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Importance of good nutrition during hospitalization

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ABSTRACT

Good nutrition is deemed mandatory during hospitalisation to prevent patients from vulnerable infections, enabling speedy recovery, fast wound healing and avoid frequent hospital readmissions. Clinical dietitian in a healthcare setup is the right person to ensure that patients are getting enough nutrition. Dietitians discuss and find out the nutritional status of the patient and provide support during the course of hospitalisation as well as provide a nutritional plan to be followed at home at the time of discharge.

Keywords— Clinical dietitian, Nutrition screening, Nutrition tool, Nutrition assessment

1. INTRODUCTION

Malnutrition occurs when the body doesn't get the right balance of nutrients and calories that it needs to stay healthy. Malnutrition can happen to anyone irrespective of gender, socio-economic status, affordability etc. Malnutrition in hospitals remains a common problem affecting patients of all ages. Consequences of malnutrition are very serious during hospitalisation because, without proper nutrition, patients cannot stay healthy to deal with an illness that they already have.

Malnutrition is high during hospitalisation because of the treatment, surgeries and other procedures where patients might have to follow a very restricted diet or at times not eat. Illnesses and procedures can affect appetite and patients may eat less because they don't like their food choices or they are worried or depressed. Malnutrition during hospitalisation weakens the immune system and leaves patients vulnerable to infection, slower recovery and delayed wound healing, frequent hospital readmissions etc.

The most common vulnerable group of patients for malnourishment during hospitalisation are paediatrics (children), pregnant women and geriatrics (elderly). Malnourishment also prevails in the adult group with reference to specific disease conditions which affect their food intake. Nutritional care is, therefore, an important as well as an integral part of patient care in hospitalized patients.

2. NUTRITIONAL SCREENING AND NUTRITIONAL ASSESSMENT

Since malnutrition/malnourishment symptoms are subtle, it often goes unrecognized by the healthcare professionals. Therefore to find out whether the patient is nutritionally normal or malnourished, nutrition screening and assessment are mandatory on admission.

The first and foremost step is nutritional screening. Nutritional screening is performed to immediately identify the nutritional status of the patients on admission. The second step following nutritional screening is a nutritional assessment. Nutritional Assessment is performed to determine clinically/disease-related malnutrition and provide nutritional advice or support based on the findings and continuously monitor the clinical outcome.

2.1 Various nutrition screening tools used to identify malnutrition

- Subjective Global Assessment (SGA)
- Malnutrition Universal Screening Tool (MUST)
- Nutritional Risk Screening 2002 (NRS)
- Mini Nutritional Assessment (MNA)
- Short Nutritional Assessment Questionnaire (SNAS)
- Malnutrition Screening Tool (MST)

3. CLINICAL DIETITIAN

Good nutrition support provided by the clinical dietitians aims at improving the food intake and thereby helps to improve the nutritional status of hospitalized patients. In some of the hospitals, malnutrition management continues to be managed by either

doctors or nurses. It is mandatory that this should be performed only by Dietitians to have a better outcome. The objective of nutritional screening and assessment is to identify those patients who are already malnourished or who are at risk of developing malnutrition during hospitalisation. In the mid -1990's Joint commission mandated that hospitals establish nutrition screening and assessment guidelines. Nutritional screening should occur within the first 24 hours of admission. Any patient identified to be at risk should have a nutrition assessment using information on weight and weight changes, food intake, gastrointestinal symptoms, functional capacity, disease state etc. Dietitian is responsible for planning and supervising the preparation of normal and therapeutic diets for patients in the hospital thereby provides medical nutritional intervention (MNT). To formulate the most appropriate nutritional therapy for each patient, individual patient's requirements must be considered with initial metabolic, biochemical and anthropometric data obtained during the nutritional assessment of the patient.

