

Service Priorities and Programmes Electronic Presentations

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A Patient Centered Care Approach to Nutrition and Diet in Palliative Care AU LFV(1); KWAN WMC (2); SHUM PSE(2); CHUI WST (2);HO YK (2); CHEUNG WY (2); LO WKS (3); LO SKR (2)

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Introduction

Palliative patients and their families have complex and varying needs regarding their food and nutrition at different stages of palliative care (PC). Many patients and their families experienced anxiety related to loss of appetite and cachexia. Hence, a structured and unique nutrition care strategy was implemented in Palliative Care units of Shatin Hospital and Bradbury Hospice since Oct 2016.

Objectives

To implement a guideline to identify and meet the nutritional needs of patients at different stage of their palliative journey. To evaluate the changes in practice and their impact on patient experience.

Methodology

Patients and caregivers' opinions were collected, and a nutrition care algorithm to guide care planning was developed. Care plan should be based on individualized problem identification and goals agreed with patient and caregivers at any stage of palliative journey. Physician's opinion was sought to identify patients who were at "early stage" or "late stage" of palliative care. He would also review medications and treat reversible symptoms. Nurses would assess patients' nutrition related symptoms and food preferences. Small frequent meals, 24 hrs nourishing snacks or drinks, and PC nutritional leaflets were provided as appropriated. If patients were at early stage of palliative care (patient on active treatment i.e. Chemotherapy, Radiotherapy, Rehabilitation etc.), dietitian would be consulted for nutrition support. The goals were to optimize nutritional intake and maximize function. If patients were at late stage of palliative care (patient at palliative to end of life care), nutrition care would focus on quality of life including comfort, support eating related distress and food enjoyment. Psychological and emotional support to patients and caregivers to relief their nutrition-related distress was important at this stage

Result

Pre (n=40) and post (n=40) program patient satisfaction surveys were coducted. The questionnaires were rated on a scale of 1 to 5, and were analyzed using Non-parametric Friedman test. Significant improvements (P< 0.01) were showed for the followings: *Satisfied with the variety of snacks provided *Satisfied with nutritional information provided *Satisfied with psychological and emotional support on nutrition-related distress *Overall satisfaction The positive results suggested that the Patient Centered Care Approach to Nutrition and Diet for PC Patients could improve their QOL.