New Year, New Goals… Patient “NEW”trition!

Now that we are knee-deep in our 2016 goals and resolutions, it is a great time to reflect on our progress. Although many of us tend to set new goals at the beginning of the year, many are lost to failure as the set goals are too “lofty” or unreachable. Many of our New Year's resolutions involve healthy eating and personally improving our nutrition practices. But what nutrition goals did you set for patient nutrition practices for 2016? What new practices in nutrition can you suggest for your unit to focus on in assuring that our patients are getting the best nutrition support we can provide? As you review and implement your NEW professional goals, include a “NEW”rition focus for your patients!

We already know that estimates show 25-50% of patients admitted to hospitals each year are malnourished and that this affects patients regardless of geography, age, or perceived health (Annals of the New York Academy of Sciences, 2014). We also know that the appearance of our patients does not accurately reflect their nutrition status (e.g., an obese patient may still be malnourished due to poor nutrition access or choices). Furthermore, we know that failure to effectively address nutrition results in delayed recovery, increases complications, and strongly impacts the length of stay (Alliance to Advance Patient Nutrition, 2014).

So, as we consider the year ahead, what steps can you take to get your unit on the path to nutrition success for our patients? What ideas can you hardwire into the practice of your unit to assure that we are addressing all that need nutrition attention?

As part of the Alliance to Advance Patient Nutrition, AMSN is committed to promoting a high level of nutrition awareness and nurse focus in order to support our patients from admission to discharge and throughout the continuum of care. To support this commitment, we formed an online community for Nutrition Leaders on the AMSN website (www.amsn.org), which includes a link to the Alliance to Advance Patient Nutrition site.

The first step is to identify patients at risk and guarantee that we bring in the appropriate resources at the onset of the admission. Once identified, we need to provide education and access to the right nutritional plan, with consideration for oral nutrition therapy even in our mobile, less acute patients who screen as “at risk.” So, what actions can we take as we redesign our care to ensure adequate nutrition for our patients? Some considerations include:

- Offer anti-emetics prior to mealtime to those with nausea.
- Collaborate with dietitians to find oral intake substances/textures to address patients with dysphagia.
- Carefully address patients with swallowing disorders with speech therapy and dietitians to assure all oral options are explored (as well as other routes of nutrition).
- Consider oral supplements (in fact, keep them on your unit for use as needed); they are the first line for supplementation!
- Consider enteral or parenteral nutrition when these ideas are not feasible.
- Maintain hydration and ensure reduced risk of aspiration as well as constipation.

Your challenge (should you choose to accept it, and we hope you do!) is to look at a few ways to enhance nutrition for your patients as we accomplish our intentions and goals for 2016.

“Every careful observer of the sick will agree in this, that thousands of patients are starved in the midst of plenty, from want of attention to the ways which make it possible for them to take food.”
—Florence Nightingale

References


Suggested Readings


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