Nurses Taking Action to Target Malnutrition

Maybe Florence Nightingale really did get it. Her philosophy during the Crimean War included good hygiene and keeping the patients fed and tended to. This principle is still a cornerstone for restoring health despite the rampant advances in technology. Nightingale’s Environmental Care model emphasized the provision of a quiet and warm environment, tending to patient’s dietary needs by assessment, documenting time of food intake, and evaluating its effects on the patient. Nightingale (1860) stated in her nursing notes that nursing is an act of utilizing the environment of the patient to assist him or her in recovery, that it involves the nurse’s initiative to configure environmental settings appropriate for the gradual restoration of the patient’s health, and that external factors associated with the patient’s surroundings affect life or biologic and physiologic processes and the patient’s development.

In the current state of health care, the prevention and treatment of hospital malnutrition offers an opportunity to optimize the overall quality of patient care, improve clinical outcomes, and reduce costs. Malnutrition is pervasive in our American lifestyle and continues to go unrecognized and untreated in many hospitalized patients. The results of malnutrition directly impact all aspects of patient recovery; the end result is an increase in resource utilization and health care dollars, as complications related to malnutrition can increase length of stay and readmissions, as well as delay healing. Effective management of malnutrition requires collaboration among multiple clinical disciplines. In many hospitals, the dietitian predominantly manages malnutrition. The nurse screens the patient at the time of admission, and if a trigger is met, sends a consult to the dietitian for follow up. With shorter inpatient stays, the dietitian may eventually get to the patient, but precious time may pass with delayed nutrition attention, as the priority of care may preclude early intervention. Follow-up care after discharge may fall by the wayside. Properly tending to the patient’s nutritional needs requires an interprofessional approach.

Beth Quatrara, DNP, RN, ACNS-BC, CMSRN, along with Melissa L. Parkhurst, MD, and Kelly A. Tappenden, PhD, RD, FASPEN, charter steering committee members of the Alliance to Advance Patient Nutrition, presented these concerns and the opportunity to correct this epidemic at the Academy of Medical-Surgical Nurses (AMSN) Annual Convention in Nashville, TN, in September 2013. AMSN is the nursing leader on the Alliance to Advance Patient Nutrition, and in an effort to improve the care of malnourished patients, is sharing strategies that nurses can implement to actively address the nutritional challenges in our patients.

So, what can you do to reduce malnutrition in your organization?

- Assume a more active role in assuring early identification and care of patients who trigger positive malnutrition screening.
- Understand risk factors such as inflammatory processes that demand nutrient absorption as well the under-consumption or intake of nutritionally deplete meals.
- Develop and implement organizational policies that allow nurses to provide nutrition care, such as returning low-risk patients to previously established feeding orders following temporary delays, and intervening with a standardized nutrition care plan while awaiting a prescriptive plan from the RD team.
- Create focused meal times, managing environments and staff meal times, intervening with nutrition therapies as appropriate, and designating a nutrition care
nurse in each clinical area to monitor and evaluate implementation of the policy.

- Introduce the patient nutrition awareness movement and familiarize the clinical leaders in your organization with the Alliance to Advance Patient Nutrition website (www.malnutrition.com).

In the current health care environment, nurses typically screen patients only on admission. Often the patient does not fall completely into the malnutrition category that triggers a consult. Take a look at your organizational nutrition screening tool and see if the metrics are sensitive enough to capture early malnutrition. In many cases, a patient is on the borderline and falls into the malnutrition category during the hospitalization without recognition by health care professionals. Complications such as pressure wounds, venous thromboembolism, edema, and infections can occur related to inadequate nutrition. When malnutrition is discovered too late, other adversities such as comorbidities, increased length of stay, increased hospital costs, and poor patient outcomes can occur. Rescreening patients at regular intervals is the key to identify malnutrition and implement an early action plan to avoid complications.

Be the catalyst at your organization in the efforts to reduce the risks of malnutrition. Visit the Alliance to Advance Patient Nutrition online and share the information and resources found there with your interdisciplinary teams. Be a leader in the national movement to improve patient nutrition by implementing the six principles listed in the Alliance Interdisciplinary Call to Action (see Table 1). And, most of all, be a proud member of your professional organization, AMSN, for leading the nursing charge in getting back to Nightingale’s principles and improving patient outcomes!

Reference

Suggested Readings


**Andie Melendez, MSN, RN, HTCP, CHTP,** is a Clinical Nurse Specialist, University of Maryland Baltimore Washington Medical Center, Glen Burnie, MD. She is the AMSN Associate Clinical Representative to the Alliance to Advance Patient Nutrition, and has served as a member and chair of the AMSN Clinical Practice Committee.

### Table 1. Alliance Interdisciplinary Call to Action: Six Principals to Improving Nutrition

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<td>1.</td>
<td>Create an institutional culture where all stakeholders value nutrition.</td>
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<td>2.</td>
<td>Redefine clinicians’ roles to include nutrition care.</td>
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<td>3.</td>
<td>Recognize and diagnose all malnourished patients and those at risk.</td>
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<td>4.</td>
<td>Rapidly implement comprehensive nutrition interventions and continued monitoring.</td>
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<td>5.</td>
<td>Communicate nutrition care plan.</td>
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<td>6.</td>
<td>Develop a comprehensive discharge nutrition care and education plan.</td>
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