

## Nutrition clinical competencies

Name:	Role:
Base:	Date initial training completed:

### Competency Statement:

The participant demonstrates clinical knowledge and skill in the care of a patients oral nutrition without assistance and/or direct supervision (level 3 - see level descriptors). Assessment in practice must be by a Registered Nurse who can demonstrate competence at level 4 or above.

Performance Criteria	Assessment Method	Level achieved	Date	Assessor/self assessed
<b>The Participant will be able to:</b>				
<b>1. Demonstrate knowledge and skill in care of a patients oral nutrition</b>				
a) Discuss the importance of nutrition to ensure good health	questioning			
b) Identify when patients should be screened for malnutrition	questioning			
c) Recognise the symptoms of dehydration	questioning			
d) Discuss the purpose of the protected mealtimes policy and how this is achieved	questioning			
e) Support the patient in the maintenance of oral hygiene	questioning			
f) recognise and respond to indicators of eating and swallowing difficulties.	questioning			
<b>2. Demonstrate practical skill in nutritional and MUST (Malnutrition Universal Screening Tool) assessment</b>				
a) Demonstrate the ability to perform a MUST assessment	Observation			
b) Demonstrate ability to record information accurately	Observation			
c) Demonstrate ability to interpret information from MUST score and identify risk factors and when nutritional support is required	Observation			
<b>3. Demonstrate the care of a patient's oral nutrition</b>				
a) Order meals, special diets, supplements as required following assessment	Observation			

Performance Criteria	Assessment Method	Level achieved	Date	Assessor/self assessed
b) Assist in meal provision and implementation of protected mealtimes	Observation			
c) Provide patient information and advice in regard to special diets and menu's	Observation			
d) Recognise when patients require referral to other professionals e.g. dietician, diabetes nurse specialist, speech and language therapist	Observation			
e) Contribute to discharge planning and /or ethical issues in relation to oral nutrition	Observation			
f) demonstrate the ability to complete personalised care plan for oral nutrition including the monitoring and recording of intake	Observation			

Source: Avoidable malnutrition and dehydration in hospitals policy 2009 HCHC, Protected mealtimes policy 2009 HCHC, Enteral feeding guidelines HCHC, Essence of Care 2010, NPSA nutritional fact sheets 2009. BAPEN MUST (Malnutrition Universal Screening Tool)

Date all elements of Competency Tool completed to level 3 \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Status \_\_\_\_\_ Date \_\_\_\_\_

I confirm that I have assessed the above named individual and can verify that he/she demonstrates competency in the care of a patient's oral nutrition

Assessor \_\_\_\_\_ Signature \_\_\_\_\_ Status \_\_\_\_\_ Date \_\_\_\_\_

Review Dates:	Competent Yes / No	Registered Nurse Signature	Verifier signature	Comments