

# The Dietetic Pillar:

A supplementary resource  
of the Allied Health  
Professionals (AHP)  
Critical Care Professional  
Development Framework  
(CCPDF).

## Professional Endorsements

Document endorsed by



The Association  
of UK Dietitians



The Faculty of

**Intensive  
Care Medicine**

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A supplementary resource of the Allied Health Professionals (AHP) Critical Care Professional Development Framework (CCPDF).

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## Introduction

Welcome to **THE DIETETIC PILLAR** of the Allied Health Professionals (AHP) Critical Care Professional Development Framework (CCPDF). It has been designed as a profession specific document that is a supplementary guide to be used in conjunction with the AHP CCPDF. It is not intended that the dietetic pillar should be used in isolation. You will find it useful to familiarise yourself with; and benchmark yourself against the AHP CCPDF ([http://www.ics.ac.uk/ICS/Resources\\_\\_\\_AHP\\_Framework.aspx](http://www.ics.ac.uk/ICS/Resources___AHP_Framework.aspx)) before you move on to using the dietetic profession specific pillar.

The CCPDF focuses on 4 key areas, (called pillars) that are integral to all AHP's working in critical care. These being;

- Clinical Practice
- Facilitation of learning
- Leadership
- Research, evidence and improvement

When benchmarking yourself against the CCPDF pillars and levels, it is likely you will use dietetic examples as evidence for your current level of practice. However, it was always the intention that the four individual professions would go on to develop profession specific pillars. These pillars identify the specific and unique skill set that the four individual professions can contribute to the critical care setting.

This dietetic pillar will focus on the specific areas that we feel are fundamental to being a critical care dietitian (setting us apart from other AHP's) and highlight the skills and knowledge needed to work and progress as a dietitian in critical care.

For ease and consistency, we have used the same 4 levels as the CCPDF. These being:

- Foundation
- Specialist
- Advanced
- Expert

The assessment process will be the same as the CCPDF, where you will need to provide evidence of the level you feel you are performing at, based upon the expected skill set defined at each level.

We have split the dietetic pillar in to 2 distinct subdivisions

1. Professional practice related to critical care dietetics
2. Assessment, implementation and monitoring

The *Professional practice related to critical care dietetics* subdivision addresses areas such as national and international critical care groups and their guidelines, committees and meetings, as well as unit based initiatives.

The *Assessment, implementation and monitoring* subdivision follows the BDA dietetic care process, outlining all the aspects of undertaking a dietetic assessment and treatment plan of a critically ill patient.

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## Professional Practice related to critical care dietetics

Domain	Foundation	Specialist	Advanced	Expert
<b>Evidence Base – National and International Guidelines</b>	Aware of the main points covered in the key national and international guidelines e.g. GPICS (UK), ESPEN, ESICM, SSCM/ASPEN, Canadian CPG's and considers them in every day application.	Able to describe the principles of the guidelines and implements into own dietetic practice.	Able to critically appraise the available guidelines, identifying the strengths and limitations to formulate unit specific guidelines / protocols.  Able to appraise own practice against guidelines.	Designs and develops national / European guidelines relating to nutrition support in the critically ill.  Demonstrates expert knowledge and skills to encourage and support colleagues to audit practice against guidelines.  Uses the staffing standards in the GPICS document to benchmark staffing levels against and use to support business cases.
<b>Unit Specific Guidelines / Protocols</b>	Understands the key principles of the local critical care nutrition support guidelines and protocols and applies them to clinical work.	Contributes to the development of local critical care nutrition support protocols and guidelines and audits practice in this area.	Develops and leads on the implementation of local / trust wide critical care nutrition support protocols and guidelines.	Lead or contribute to the development and review of regional / national guidelines relating to nutrition support in the critically ill.
<b>National and International Critical Care Societies</b>	Aware of the role of national and international critical care societies in supporting and promoting the role of dietitians and nutrition e.g. ICS, ICSI WICS, SICS, ESICM, SSCM.	Regularly attends study days or conferences run by national and international critical care societies.	Regularly attends national and international critical care society conferences and presents own work.	Committee member of national or international critical care or nutrition society, representing dietetics.  Regularly presents own work at society conferences.  Facilitation of sessions at national/international Critical Care or Nutrition Society Conferences.

