

NUTRITIONAL COUNSELING EDUCATION SESSION EVALUATION FORM

Student's name: Alexis PetersonDate: 2/22/22

Patient's name: _____

Instructor: _____

The following items were included in the nutritional counseling session

- ☒ Purpose of session was discussed
- ☒ Three Day Food Diary was collected (Sunday – Tuesday OR Thursday – Saturday)
- ☒ Dental history was evaluated (i.e., past, current, fluoride sources, sealants, plaque index, special diets, food allergies, food dislikes)
- ☒ Pertinent medical history was gathered (i.e., medications, supplements, xerostomia)
- ☒ Typical daily routine was discussed
- ☒ Caries information was supplied (4 circles, pH, demineralization/remineralization)
- ☒ Cariogenic exposures were identified *must be circled in red
- ☒ Form and frequency of sucrose intake was evaluated
- ☒ Potential acid production was determined (minutes or hours per day)
- ☒ Balance and adequacy of diet was determined
- ☒ Utilized "MyPlate" Guidelines recommendations
- ☒ Discussed physical activity level
- ☒ Reviewed caries prevention
- ☒ Planned a modified diet
- ☒ Follow-up appointment was discussed and date documented N/A

Additional areas of evaluation:

- ☒ Recording at correct starting position
- ☒ Setting conducive to information exchange and learning
- ☒ Utilized teaching aids to enhance the learning experience (4 circles)
- ☒ Used communication skills that facilitate learning
- ☒ Paced information (approximately 15- 20 minutes)
- ☒ Used terminology that the patient understands
- ☒ Used open-ended questions
- ☒ Active participation by patient
- ☒ Provided positive reinforcement
- ☒ Presented information accurately

Key:

2=mastery

1 = acceptable

0=unacceptable

_____ - _____ = _____ / _____ = _____ %

Possible Errors Possible Total %
Points Points

(80% - need 40 points out of 50 points)

Comments: _____

Food Diary

	Thursday Day 1	Friday Day 2	Saturday Day 3
Breakfast	11:30am Water + <u>Diet Sprite</u>	12:30am Chicken noodle Soup, <u>applesauce</u> + water	1pm <u>Chocolate protein</u> <u>Snack</u> + water
Snacks	Water throughout the day	11:30am <u>Diet Sprite</u>	Water through out the day
Lunch	3pm: Chicken nuggets, corn, <u>Brownie</u> , <u>Breakfast</u> burrito (Tortilla, Sausage, eggs, cheese, hashbrown), <u>applesauce</u> + water	2pm: <u>Apple Sauce</u> , Chicken nuggets, corn, <u>Brownie</u> , broccoli and cheese, + water	4pm Chicken nuggets, <u>macaroni</u> , <u>brownie</u> , <u>apple sauce</u> + water
Snacks	6:20pm <u>Chocolate protein</u> <u>Snack</u> + water	2:30pm <u>Diet Sprite</u>	
Dinner	8pm: Breakfast burrito (Sausage, cheese, egg, hashbrown, tortilla), <u>apple sauce</u> , <u>macaroni</u>	6pm Chicken alfredo, toast, + water	7:30pm Chicken nuggets, <u>macaroni</u> , <u>brownie</u> , <u>apple sauce</u> + water
Snacks	10pm <u>Diet Sprite</u> + water	8:30pm <u>Apple juice</u> , Popcorn, + water	10pm: 3 bisco sticks, marinara sauce + water

Instructions:

1. Include 2 routine days and one non-routine day (Sunday – Tuesday or Thursday – Saturday)
2. Record all that you eat and drink in household measurements (teaspoons, cups, ounces, etc.)
3. Record the way it was prepared (raw, cooked, creamed etc.)
4. Record the time and order of consumption (with meal, end of meal, etc.)
5. Keep diary with you at all times and record foods soon after intake

Nutritional Case History and Assessment

Patient's name: _____ Date: 2/22/22

Past dental information: (preventive and therapeutic events and approximate dates)

Gets Cleanings regularly (every 6 months). Fluoride
regularly (+ varnish at each 6 month cleaning),
and X-rays at least once a year

Current dental information: (results and date of last check-up)

Caries controlled: Controlled, last appointment

Caries activity: Controlled, no active caries,

Caries risk: Moderate risk for caries

Navy plaque index: (if known) Moderate teens - 20's

Fluoride sources: (past/present; water, supplements, rinse, topical, toothpaste, none)

Toothpaste, Act mouth wash, regular fluoride at
dental appointments

Sealants: (dates and teeth) _____

Food allergies, special diets, food dislikes:

dislikes cucumbers, tomatoes, raisins, and mustard

Pertinent medical history: (special diet, medications, supplements, xerostomia, etc.)

