blood pressure
K7 typical progressive patterns of diabetes
K8 the importance and effects of patient education and self management
K9 the psychological impact of diabetes, at diagnosis and in the long term
K10 how to gather information from patients about their health
K11 how to work in partnership with patients and carers
K12 the social, cultural and economic background of the patient/carer group
K13 the impact of food and physical exercise on diabetes
K14 the nature of concurrent diet-treated disorders
K15 the interaction of food and diabetes medications
K16 the effects of smoking, alcohol and illicit drugs
K17 the effects of, and how to manage, intercurrent illness
K18 how to manage hypoglycaemia
K19 the medications used to manage diabetes
K20 the long term complications of diabetes and when they are likely to occur
K21 how to examine feet and assess risk status
K22 how to monitor cardiovascular risk
K23 how to monitor for renal disease
K24 how to monitor for diabetic retinopathy
K25 the law and good practice guidelines on consent
K26 the staff member's role in the healthcare team and the role of others
K27 local guidelines on diabetes healthcare
K28 local referral pathways
K29 local systems for recording patient information
K30 quality assurance systems
K31 the process of notification for legal and insurance purposes
K32 sources of practitioner and patient information on diabetes
K33 contact details of local and national support groups
K34 how individuals can access local facilities for exercise and physical activity, education and community activities

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Additional Information

External Links

This standard links with the following dimension within the NHS Knowledge and Skills Framework (October 2004):

Dimension: HWB6 Assessment and treatment planning

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