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The efficacy of a protocol to implement Comfort Feeding Only (CFO) in Acute Geriatric ward: a Pilot study.

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Introduction

Persons with severe dementia often experience problems with eating, leading to malnutrition and weight loss due to inability to control muscles needed for chewing and swallowing as a natural progression of their disease. Medical intervention involves enteral feeding, usually through a Ryle's tube in Hong Kong acute hospital setting. It is important for patient and family decisions to be based on knowledge of the evidence about risks and benefits of feeding tubes. There is no conclusive evidence that feeding tubes promote length or quality of life, prevent aspiration, or improve nutritional outcomes, and there are a number of risks associated with their use. In their advance directives, persons may have indicated wishes not to be kept alive by artificial means of nutrition or hydration. Nevertheless, family members often fear that cessation of feeding will cause physical suffering. Comfort feeding for persons with severe dementia has been proposed as an alternative to the difficult choice between giving or withholding artificial nutrition and hydration. "Comfort feeding only" (CFO) would be a new mode of care order, documenting the decision not to use a feeding tube while at the same time constituting an individualized care plan that describes what caregivers will do to try to ensure persons' comfort during hand-feeding.

Objectives

i.) Introduce new alternative CFO to all nurses and develop a multi-disciplinary protocol for this group of patients in Acute Geriatric ward. ii.) Providing alternatives of feeding mode for severe dementia patients with cognitive impairment as well as eating and feeding difficulty without reversible causes. iii.) Compare the patient/ surrogate's satisfaction, the hospitalization rate, AED attendance rate, and the mortality rate between the study group (CFO) and the control group (Ryle's tube

feeding).

Methodology

The Project team of Comfort Feeding Only (CFO) was established since January, 2013. Literature review on CFO will be obtained. Our Team will design i.) A multi-disciplinary protocol for CFO case management to guide 11B staff handling this patients; ii.) A standardized teaching or training material for 11B staff learn and use; iii.) A CFO signage and checklist for better communication to facilitate the clinical workflow in 11B. iv.) A self-administered questionnaire will be used to evaluate the satisfaction of patients or their caregivers. We will review medical record prospectively in terms of the hospitalization rate, AED attendance rate, and the mortality rate of those patients. Informed consent will be asked for willing to participate in this study.

Result

Expected outcome No significant difference in hospitalization rate, AED attendance rate, and the mortality rate between Comfort Care Feeding and tube feeding in these patients. Positive feedback from CFO patients or their caregivers.