

... A DIETETIC SUPPORT WORKER: NEPHROLOGY



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I am one of four Dietetic Support Workers (DSWs) at the Bristol Royal Hospital for Children. I work with the Renal team, others work with patients with Cystic Fibrosis, Metabolic diseases, Cancer, Gastroenterology and Burns.

We run regular audits throughout the hospital to ensure that our service is meeting the needs of the Care Quality Commission Regulation 14, including nutritional screening. We support catering developments, set up new supplement orders from the hospital pharmacy for our inpatients and monitor the stock of supplements on our respective wards. Many of our patients are fed via nasogastric tubes or gastrostomies; despite this, we can ensure optimal nutrition at home, school and nursery, and even out and about. We also help the dietitians by liaising with our Home Enteral Feeding team to ensure that correct feed deliveries take place.

To extend our knowledge and skills, we also support our Special Feed Unit twice a month. Here we make up specialised feeds in a safe environment, which allows us to become familiar with concentrations and dilutions, and we quickly learn to associate certain feeds with specific conditions. Our feeds are mostly paediatric specific and can differ in suitability of age-range. The knowledge I have picked up from my time in the Special Feed Unit has been very useful.

My role as a Paediatric Dietetic DSW for the Renal service, is currently funded by the British Kidney Patient's Association. My remit is to support the two qualified dietitians who specialise in Renal Disease in this specialist tertiary hospital, which supports all the local hospitals in the South West of England. Due to the nature of Chronic Kidney Disease, I get to see many patients on a regular basis and witness all their 'ups

and downs' throughout progression and treatment. Getting to know the children, parents and carers well allows me to gain a better insight when taking diet histories and to offer realistic low salt and healthy eating advice. Despite living with these conditions, these children are some of the most determined and cheerful little critters I have ever come across and this exudes strength to their parents.

In the renal service, we monitor patients' biochemistry very closely; altering levels might result in feed plans and diets being adjusted accordingly. Haemodialysis can alter these readings, so bloods must be checked both before and after. Haemodialysis usually lasts around three hours and patients can be in two to four times a week! Micronutrients are also checked and vitamin/mineral supplements might be added. I spend time each week pulling patient notes and filling in recent biochemistry, anthropometric information in preparation for meetings and clinics.

As kidney disease progresses, a patient's ability to maintain appropriate biochemical levels deteriorates and so their dietary needs change. These diets can be very complex and the dietitians advise all complex patients. However, I can offer low salt advice when asked by the dietitian and healthy eating advice to post-transplanted children. As renal diets can be extremely restrictive, after a transplant, getting children to eat a healthy and balanced diet can be extremely challenging; some children may need to redevelop a positive relationship with food or learn eating skills.

Rachel is a Renal Dietetic Support Worker at the Bristol Children's Hospital. Her goal is to go back to university to study to become a dietitian.



Children with this condition are at risk of growth problems, so this means that we need to closely monitor growth. Part of my role is to regularly plot height, weight (and head circumference for babies) for the dietitians. Through taking diet histories I am able to help patients express their likes and dislikes and I have worked with the dietitians to obtain school menus in order to check that the children are getting as much choice as possible.

Most sick children we see need high energy diets alongside restrictions. We often experience difficulties when getting children to try supplements and I enjoy the challenge of creating different options, such as 'renal shakes' to get our patients to try them. We have a resident Play Therapist who is fantastic at supporting us too.

My additional tasks can range hugely on a day-to-day basis. Since my start in January this year, I have created an à la carte renal-specific menu and snacks list for our babies, toddlers and children. I have aided in the organisation and running of a national renal recipe competition, an initiative set out via the Paediatric Renal Interest Nutrition Group to create a recipe book which will hopefully be available to paediatric renal patients by next year. I have also created a Guide to the Nutrition and Dietetic Service leaflet for Ward staff, outlining what we offer as a service,

how to contact us and find our guidelines and information and how to obtain specialised feeds (amongst other things).

I was lucky enough to lead on organising and running a 'Salt Awareness Week' stand alongside the National 'Salt Awareness Week' which was aimed at raising awareness of hidden and added salt within foods. As a result of the success of this, I now work with others to create a regular health promotion corner in the outpatient waiting area and have since gone on to organise a similar event on 'sugar and dental health'. The paediatric DSWs have an abundance of ideas for future projects and I am excited to get stuck in.

Alongside my renal specific role, I also maintain the department website and create and distribute our monthly newsletter, Nutrition Mini Bites, which is sent out to staff to update them on all things nutrition and dietetic!

My role as a DSW is a healthy balance of patient contact, sourcing information, creating resources and helping with administration. Our small renal dietetic team supports each other, as well as the whole multidisciplinary team, to optimise the health of our patients on a day-to-day basis. Our team goal is helping our children achieve healthy lives and I am pleased to be a part of this. ■