Domain	Foundation	Specialist	Advanced	Expert
Critical Care Specialist Dietitians Groups	<p>Membership of Critical Care Specialist Group of the BDA (CCSG) and / or membership and participation in local / regional critical care networks including dietetic networking groups.</p> <p>Participates in CCSG Basecamp discussion forum e.g. posts questions, discussed own practice in questionnaires and online discussions.</p>	<p>Regularly attends the annual CCSG study day and local / regional critical care network meetings and demonstrates how learning is applied.</p> <p>Submits abstracts of own service development / quality improvement work for CCSG award and/ or to the BDA research symposium.</p> <p>Applies critical care knowledge by contributing to CCSG / local networks newsletter e.g. writing article reviews, reports on audit/ service improvement/ projects undertaken and implementation.</p>	<p>Committee member of the CCSG and / or local / regional network groups.</p> <p>Submits abstracts of own critical care research for CCSG award and / or to the BDA research symposium.</p> <p>Contributes to CCSG working groups and those associated with local / regional networks.</p>	<p>Chair or committee member of the CCSG and / or local / regional network groups.</p> <p>Leads CCSG or local / regional network working groups investigating and implementing change and improvement projects.</p>
Education & Training	<p>Participates in local / departmental learning opportunities.</p> <p>Demonstrates an interest in higher education opportunities within critical care and dietetics.</p>	<p>Working towards a master's degree with a critical care dissertation project.</p> <p>Or undertakes master's level courses that broadly pertain to nutrition and ICU, research skills, leadership skills or non-medical supplementary prescribing.</p> <p>Advises and educates junior staff / peers / critical care MDT on the impact and importance of critical illness on nutrition and feeding the critically ill.</p> <p>Educates the MDT on the compliance of guidelines/ protocols relating to nutrition.</p>	<p>Has a master's degree and consistently works at this level.</p> <p>Supports and / or supervises degree and master's dissertation critical care projects.</p> <p>Develops a culture which delivers education to a range of professions with regards to critical illness and the impact it can have on nutritional status and possible management strategies.</p> <p>Highly skilled in providing advanced information, teaching and education on nutrition and feeding the critically ill including on masters level courses.</p> <p>Provides training and education to staff involved in follow up clinics on the nutritional issues that can occur following a critical care stay.</p>	<p>Has a critical care focused PhD or working towards one.</p> <p>Supervises others to undertake study at PhD or equivalent level.</p> <p>Provides expert teaching, training and education nationally / internationally on the impact of critical illness in relation to nutrition and feeding the critically ill.</p> <p>Provides expert training and education to staff involved in follow up clinics on the nutritional issues that can occur following a critical care stay.</p>

## Clinical practice suggested evidence and resources:

- Reflective reports / feedback
- Journal club reflection / evidence of critical appraisal
- Witness statements
- Annual appraisal with objectives and personal development plan (PDP) set and ultimately PDP and objectives completed in line with dietetic pillars
- Evidence of teaching / training sessions delivered with completed evaluation feedback forms
- Evidence of developing educational programmes for critical care teams
- Contribution to critical care strategies and initiatives
- Evidence of reviewing local / national / international guidelines in relation to local practice, quality improvement and service evaluation
- Evidence of contributing or leading on the writing of guidelines locally or nationally or internationally
- Audit reports such as reviewing national and international guidelines standards versus own practice
- Evidence of contributing to or leading regional or national critical care working groups, committees or organisations
- Study day / conferences attendance / evidence of CPD and course certificates / reflective reports
- Completion of higher education courses, course certificates
- Research project involvement / proposals
- Poster and / or publications of own work
- Evidence of coaching and mentoring staff
- Membership of specialist interest group / professional society



