Standard 8 Fluids and Nutrition

**Learning Outcome -The learner will:**

**Assessment Criteria – The learner can:**

**8.1a** Part i) Food safety is essential when storing, handling and preparing food. List four of the basic principles of food safety, including hygiene.

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |

Part ii) Thinking about where you work, describe why food safety, including hygiene, is so important when preparing and handling food.

|  |
| --- |
|  |

**8.1b** Part i) Explain the importance of good nutrition and hydration in maintaining health an wellbeing. Make sure you include the the factors in the grey boxes in your answer. Carbohydrates / Balance / Fibre / Eatwell Plate / Vitamins / Protein / Bodily functions / Minerals.

|  |
| --- |
|  |

Part ii) Fill in the answers to the two questions on fluid intake.

|  |  |
| --- | --- |
| What is the recommended daily amount of fluid an individual must consume to support good hydration? |  |
| How many 150ml glasses would an individual have to consume to reach the minimum recommended amount? |  |

**8.1c** Part i) List the signs and symptoms of malnutrition.

|  |
| --- |
|  |

Part ii) Complete the diagram below to list the signs and symptoms of dehydration.

|  |
| --- |
|  |

**8.1d** As a healthcare support worker or adult social care worker, you are required to promote good nutrition and hydration, encouraging and supporting individuals to have the correct balance of food and fluids according to their care plan. For each of the examples below, explain how you would promote adequate nutrition and hydration for each individual.

|  |  |
| --- | --- |
| Individual | How would you promote adequate nutrition and hydration? |
| An individual who has had a stroke and whose muscles are weakened |  |
| An individual who has dementia and forgets to eat and drink |  |
| An individual who has a visual impairment and needs assistance to maintain their independence when preparing food, eating and drinking |  |

|  |
| --- |
| **Assessor Feedback: Date:** |

Candidate Signature: ……………………………………………….. Date: ………………….

Assessor Signature: …………………………………………………. Date: ………………….