

FEEDING FOR THOUGHT

Over the years the medical impact of malnutrition has experienced radical change – culminating in its modern, everyday manifestation in both hospital and community settings. In line with this, NIHR shines a light on enteral feeding as a form of nutritional intervention, and the subset of the population it can help.

ASK THE EXPERT

Dr Trevor Smith, Consultant Gastroenterologist, Chair of the British Artificial Nutrition Survey (BANS), and member of the British Association for Parenteral and Enteral Nutrition (BAPEN) Council, chats to NIHR about the importance of a multidisciplinary approach in managing the patient – and what action is called for to reduce the risk of harm.



Dr Trevor Smith

WHAT FACTORS HAVE CONTRIBUTED TO THE RISING USE OF ENTERAL FEEDING?

There are probably two main factors. One is the presence of an ageing population and the medical complications and morbidities associated with that, being predominately chronic neurological disease.

The other factor is patients with cancer – we've seen a big rise

in the number of patients with, in particular, head and neck cancer, who receive the feeding as part of either their cancer treatment pathway, or as part of their post-treatment pathway, where their swallow may be unsafe and they need longer-term feeding.

WHAT ARE THE MAJOR COMPLICATIONS WHICH ENTERAL FEEDING CAN POSE?

Patients in hospital are predominately fed via a nasogastric tube and the complications surrounding that mode of feeding largely relate to misplacement and pulmonary placement of the tube.

In terms of enteral feeding in the home, there's a much smaller proportion of patients receiving nasogastric tube feeding. Most of these patients receive feeding via a gastrostomy tube. Broadly speaking, there are two main categories of complications here.

One relates to the feeding tube itself, as it may fracture or the tube insertion site may become infected. Another area relates to metabolic complications associated with the feed, which are much more

unusual than you'd see in hospital practice.

WHAT ARE THE RECOMMENDED MONITORING PROCEDURES WHICH HEALTHCARE PROFESSIONALS SHOULD BE CARRYING OUT ON PATIENTS IN THE HOSPITAL?

In the hospital, the healthcare team must monitor the patient's tolerance of feeding, such as whether they have any abdominal pain, bloating, distension, or diarrhoea with the feed.

And then there are metabolic complications in terms of refeeding syndrome, such as electrolyte abnormalities during the initial feeding, particularly in severely malnourished patients.

The other elements relate to tube care – that's when the healthcare team, and particularly the multidisciplinary team, is dedicated to nutritional support and value in terms of minimising risks and complications associated with tube feeding.

HOW CAN WE ENSURE A SMOOTH TRANSITION FROM HOSPITAL TO HOME?

It comes down to the healthcare team, and the make-up and experience of that team. In many areas in the UK, there's a dedicated home enteral tube feeding service,

so that involves communication and handover between the hospital and community teams. But in other areas of the UK, there isn't that enhanced or mature clinical service and care can often be fragmented or absent. In that situation, the transition can be very disjointed, and patients may not receive the level of treatment that they should.

SHOULD MORE NURSES OR DIETICIANS BE INVOLVED?

There's very clear evidence that allied healthcare professionals supporting the nutritional care of patients in the community and in the hospital setting reduces risks and improves pathways and quality of care. Nurses and dieticians are probably the key individuals in that team approach. We know particularly around hospital practice that there is a significant number of hospitals that still don't have multidisciplinary nutritional support teams and that leads to gaps in care.

ARE YOU HOPEFUL THAT THESE GAPS IN CARE WILL CLOSE?

Well, the NICE guidance recommends that this is the best and appropriate standard of care that we should be offering to patients. Will things change?

You could argue that the NICE guidance is now over 10 years old. There's been an NCEPOD report that looks at the quality of parenteral nutrition care and

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that again identified gaps in the nutritional support teams. I'm always hopeful for change, but I think that there needs to be a different driver to try to really strongly persuade all hospital trusts to have a multidisciplinary support team. There's still a lot of work which needs to be done.

A SMOOTH TRANSITION FROM HOSPITAL TO HOME – A PATIENT'S PERSPECTIVE

By Carolyn Wheatley, Chair of Patients on Intravenous & Nasogastric Nutrition Therapy (PINNT)



Carolyn Wheatley

HOW CAN WE STAY UP-TO-DATE WITH RESOURCES AND GUIDELINES?

There's always information and updated guidelines released from the National Nurses Nutrition Group (NNG), the Parenteral and Enteral Nutrition Group of the British Dietetic Association (PENG), and BAPEN. Enteral feeding remains a hot topic and these organisations continue to host educational events and publish great educational material.

We know from all the information and insight that we have from our members that making the transition from the caring and safe hospital environment to home can be an anxious, and sometimes frightening, time for patients, and their carers, who now require enteral feeding.

Too often they are discharged without adequate planning about the ongoing treatment and who

is responsible for patient support and follow-up. It's absolutely vital to arm patients with the resources they need during this time, and all too often the assumption is made within busy clinical teams that the patients already knows everything when in reality they don't. Don't assume that someone else will tell them what they need to know. Always double-check.

Importantly, don't ask a patient if they have what they need as most patients at this stage don't actually know what they need. As healthcare professionals, provide as much information as you can and point them to other sources of information and support, such as our patient organisation, PINNT.

Explain to the patients and carers what type of feeding they have and why – and provide information sheets where possible. In most cases there is information overload and patients really can't digest and remember everything that they're told in hospital because they are usually having to deal with multiple issues and the primary cause of their illness. Printed information is really valuable as they can then take their time and reread the information at home.

Patients need information regarding their medication and explanations if any of it has changed due to the need to

tube feed. Providing a homecare package that provides named contacts for 24 / 7 support is really important for the patient, family, and carers.

Don't allow any patient to be discharged into the community without any support or direction regarding appropriate and safe care. Once in the community all members of the primary healthcare teams play a vital role in the ongoing support of these patients.

Whether meeting with a GP or collecting a prescription from a pharmacist at each of these points, a general question posed to the patient to ensure that they're fully informed and comfortable with their treatment would be so welcomed as it would enable issues to be flagged up and early interventions implemented if necessary.

For more information from PINNT, call 020 3004 6193 or visit www.pinnt.com.