## Assessment, Implementation and Monitoring

Domain	Foundation	Specialist	Advanced	Expert
Assessing Nutritional Risk	<p>Able to undertake a clinical assessment of nutritional risk of the critically ill, including ability to perform a variety of appropriate anthropometric measurements with support / clinical supervision.</p> <p>Describes the differences between and limitations of nutritional screening, nutrition risk and nutritional assessment and how to interpret the results.</p> <p>Able to name screening tools that are designed for use in critical care.</p> <p>Describes and interprets nutritional screening tools used in level 2 patients.</p>	<p>Able to undertake a clinical assessment of nutritional risk in critically ill patients, interpreting the results obtained and where indicated implementing appropriate adjustments to nutritional plans.</p> <p>Demonstrates knowledge of the limitations of commonly used anthropometric techniques and tools designed to assess nutritional risk, in the critically ill.</p> <p>Participates in the development of local guidelines on nutrition assessment including recommendations on the use of appropriate anthropometrics in the critically ill.</p> <p>Audits local nutritional screening practice, interprets results and identifies recommendations for change.</p>	<p>Appraises the evidence base on tools to assess nutritional risk in the critically ill and their application.</p> <p>Analyses multifaceted clinical information and applies complex assessment skills including assessments of body composition to determine nutritional risk.</p> <p>Leads in the development of local guidelines on nutritional risk assessment.</p> <p>Demonstrates knowledge in advanced anthropometry / body composition techniques (clinical / research).</p> <p>Participates in working groups / research to develop new assessment methods for nutritional screening.</p>	<p>Formulates expert opinion on which tools should be used in the critically ill to assess nutritional risk, including anthropometric measurements.</p> <p>Translates expert knowledge and skills in advanced anthropometry and body composition techniques (clinical / research).</p> <p>Appraises the evidence for and designs new screening tools/methods for assessing nutritional risk in critical care.</p> <p>Ensures principles of assessing nutritional risk are standardised and integrated into patient care at trust / regional level.</p>
Biochemistry	<p>Able to recognise how biochemistry may differ in the critically ill when compared to Level 1 ward patients.</p> <p>Able to state the common biochemical abnormalities seen in the critically ill and how such abnormalities may impact on nutritional care plans.</p>	<p>Interprets the common biochemical abnormalities seen in the critically ill and implements nutritional care plans based on this.</p> <p>Discusses how the medical management of the critically ill may affect the validity of biochemical results.</p> <p>Describes the complications that arise with abnormal biochemistry.</p> <p>Advocate for abnormal biochemistry in relation to nutrition care plans within the MDT.</p>	<p>Appraises complex clinical and nutritional biochemistry leading to the need to adapt/develop nutritional plans to provide appropriate management.</p> <p>Advocates for appropriate pharmacological and non-pharmacological management of abnormal biochemistry amongst the MDT.</p> <p>Designs and develops local guidelines in conjunction with the MDT for the management of abnormal biochemistry e.g. hypernatraemia.</p>	<p>Appraises complex clinical and nutritional biochemistry, within scope of practice (which may include that of a supplementary prescriber) appropriate pharmacological and non-pharmacological management of abnormal biochemistry and adapts/develops nutritional plans to provide appropriate management.</p> <p>Recognised locally and/or nationally as an expert on the management of biochemistry and implications for nutritional care.</p>

Domain	Foundation	Specialist	Advanced	Expert
Effects of Critical Illness on Nutritional Interventions	<p>Has an awareness of the principles of critical illness that affect the physiology of the major organs of the body and their impact on nutritional status.</p> <p>Has an awareness of the principles of organ support of the major organs and their impact on nutritional care planning.</p>	<p>Able to explain the common pathophysiology associated with critical illness and their impact on nutritional status.</p> <p>Able to explain critical care organ support and its impact on nutritional care planning.</p> <p>Demonstrates an understanding of the common pharmacological and non-pharmacological interventions used to manage the pathophysiology seen and how this may impact on nutritional status.</p>	<p>Able to analyse and interpret knowledge of the pathophysiology associated with critical illness and its impact on nutritional status.</p> <p>Able to analyse and interpret knowledge of organ support and their impact on nutritional care planning.</p> <p>Provides opinion to the MDT on both pharmacological and non-pharmacological interventions that may help manage the pathophysiology seen to improve nutritional status.</p>	<p>Recognised as an expert on nutrition-related pathophysiology associated with critical illness.</p> <p>Recognised as an expert on organ support of the major organs in relation to their impact on nutritional care planning.</p> <p>Provides expert opinion to the MDT on both pharmacological and non-pharmacological interventions that may help manage the pathophysiology seen to improve nutritional status.</p>
Metabolic Response	<p>Able to describe the principles of the metabolic response to critical illness (e.g. insulin resistance, hypercatabolism, hypermetabolism) and how different metabolic phases and clinical conditions may affect this.</p> <p>Able to recognise how pharmacological and non-pharmacological management can impact on this.</p>	<p>Able to interpret the metabolic response to critical illness and can describe how different metabolic phases or clinical conditions may affect this.</p> <p>Implements appropriate nutritional plans for those receiving pharmacological (e.g. insulin or paralysis) and non-pharmacological management (e.g. cooling) that may affect the metabolic response.</p> <p>Able to amend nutritional care plan in response to metabolic abnormalities and phase of metabolic response.</p>	<p>Able to analyse and draw connections between the metabolic response to critical illness, its pathophysiology, how this may affect the metabolic response and the effect this has on function and long-term outcome.</p>	<p>Recognised as an expert on the metabolic response to critical illness and its pathophysiological effects upon function and long-term outcome in the critically ill.</p>
Refeeding	<p>Able to describe refeeding syndrome and identify at risk critically ill patients.</p>	<p>Applies knowledge of refeeding syndrome and advises on the appropriate nutritional management for the critically ill patient.</p>	<p>Able to differentiate between other factors that mimic the clinical manifestations of refeeding syndrome and true refeeding in the critically ill patient.</p>	<p>Considered an expert on refeeding syndrome nationally / internationally as appraises existing literature, formulating treatment plans and creates new work in this area.</p> <p>Contributes to the development of national and / or international guidelines on refeeding syndrome.</p>

