

CDM, CFPP Nutrition Care Self Assessment Tool

Name _____ Date of Review _____

Qualification: CDM, CFPP Yes No

Skill	Competent		If No, Action Taken	Date
	Yes	No		
Current with certification as a CDM, CFPP				
Aware of CBDM's Scope of Practice, Professional Practice Standards, and CBDM's Continuing Education Requirements				
CLINICAL AREA				
Able to assign patients to appropriate nutrition risk category using facility-approved screening policy and procedure				
Able to use the Model for CDM, CFPP Role in Nutrition Care Flow Chart to determine appropriate action				
Able to identify diagnoses which have nutritional implications and document accordingly				
Able to accurately record weight status (IBW, UBW, BMI, etc.)				
Able to accurately record protein status utilizing facility-approved guidelines				
Able to estimate caloric needs appropriately, utilizing facility-approved guidelines				
Able to estimate protein needs appropriately, utilizing facility-approved guidelines				
Able to estimate fluid needs appropriately, utilizing facility-approved guidelines				
Able to follow facility guidelines for a change in diet order or nutrition intervention if nutrition screening warrants this change				
Refers needs for nutrition support (tube feeding, TPN) and high nutrition risk patients to the RD, according to facility-approved guidelines				
Provides, or makes appropriate referrals for nutrition counseling, utilizing facility-approved guidelines				
NUTRIENT INTAKES				
Able to analyze food intake appropriately				
Able to analyze macronutrients from PO feedings				
DOCUMENTATION				
Able to complete assigned sections of the RAI/Care Plan accurately and timely utilizing facility-approved guidelines				
Able to use Nutrition Notes and Nutrition Progress Notes appropriately and timely				
Able to implement nutritional interventions and document on the Interdisciplinary Care Plan utilizing facility-approved guidelines				
Able to communicate nutritional interventions or recommendations in appropriate manner				
Able to document on Discharge Summary appropriately				

Goals for Improvement

Goal	Learning Need	Learning Plan

Continuing Education Record/Plan

Clinical Nutrition Continuing Education (Topic) Needed	Program Attended/Completed	Number of Hours	Date

Reviewed with RD/LD

CDM, CFPP Signature

RD/LD Signature

Date

Date