4. COMPONENTS OF NUTRITION CARE PROCESS (NCP)

The Nutrition Care Process is a systematic approach, providing high-quality nutrition care for patients. The Primary goal of NCP is to standardize a process of providing appropriate nutrition care. It consists of four distinct, interrelated steps:

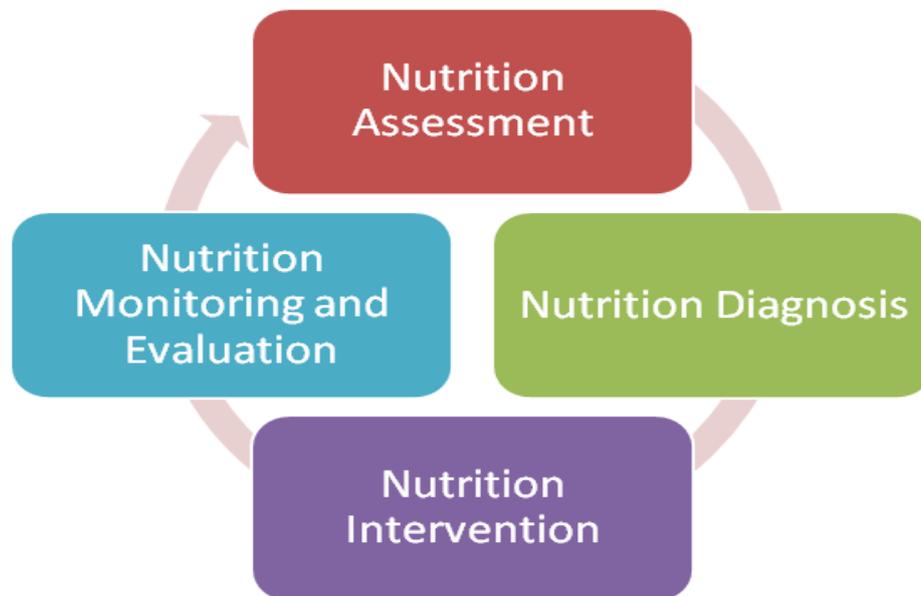


Fig. 1: Steps of nutrition care process

- 1. Nutrition Assessment:** Nutrition assessment is performed to obtain anthropometric, demographic, biochemical and food intake details of the patients to make decisions about the nature and cause of nutrition-related problems of the patients as a first step.
- 2. Nutritional Diagnosis:** The nutrition diagnosis is the identification and labelling of nutritional problems. Data collected during the nutrition assessment will guide the dietitian in the selection of the appropriate nutrition diagnosis (i.e., naming the specific problem). The nutrition diagnosis or nutrition problem is summarized into a structured sentence called Nutrition diagnosis statement OR PES Statement which makes the dietitian to critically think and evaluate the problem of the patient. PES statements include the following components:
 - **Problem:** the nutrition diagnosis
 - **Aetiology:** Underlying cause
 - **Signs/Symptoms:** the findings elicited by the health-care team (temperature, pulse, heart rate) or symptoms described by the patient (fever, pain, cough) that are associated with a nutrition diagnosis.
- 3. Nutritional Intervention:** The dietitian then selects the nutrition intervention based on the nutritional diagnosis of the patient and implement an appropriate nutritional care plan that helps to alleviate the signs and symptoms and to recover from the illness.
- 4. Monitoring/Evaluation:** The final step of the NCP process is monitoring and evaluation, which the dietitian uses to determine if the patient has achieved, or is making progress towards the planned goals.

5. DIET COUNSELLING AND NUTRITION EDUCATION TO PATIENTS AND THEIR FAMILIES

Diet education is as important as providing a nutritious diet and the objective of diet counselling should be to educate about the disease condition and its complications and how a healthy diet prevents or cures disease. And also advice on personal hygiene, individual instructions on diet and any specific therapy are essential should be explained well to patients and their relatives. For effective dietary counselling, a team approach (physician-dietitian-nurse-patient) should be encouraged for successful diet therapy.

6. CONCLUSION

Clinical dietitian in a healthcare setup is the right person to ensure that patients are getting enough nutrition. Dietitians will discuss and find out the nutritional status of the patient and provide support based on the outcome and discusses with the patient on their nutrition plan during the course of hospitalisation and also will discuss the nutritional plan to be followed at home following discharge from the hospital during recovery. Good nutrition is deemed mandatory during hospitalisation to save patients from vulnerable infections, enabling speedy recovery and fast wound healing and avoid frequent hospital readmissions.

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