Domain	Foundation	Specialist	Advanced	Expert
<b>Gastrointestinal Function</b>	<p>Able to describe the structure of the gut and identify where key nutrients are absorbed.</p> <p>Able to describe gastrointestinal (GI) function assessments in the critically ill.</p> <p>Able to recognise relevant medications and their effect on GI function, fluid and electrolyte management and stoma management.</p> <p>Advises the MDT, patients and their carers on the basics of GI management e.g. bowel care, managing GRV's.</p>	<p>Able to explain implications of GI function assessments for nutritional management in the critically ill.</p> <p>Demonstrates an understanding of how surgery / insults to the gut may affect the absorption of nutrients.</p> <p>Able to identify patients at risk of absorption and / or motility problems and makes appropriate plans to manage these with minimal support and/ or clinical supervision as required.</p>	<p>Appraises the evidence base on GI function assessments and nutritional management and considers its application in the critically ill.</p> <p>Considers all clinical parameters for complex critically ill patients with absorption and / or motility and independently makes appropriate plans to manage these.</p> <p>Supports junior staff with in managing patients with GI dysfunction.</p>	<p>Demonstrates expert knowledge on GI function assessment and nutritional management in the critically ill.</p> <p>Contributes nutritional expertise into national guidelines on all aspects of GI management.</p>
<b>Estimating Targets</b>	<p>Demonstrates an understanding of nutritional equations; background and the equations available for estimating nutritional targets in the critically ill (this could include macro and micronutrients).</p> <p>Aware of the limitations to estimating energy targets when using predictive equations for calculating targets vs. indirect calorimetry.</p> <p>Developing a working knowledge on factors to consider when estimating nutritional targets for energy, protein and micronutrients (e.g. clinical condition, nutrition risk, body composition, past medical history, temperature, sedation, ventilation, activity or rehabilitation, renal replacement therapy, obesity).</p>	<p>Able to apply knowledge of nutritional equations; background and the equations available for estimating nutritional targets in the critically ill.</p> <p>Able to explain the current evidence available on possible micro-nutrient deficiencies and supplementation associated with critical care.</p>	<p>Able to evaluate the evidence base on nutritional equations and apply to clinical.</p> <p>Demonstrates knowledge in advanced methods of measuring energy expenditure and their limitations.</p> <p>Demonstrates knowledge of advanced methods being developed to attempt to determine protein targets.</p> <p>Able to critically appraise the current evidence available on micronutrient deficiencies in critical care and advise the MDT on appropriate supplementation.</p>	<p>Considered an expert nationally / internationally in providing information, teaching and education on different calculations or techniques available to determine nutritional targets. Skilled at discussing the limitations of each.</p> <p>Demonstrates expert knowledge and skills in advanced methods of measuring energy expenditure and their limitations.</p> <p>Works towards ways of determining protein targets in research and clinical practice.</p>

