

A DAY IN THE LIFE OF A RENAL DIETETICS ASSISTANT



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Whilst studying for my degree in Nutrition at the University of Nottingham, I worked for NutraTech, a company which creates online diet tools and websites. Once I had graduated in 2010, I set up my own business Route2nutriton and did some work for the NHS and for private companies too. I then went travelling around the world, discovering new cultures and tasting lots of different cuisines.

In 2012, I got the job as dietetics assistant at Fresenius - a renal dialysis unit in Leicester, where I worked two days a week. I later had an additional job in medical sales with Nutrinovo, supplying hospitals with nutritional supplements.

In 2013, I started a Dietetics degree at Coventry University to gain my Registered Dietitian (RD) title which will hopefully open more doors for me and my career. I still work part time at Fresenius, although I am currently taking a year out on maternity leave.

IN THE RENAL DIALYSIS UNIT

Fresenius is a satellite unit, which takes NHS patients who have stage 5 kidney disease and who require dialysis. It is a medium-sized unit with around 114 patients, who come in for haemodialysis (HD) three times a week. Generally, the patients stick to the same shift every week, so they really get to know one another and it creates a lovely environment. There is a lot of chatter in the waiting area and across the ward during a shift.

It is important that we keep an eye on the patient's blood results and dry

weight; as HD patients don't dialyse daily, water and minerals such as potassium and phosphorus build up in their system, which can become dangerous if it isn't controlled properly.

Blood results are taken monthly; I review the results, write them up in the patient's folders and note any out-of-

range results that are passed onto the RD and Multi-disciplinary team (MDT), in a MDT meeting. Patients have access to their own results online, but we also provide a printed copy which gives the patients and ourselves a chance to ask questions when we hand them out.

Patients are seen every month for the first six

months of dialysis and then every three months thereafter. Some patients who are on nutritional support, for example, may be assessed more closely and seen more regularly; it is the RD who generally sees them.

I carry out anthropometric measurements every three months; this consists of a mid-upper arm circumference (MUAC) and dry weight (post HD weight). All new patients also have their height measured and documented. These measure-

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Charlotte is a degree qualified nutritionist with experience working for the NHS and privately both in employed and freelance positions. She enjoys being in the countryside and by the sea, with her family and my dogs. Her favourite place is Cornwall.

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ments help to determine the patient's target weight which is important for their comfort and dialysis treatment: if too much water is taken off during HD, the patient's blood pressure may drop, which often leads to dizziness, cramps and headaches, or if too little is taken off, they can become overloaded which requires further hospital care. The routine measurements also highlight those patients who may require additional support, for example, if they are losing weight readily.

A renal diet can feel very restrictive to patients and can be more difficult to manage if they have other dietary requirements such as coeliac, irritable bowel, diabetes, or if the patient is vegetarian or vegan. It is our job to help make their diets as varied as possible. We often search supermarket websites and visit local stores to find suitable and accessible products for patients. There is a lot of educational material available to the patients as well, such as handouts and diet sheets.

Some of my other jobs include: taking patient's diet history, chasing patient prescription by ringing their doctors or pharmacy to ensure that they are getting the medication and supplements required, creating new dietetic displays for the patient waiting area, photocopying diet sheets (less

interesting!) and writing up new patient files.

As a renal dietetic assistant there are certain limitations to my job role- I am not permitted to recommend or supply patients with medication such as phosphate binders, renal multi-vitamins, or nutritional supplements without the permission of a RD.

Working within this unit environment, has allowed me to build a strong rapport with patients, which has made me appreciate the importance of good patient-practitioner relationships; we must gain a patient's trust before they feel comfortable enough to open up and be honest about their eating habits. In turn, this makes our job more effective as it ensures that we get accurate information and can offer tailored advice to help patients achieve nutritional adequacy and optimal health.

I find the renal system really interesting as it is very complex and requires some detective work. It can be hard to get some patients to see the importance of diet as part of their treatment; it requires good communication techniques to encourage adherence.

I thoroughly enjoy my job, there is always something to do or patients to chat to and I can definitely say that it inspired me to continue my studies in dietetics.

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