



# Eating into Malnutrition

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# Aims of the session.

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- The aim of this session is to improve awareness of the importance of early instigation of oral/enteral nutrition and the role of the nurse in achieving this.
  - Explore what we already know about malnutrition and its implications.
  - Explore nutritional algorithms and their effects in the critically ill patient.
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# What we already know.

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- Nutrition historically recognised as a nursing role.
  - Patients who experience prolonged malnutrition suffer from multiple side effects.
  - Malnutrition has a physical/ psychological and financial implications.
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# Implications of malnutrition in the critically ill.

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- Slower wound healing rates.
  - Compromised immune systems.
  - Muscle weakness (including respiratory muscles).
  - Reduced cardiovascular function.
  - Altered GI tract function.
  - Increased risk of hospital acquired infections.
  - Prolonged ITU/HDU stay.
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# Nutrition as a nursing role.

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- Critical care nursing is evolving and nutrition is often delegated to nursing assistants.
  - Nurses very competent at assessing nutritional status and recognising patients at risk.
  - Patients can wait up to 5 days for dietetic assessment, delaying implementation of supplementation.
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# What can we do?

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- Early, appropriate assessment of patients nutritional status.
  - Use of nutritional algorithm to for implementation of nutrition.
  - Remember that patients who can eat and drink can have simple supplements.
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# Nutritional algorithms.

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- The aim of nutritional algorithms is to give a standard best practice approach to nutritional supplementation for patients (Adam 2000). This can be achieved by ensuring that the correct patients receive nutritional support, that the time nutritional support commenced is appropriate, that the route of nutritional support is the most safe and appropriate and that the correct nutritional supplement is used (Adam 2000).
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# Risks.

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- Critically ill patients can be catabolic.
  - Patients could be severally malnourished prior to admission and implementing nutrition can lead to re-feeding syndrome.
  - Can overfeed patients leading to increase CO<sub>2</sub>.
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# Conclusion

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- Early instigation of nutrition improves the amount of food/ feed patients receive.
  - It improves the timeliness of implementation.
  - Reduces length of stay in ITU/HDU/hospital.
  - Financial gains for trust.
  - Psychological gains for patients.
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