Domain	Foundation	Specialist	Advanced	Expert
<b>Routes: Enteral (EN) and Parenteral (PN)</b>	Able to describe the indications and contraindications of EN and PN routes in the context of critical illness and specific patient groups (e.g. trauma, GI surgery, MOF, ECMO).	Demonstrates a working knowledge of the indications and contraindications of EN and PN routes in the context of critical illness and specific patient groups (e.g. trauma, GI surgery, MOF, ECMO).  Able to describe and explain principles of best practice for care of venous catheters and enteral feeding tubes.	Able to provide advice, within scope of practice, regarding most appropriate care of feeding tubes and venous catheters. Seeks nutrition team advice when exceeds scope of practice.  Develops knowledge and skills in insertion of EN feeding tubes.	Considered an expert on EN and PN feeding routes, indications and contra-indications.  Considered an expert nationally and/or internationally in feeding routes in the critically ill.  Demonstrates expert knowledge and skills when teaching others to insert EN feeding tubes.
<b>Use of EN / PN Products</b>	Able to list the EN and PN products available on local formulary, its nutritional content and indications for use.  Able to identify an appropriate EN product and devise a simple feeding regimen based on dietetic assessment, with supervision.	Able to describe and explain the indications and contraindications for use of all EN and PN products within own formulary.  Develops EN and PN feeding regimen for complex ICU patients with minimal support/ supervision as required.  Able to choose an appropriate EN and PN product based on dietetic assessment.	Able to appraise and compare the vast variety of EN and PN products available nationally.  Requests addition of new EN and PN products to Trust formulary based on clinical judgement of evidence base and knowledge of available products.  Autonomously develops EN and PN feeding regimen for complex ICU patients.	Consults on the development of new / novel EN and PN products.  Evaluates the gaps in availability of the required EN and PN products for the critically ill and lobbies nutrition companies.  Contributes to local and regional EN and PN feeding contract tender process.
<b>Nutritional Diagnosis</b>	Able to devise appropriate dietetic diagnoses for critically ill patients with support.	Able to independently devise an appropriate dietetic diagnosis for complex critically ill patients.	Examines and critiques data collected on dietetic diagnoses and measure effectiveness of dietetic input.	Represents BDA/CCSG/ National working groups focused on the design and development of nutritional diagnoses, model and process.

Domain	Foundation	Specialist	Advanced	Expert
<b>Outcomes</b>	Aware of the BDA Outcomes Guidance and CCSG Outcome Tool and collects outcome data in accordance to this in practice.	Uses the BDA Outcome Guidance to structure, plan and undertake audits of local dietetic outcomes, using the CCSG Outcome Tool or other local audit tools.	Organises and formulates data in accordance with the BDA Outcomes Guidance to identify development needs/ gaps in service for business cases/to secure funding for dietetic service provision and service development. Is able to evidence how outcome collection and evaluation has resulted in improvements.  As part of a working group, shares outcome data on a national level with other dietetic services and healthcare professionals.	Develops and leads working groups on auditing and reporting mechanisms of national dietetic outcomes in the critically ill in accordance with the BDA Outcomes Guidance.
<b>Dietetic Care Plan</b>	Able to identify appropriate nutritional aims and goals in the critically ill with supervision.  Able to develop an appropriate care plan based on aims and goals agreed for patients, under supervision.  Able to demonstrate clinical reasoning skills.  Evaluates if the care plan is achieved and modifies care plan at review as required with supervision.	Able to write care plans in the critically ill considering all clinical parameters with minimal support and/ or clinical supervision as required.  Demonstrates advanced clinical reasoning skills.  Able to advise junior staff on appropriate nutritional aims and goals.	Independently creates dietetic care plans in the complex critically ill patient.  Considers all clinical parameters for complex critically ill patients on review and modifies care plan accordingly.  Supports junior staff with review and modification of dietetic care plans.	Oversees dietetic standards for care planning locally / regionally.  Contributes to local, regional and national competency / career frameworks.  Provides assessment of individuals against local and national frameworks.
<b>Discharge Planning</b>	Aware of the key recommendations from NICE CG 83 and dietetic responsibilities in relation to this.  Able to agree clear dietetic aims and goals in preparation for discharge from critical care, with support from clinical supervisor.	Able to describe and interpret the key recommendations from NICE CG 83 and recognise the importance of nutrition when agreeing rehabilitation goals.  Able to recognise barriers to discharge and issues that may delay discharge and highlight to the critical care MDT.	Able to anticipate and address barriers that may delay discharge.  Independently considers and actions referrals required to allow for discharge of complex patients.	Represents dietetics at national working groups and / or meetings relating to recovery and rehabilitation following critical illness.  Actively seeks to influence and contribute to guidelines/policies regarding Rehabilitation following critical illness.

