Healthy to Undernourished: Post-Hospital Syndrome

Bob was a 62-year-old man who weighed 180 pounds and was 5 feet, 10 inches tall. He was a very active man who played on a golf team two days a week. Bob was admitted to the hospital for elective abdominal and inguinal hernia repairs. Bob’s surgery went well, and he was discharged three days later. When Bob arrived home, he could barely make it up the stairs to his bedroom. He was exhausted. He felt weak and unstable. What went wrong?

Like many hospitalized patients, Bob’s body was stressed during the hospitalization. He underwent surgery. He was NPO the night prior to surgery, didn’t have any nutrition the day of surgery, and was nauseated postoperatively. All of these factors limited his intake of nutrients. Furthermore, his abdominal pain limited his mobility during the hospitalization and prevented him from sleeping well. Bob was undernourished and deconditioned when he returned home.

Dr. Krumholz (2013) terms this familiar condition Post-Hospital Syndrome, the temporary condition of weakness acquired during hospitalization that places patients at risk for post-discharge complications. During a hospitalization, the focus is often placed on the patient’s immediate care needs. Effectively caring for a patient involves managing his or her immediate care needs related to hospitalization, but also addressing the essential elements of nutrition, mobility, and sleep. Unfortunately, these essential elements are often under-emphasized.

What if Bob’s nurse identified his inadequate nutrient intake on post-operative day 1 and collaborated with his physician and dietician to establish a clear plan? Bob could have received anti-emetics prior to each meal to reduce the nausea and increase the likelihood of eating. Bob might have received a bland food tray that may have been more palatable in face of the nausea. Perhaps, Bob could have been asked to identify foods that he preferred and wanted to eat. Bob’s environment could have been optimized to make it more conducive to eating. His bedside table might have been cleaned off prior to the tray delivery. He also could have been assisted to brush his teeth and wash hands to create a more supportive mealtime environment. He might have been helped out of bed and into a chair to facilitate eating and promote mobility.

Moreover, Bob could have received a nutrition plan to take home. Often, patients are told to return to a ‘regular’ home diet. Yet without fully understanding the patient’s home nutrition regimen, the ‘regular’ home diet may be inadequate. Bob might have benefited from a prescriptive home nutrition plan to increase his stamina, aid his healing, and prevent complications. Bob also could have been given a prescription for anti-emetics to facilitate nutritional intake at home.

Looking to the future of health care, patients like Bob need comprehensive nutrition plans. Nutrition that is prioritized during hospitalization and transitioned to home provides our patients with the best chances for success. Providing quality nutrition care is a key element in reducing Post-Hospital Syndrome and rapidly returning patients to a functional life.

Reference

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