



## Short Communication

# Consistent monitoring by a dietitian directs the patient's regular follow-up for the best possible dietary outcome

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## Keywords:

Dietary Intervention

Diet Monitoring

Diet Adherence

Patient's Followup

Proper diet maintenance is an integral part of the healthcare system. The dietitian usually prescribes the customized diet plan or diet chart, whether critical patients in hospital or private settings. An effective diet is essential for intensive care units (ICU) or high dependency units (HDU) and patients suffering from lifestyle diseases such as diabetes, chronic kidney diseases, arthritis, hypertension, polycystic ovarian syndrome, thyroid diseases, and most importantly, obesity. A typical SOAP model follows four steps: subjective, objective, assessment, and plan. The SOAP model is based on the four significant nutritional functions (ADIME): assessment, diagnosis, interventions, and monitoring cum evaluation. The first and foremost step is screening and assessing the patient's health issues, followed by nutritional diagnosis. Nutritional diagnosis is based on problem, etiology, and sign cum symptoms (PES). The next critical step is to go with interventions through the proper revision-based diet plans, prioritizing the patient's gradual recovery. The last step is monitoring, and many dietitians and other medical professionals often make evaluations less seriously despite their domain knowledge,

skills, and experience. The clinical data shows that the 'monitoring' is the weakest part where dietitians should be more conscious of planning for the best possible result through diet. Hence, monitoring cum evaluation as critical management fetches the best outcome from the prescribed diet and motivates the patient for good health.

## 1. Introduction

Dietitian's recommendation of diet plans and their subsequent implementations by the concerned patients has become a critical issue for a few decades. The relationship between dietitians and their clients is almost similar to a teacher and student. A good teacher always puts their best effort into teaching students, whether in an institution or at home, as a private tutor. If a student reads well and studies hard at home, they may expect the best result at an examination. Here is a similarity: if a patient strictly adheres to the dietitian's diet plan, can predict the best dietary outcome altogether. However, follow-up diet by the patient should be monitored periodically by a skilled dietitian to achieve the best dietary result not only in hospital or institutional settings but at private clinics also.

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## 2. Discussion

This short communication mainly highlights the importance of coordination in personal settings rather than private hospital practice because hospitals are always committed to comprehensive healthcare services for the admitted patients starting from ICU to the general unit. The specific teams usually serve under each department in institutions that help a patient or patient parties to receive quality and systematic medical services where diet is always essential and dynamic departments follow the protocol and service rules.<sup>1,2</sup> However, governments (public hospitals) in some developing countries struggle for satisfactory services because of excessive patient rush.

As diet care is a concern, there are four basic functional steps that a dietitian needs to follow. Nutrition screening and assessment is the first step to identifying nutritional issues (malnutrition status). Nutritional assessment is defined by nutrient biomarkers and their relationship to actual dietary intake, anthropometric measurements, and body composition. The next step is nutritional diagnosis through the PES that indicates nutrition problem (P) or diagnosis, the etiology (E) or root cause, and the symptoms and signs (S) of the nutrition issues. The 3<sup>rd</sup> stage is nutritional intervention irrespective of goals, and the last and the most critical step is nutritional monitoring cum evaluation from the dietitian/nutritionist's side.<sup>1,3,4</sup>

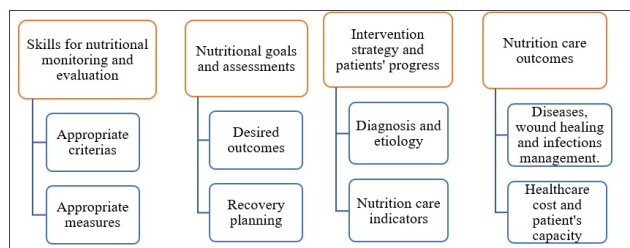


Chart 1: Identifying factors for proper nutrition monitoring and evaluation

Nutrition monitoring and evaluation in both hospital and private settings: It is choosing appropriate indicators/measures for comparison (previous status, nutrition, intervention goals, or reference standards), identifying the patient's or clients current position in terms of the expected outcome, and explaining differences between expected and unexpected results. Identifying factors that facilitate or impede progress. Choosing whether to discharge or continue nutritional care.

Nutrition care indicators: Various food and nutrients consumptions, development of body, and its composition, public health and nutrition knowledge, behaviors, attitudes, and food access are all factors that food and nutrition professionals can have a direct impact on diagnostics tests and some laboratory values. Physical activity, for example, is an example of functional abilities. Patient perceptions of nutrition care and nutrition-related outcomes include quality of life.<sup>1,3,4</sup>

## 3. Conclusion

Nutrition monitoring and evaluation are the most challenging and critical steps of all the four stages of the nutrition care process (NCP). Hospital dietitians are more or less following institutional protocols but lacking in private settings. All dietitians must focus and plan for nutrition monitoring and evaluation (NME) for the best possible recovery. Therefore, consistent monitoring by a dietitian can rightly direct the patient's regular follow-up for the best possible dietary outcome.

## 4. Source of Funding

None.

## 5. Conflict of Interest

The author declares that there is no conflict of interest.

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