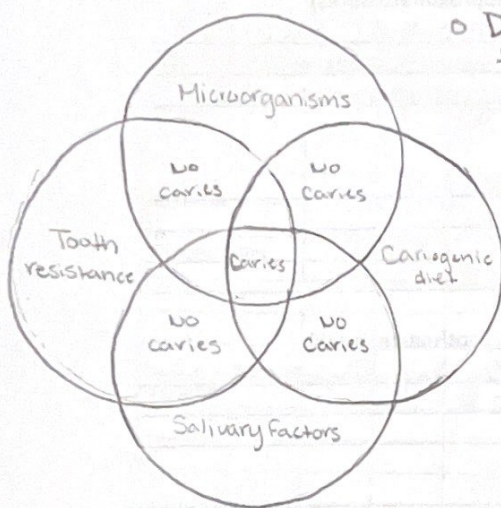
No allergies, medications, or supplements

Assessment summary: (current caries status and modifying factors)

Moderate caries risk

Diet Evaluation Summary

Explanation of the dental caries process: must document the following in the space provided: 4 circles, pH, demineralization/remineralization (recording should depict interaction with patient)



Dental caries formation is a combination of the teeth, bacteria, fermentable carbohydrates, and salivary factors. Normal pH is 6.2-7. Critical level for demineralization is when the pH drops below 5.5. Cariogenic on the tooth surface is changed to acid in 2-4 minutes. Acid left undisturbed is not cleared from the mouth for at least 20-40 minutes (20 min - liquid; 40 min - solid). Acid attack can last undisturbed for 1-2 hours because bacteria has a storage mechanism to help ensure an energy supply.

Form and Frequency:

		Day 1	Day 2	Day 3	totals
Solid retentive	With meal	2	1	1	4
	Between meal	1	1	2	4
Liquid non-retentive	With meal	1	1	1	3
	Between meal	0	0	0	0

Total:

Solids X 40 minutes = 320 min

Liquids X 20 minutes = 60 min

Solid minutes + liquid minutes = 380 min (total minutes)

Total minutes ÷ 3 days = 2.11 hr / day (total acid production in minutes or convert to hours) per day

Daily Diet and Activity

Daily activity level: (circle one) Sedentary Mod. Active ActivePatient's name: _____ Date: 2/22/22 Age: 24

MyPlate Food Groups	Day 1	Day 2	Day 3	Daily Average	Female		Male		Adequate	
					Age	Amount	Age	Amount	Yes	No
Examples for what counts in each food group go to www.choosemyplate.gov										
Fruits	2	3	2	2.3	19-30	2 C	19-30	2 C	✓	
					31-50	1 ½ C	31-50	2 C		
					51+	1 ½ C	51+	2 C		
Vegetables	3	2	2	2.3	19-30	2 ½ C	19-30	3 C		✓
					31-50	2 ½ C	31-50	3 C		
					51+	2 C	51+	2 ½ C		
Grains	8	8	8	8	19-30	6 oz.	19-30	8 oz.	✓	
					31-50	6 oz.	31-50	7 oz.		
					51+	5 oz.	51+	6 oz.		
Protein Foods	6.5	5	4	5.1	19-30	5 ½ oz.	19-30	6 ½ oz.		✓
					31-50	5 oz.	31-50	6 oz.		
					51+	5 oz.	51+	5 ½ oz.		
Dairy	3	3	3	3	19-30	3 C	19-30	3 C	✓	
					31-50	3 C	31-50	3 C		
					51+	3 C	51+	3 C		

Modified Diet and Dental Health Summary:

- A. Summary & recommendations for fluoride sources: Pt uses fluoridated tooth paste, mouth
- B. Summary of the value of sealants: N/A wash and varnish every 6 months
- C. Recommendations for personal oral hygiene: Continue brushing 2x a day and flossing once
- D. Vary food textures to stimulate saliva: Discussed
- E. Modify the form and frequency of cariogenic factors: Discussed
- F. Plan a diet to suit individual tastes and dental needs:
- A.M. Starting the day w/ more protein
- Noon Protein, cheese, vegetables or nuts
- P.M. Treat at beginning of dinner
- Extras One diet Soda a day
- G. Follow-up date determined and recorded (2 months): N/A