

Nutritional Assessments and Nutritional Multidisciplinary Approach of the Patients-Should be One of Our Priorities?

Sorin Cimpean^{1*} and Alexandre Grapotte²

¹*Saint Pierre University Hospital, Brussels, Belgium*

²*Saint Luc University Hospital, Brussels, Belgium*

***Corresponding Author:** Sorin Cimpean, Saint Pierre University Hospital, Brussels, Belgium.

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Enteral nutritional support is essential when a patient is unable to have an oral alimentation. It is also indicated in case of nutrient deficiency or excessive loss of nutrients. These situations may arise in particular in the context of certain metabolic conditions, in the context of certain cancers; during anorexia, which corresponds to an eating disorder, characterized in particular by a loss of appetite; also in senility or pathological aging, which refers to a deterioration of physical and mental abilities in the elderly. The hospitalized patients that are considered for nutritional support are those who are unable to have an oral alimentation for more than 5 days or due to the postoperative or medical context the oral alimentation is not allowed immediately, for the patients with poor intestinal absorptive capacity or high nutrient losses, or patients critically ill patients in catabolism [1].

When surgeries or medical pathologies are added to a population with potential with nutritional issued and the catabolic metabolism is activated, a particular care must be provided to insure a good nutritional status. Nutritional assessment of the critically ill patients that are in Intensive Unit Care and nutritional adequate support should be one of the priorities. The outcome in term of morbidity and mortality of critically patients it is directly influenced by their nutritional status [2]. Also, the older adults from the nursing home and home-care are a particularly high-risk population for malnutrition, and the nutritional intervention has a real interest for their quality of life [3]. Malnutrition and weight loss for the oncologic patients undergoing adjuvant treatment as chemotherapy or radiotherapy is a common complication in patients and the nutritional aspect should not be neglected. Malnutrition is associated with a longer hospital stay, high incidence of infections, and increased rate of complications. The incidence of complications is 2 to 20 times higher compared to well-nourished patients [4].

The multidisciplinary approach of nutritional deficiencies have a positive impact on the quality of life, muscle strength and mobilization due to the increase income of energy and protein intake [5,6]. The nutritional support team is constituted by the clinician who can be oncologist, reanimation specialist, surgeon, gastroenterologist, neurologist, etc. and who in in charge for the overall status of the patient, the nutrition nurse specialist who responsible with the placement of enteral fluid and medication administration but also the identification of the complications, the dietitian who responsible for the nutritional assessment, designs feeding regimen and monitors the nutritional status and the pharmacist that optimizes composition and advises on compatibility and drug administration [1,7].

The role of the nurse is very important especially after the patient return to his domicile. The good practices for the administration of enteral fluid and medication must include the verification of the location of the tube and systematically inspection of the cutaneous entry point for infection or problems related to the fixation of the tube. When the medication must be administered by the feeding tube there are multiples rules to respect, but the basics rules are: the tube must be flushed before and after the administration, the medication should not be mixed with the enteral fluid and be aware that not all the drugs are compatibles with enteral tube feeding. During and after the administration of the drug, clinical surveillance of the patient may contribute to prevention and early diagnosis of the eventual complications [8].

The role of dietician or is essential for the nutritional assessment and for the surveillance of the abdominal symptomatology during the administration of enteral fluid. The assessments is based on the patient weight and body mass index, the levels of serum albumin and prealbumin and multiples scores and guidelines that are available in the literature. The role of the dietician can be evidenced if the patient have a digestive intolerance to the enteral fluid manifested by abdominal pains, nauseas or diarrheas and will need the modification or replacement of the enteral formula [9].

The role of the pharmacologist is important by informing and advising about the correct way of preparation of the emulsion by crushing or dispersion but also the particularities of the medication administered. For example, the iron preparations are not compatibles with the feeding jejunostomy, because the contact with the gastric acid is needed for the absorption and the examples can continue.

When talking about the nutritional support it is like starting a fire in wilderness. You can have the best tool for creating a spark, but if the kindling or the wood is humid or insufficient, the effort of starting a fire will not be successful.

Bibliography

1. Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition (2017): 37.
2. Jo HJ., *et al.* "The impact of multidisciplinary nutritional team involvement on nutritional care and outcomes in a medical intensive care unit". *European Journal of Clinical Nutrition* 71.11 (2017): 1360-1632.
3. Beck AM., *et al.* "Study protocol: cost-effectiveness of multidisciplinary nutritional support for undernutrition in older adults in nursing home and home-care: cluster randomized controlled trial". *Nutrition Journal* 13.1 (2014): 86.
4. Lee JS., *et al.* "Nutrition and Clinical Outcomes of Nutrition Support in Multidisciplinary Team for Critically Ill Patients". *Nutrition in Clinical Practice* 33.5 (2018): 633-639.
5. Hoekstra JC., *et al.* "Effectiveness of multidisciplinary nutritional care on nutritional intake, nutritional status and quality of life in patients with hip fractures: A controlled prospective cohort study". *Clinical Nutrition* 30.4 (2011): 455-461.
6. Beck AM., *et al.* "Multidisciplinary nutritional support for undernutrition in nursing home and home-care: A cluster randomized controlled trial". *Nutrition* 32.2 (2016): 199-205.
7. Katoue MG. "Role of pharmacists in providing parenteral nutrition support: current insights and future directions". *International Preliminary Report on Patentability* 7 (2015): 125-140.
8. Lin J-X., *et al.* "A multidisciplinary team approach for nutritional interventions conducted by specialist nurses in patients with advanced colorectal cancer undergoing chemotherapy: A clinical trial". *Medicine* 96.26 (2017): e7373.
9. Sari D., *et al.* "Intensive care unit nurses' knowledge of medication administration via enteral tubes: Nurses' knowledge of medication administration via enteral tubes". *Critical Care Nurse* 23.3 (2018): 141-146.

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