Domain	Foundation	Specialist	Advanced	Expert
Handover	<p>Aware of Local Rehabilitation handover forms (which might include ICS/CC3N form) and what dietetic/ nutritional information is required.</p> <p>Able to provide clear verbal / written handover to receiving dietitian following the guidance in the unit standard operating procedure (SOP) for nutritional information provided at stepdown.</p>	<p>Demonstrates knowledge of nutritional challenges faced by critically ill patients on transfer to wards.</p> <p>Able to provide clear verbal and or written handover to receiving dietitian of complex patients using the local dietetic/ nutritional SOP and completing the dietetic section of local rehabilitation handover forms.</p> <p>To contribute on the design of local SOP for nutritional information provided at stepdown.</p>	<p>Educates junior / non-ICU dietitians on the importance of nutrition in ICU patients in the recovery phase.</p> <p>To lead on the design of a local SOP for nutritional information provided at stepdown.</p>	<p>Leads/contributes to national working groups to standardise SOP's for nutritional information provided at stepdown.</p> <p>Advises on what dietetic / nutritional information is required when designing national / local rehabilitation forms.</p>
Outreach Follow Up Clinics	<p>Able to describe the need for critical care follow up clinics and identifies the benefits to patients.</p>	<p>Able to explain the nutritional issues that a patient may experience following discharge from critical care.</p>	<p>Provides dietetic provision into critical care follow up clinics, applying advanced knowledge and skills.</p> <p>Evaluates the effectiveness of the dietetic service provided.</p>	<p>Contributes to and advocates for the evidence base on dietetic outcomes of outreach follow up clinics.</p> <p>Provides advice and guidance to dietetic colleagues setting up MDT follow up clinics.</p> <p>Evaluates the effectiveness of dietetic services provided at a national level and formulates new ways of working.</p>



## Clinical practice suggested evidence and resources:

- Anonymised patient records of complex patients and reflection pertaining to the dietetic management of the patient.
- Case reviews
- Supervision documentation
- Evidence of shadowing other health professionals
- Annual appraisal with objectives and personal development plan (PDP) set and ultimately PDP and objectives completed in line with dietetic pillars
- Reflective reports/ feedback
- Journal club reflection.
- Signed witness statements.
- 360 feedback from MDT
- Contribution to critical care strategies and initiatives
- Evidence of reviewing local /national/international guidelines in relation to local practice, quality improvement and service evaluation.
- Audit reports such as reviewing national and international guidelines standards versus own practice.
- Evidence of contributing to or leading regional or national critical care working groups, committees or organisations.
- Study day/conferences attendance and course certificates/reflective reports.
- Completion of higher education courses, course certificates
- Research project involvement/proposals
- Evidence of coaching and mentoring staff

## Glossary

ASPEN	American Society for Parenteral and Enteral Nutrition
BDA	British Dietetic Association
CPG	Clinical Practice Guidelines (Critical Care Nutrition)
CCSG	Critical Care Specialist group of the BDA
ECMO	Extracorporeal membrane oxygenation
EN	Enteral Nutrition
ESICM	European Society for Intensive Care Medicine
ESPEN	European Society for Parenteral and Enteral Nutrition
GI surgery	Gastrointestinal surgery
GPICS	The Intensive Care Society and Faculty of Intensive Care Medicine. Guidelines for the Provision of Intensive Care Services. Edition 2. June 2019
ICS	Intensive Care Society
ICU	Intensive Care Unit
Level 1	Patients at risk of their condition deteriorating, or those recently relocated from higher levels of care, whose needs can be met on an acute ward with additional advice and support from the Critical Care team
Level 2	Patients requiring more detailed observation or intervention including support for a single failing organ system or post-operative care and those 'stepping down' from higher levels of care
Level 3	For the sake of this document we refer to these as critically ill. Patients requiring advanced respiratory support alone, or basic respiratory support together with support of at least two organ systems. This level includes all complex patients requiring support for multi-organ failure.
MDT	Multi-disciplinary team
MOF	Multiple Organ Failure
NICE CG 83	Clinical Guideline 83 on Rehabilitation after critical illness in adults
PN	Parenteral Nutrition
SCCM	Society for Critical Care Medicine
SICS	Scottish Intensive Care Society
WICS	Welsh Intensive Care Society



## CCPDF self assessment grading tool

This self-assessment grading tool has been provided to allow individuals to mark the grid with a simple “x” for each subsection when undertaking an appraisal.

Name of Professional: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

	Foundation	Specialist	Advanced	Expert
<b>Professional Practice related to critical care dietetics</b>				
Evidence Base - National and International Guidelines				
Unit Specific Guidelines / Protocols				
National and International Critical Care Societies				
Critical Care Specialist Dietitians Group				
Education and Training				
<b>Assessment, Implementation and Monitoring</b>				
Assessing nutritional risk				
Biochemistry				
Effects of critical illness on nutritional interventions				
Metabolic response				
Refeeding				
Bowels				
Gastrointestinal Function				
Routes Enteral (EN) and Parenteral (PN)				
Use of EN / PN products				
Nutritional Diagnosis				
Outcomes				
Dietetic Care Plan				
Discharge Planning				
Handover				
Outreach Follow Up Clinics				

Comments







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