Nutritional Needs of the Hospitalized Patient

People hospitalized in an acute care setting require a nutritional assessment upon admission so that interventions can begin immediately. Nutritional needs of hospitalized patients are equally as important as the medicinal and other treatment modalities prescribed to achieve optimal health.

Nurses in acute care settings are responsible for completing admission assessments. While each of the assessments during the admission process is equally important, the nutrition assessment is one that should take priority. A person’s nutritional status plays a significant role in the recovery process. Those who are in the hospital depend on hospital food to sustain them during their illness. It is known that a high percentage of patients admitted to the hospital are undernourished (Parker & Miller, 2011). The nutritional status of a hospitalized individual can be a patient safety issue if left unattended. Diminished nutritional intake leads to weakness and muscle fatigue, which leads to an increased risk for falls. Nutrition is just as vital as medications and other types of treatments required for healing.

Upon admission to the hospital, a nutrition assessment is done to determine a patient’s needs so that interventions can begin immediately. Things to observe are: 1) Does the patient have barriers to eating? 2) Is a standard diet appropriate for the patient? 3) Does he or she require a special diet? 4) Has the patient lost any weight recently? A care plan related to nutrition should be initiated and the dietician notified in a timely manner if additional interventions are necessary.

An initial height and weight on admission contributes to a baseline for the patient’s current nutritional status upon admission. Yet, height and weight are not enough to determine nutritional status. Very thin as well as obese patients can be malnourished. Obese patients should be thoroughly assessed and monitored during their hospitalization for nutritional needs and interventions (Merriman, 2008).

The nursing staff also needs to consider the current medical orders. Is the patient allowed to eat? What diet restrictions are in place? Is the patient ordered nothing per os (NPO)? Is intake and output adequate? Monitoring fluid intake and output can be essential to the assessment process for the patient. Calorie counts may also be needed to determine whether or not enough nutrition is being delivered through the foods they are served on their food trays, and if more than 50% of each meal is being consumed. If a patient is not eating well, it is important for the interdisciplinary team to be notified. It is also imperative to ascertain the reasons why the patient is not eating so that a comprehensive plan can be initiated.

If dysphagia is suspected, a consult for speech therapy and the implementation of a dysphagia diet may be necessary to prevent aspiration of food or fluids. All staff should be alerted that a dysphagia diet is ordered and what the consistency of foods and fluids are required so that the patient is not given anything that would provoke choking or aspiration. Providing the patient with a color-coded armband is another intervention that can be utilized to alert staff to the precautions that should be used with patients diagnosed with dysphagia (Merriman, 2008).

Foods high in energy and protein are suggested to aid in healing. For patients who have pressure ulcers, high protein foods might be encouraged to aid in the healing process. A prompt consult to the nutrition team can facilitate the exact nutrition plan needed to help the patient recover more quickly with fewer complications.

If a patient is unable to orally take nourishment that is essential to sustain his or her current body weight, a nutritionist may recommend supplemental nutrition or feeding through a nasogastric tube, a nasojejunal tube, or a gastrostomy tube. Parenteral nutrition via an intravenous line or central line also might be suggested. Monitoring laboratory values is important in terms of understanding the nutritional needs and implications for every patient. Closely following laboratory values helps to ensure that patients do not have electrolyte imbalances. Decreases in protein and albumin are key indicators for malnutrition. Calcium and potassium are two other lab values dieticians key in on when assessing a patient’s nutritional status.

Making Meals Enjoyable

Mealtime is an important time. Interventions for improvement of food and fluid intake can be implemented during these times of the day. Good hygiene is essential to making one feel better even when they are not feeling well. Providing frequent oral hygiene prior to meals might assist with the patient’s desire to eat because his or her mouth will be refreshed. Oral hygiene and properly fitting dentures are imperative to proper nutritional intake. Mouth care before meals will improve the likelihood that patients will want to eat food. Offering to assist the patient to the bathroom before meals will aid in elimination of wastes and decrease feeling full during the meal. Hand hygiene is another intervention nurses can offer pre-meals to make the mealtime pleasurable, especially if finger foods are served.

It is known that socialization during meals aids in making the experience an enjoyable one (Coxall, Dawes, Forsyth, & Lloyd, 2008). Sitting out of bed, in a chair; and at a table with others provides the patient with the opportunity to feel like he or she is in a satisfying environment during the meal. Minimizing activity may facilitate patient eating because of diminished distractions. Also, administering medications before or after the meal (according to pharmacological
instructions) will decrease the possibility of having undesirable tastes in the mouth and promote a desire to eat.

Assessment of a patient’s eating pattern will help the health care provider understand how much the person typically eats, what food he or she likes, and what time of day the patient is likely to consume the most food. Selecting available food options close to meal times will allow the patient to choose foods he or she likes or is craving. Additionally, hot foods should be served hot; cold foods should be cold, so that they are more desirable. Patients who do need assistance with meals should have identifiers placed on their meal trays. One suggestion is to have red placemats and napkins on the meal tray for those who need to be fed by the nurse (Coxall et al., 2008). If adaptive equipment is needed, consulting occupational therapy may be an intervention to suggest to the physician so a consult can be ordered.

**Conclusion**

An interdisciplinary approach is essential to the implementation and follow-through of nutritional interventions of the hospitalized person, no matter what age or body composition the patient has at the time of admission. Attending to the nutritional needs of the patient is just as important as addressing the physiological imbalance that required the hospitalization. Optimal nutritional balance is required to sustain life and assist in the healing process, and is necessary to maintain homeostasis and optimal health. Placing the patient in the best environment to support good eating habits while hospitalized is one measure that nurses can take to help promote the quality nutrition intake.

**References**


**Nancy Elliott, BSN, RN-BC**, is a Staff Nurse, Lebanon Veterans Administration Medical Center, Lebanon, PA.