



Service Priorities and Programmes
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Nutrition Support in UCH- A comprehensive approach in GI surgery patient

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Introduction

Patients receiving Gastro-intestinal (GI) cancer-related surgery frequently encounter preoperative malnutrition. Nutritional support can reduce post-operative morbidity and mortality. Studies have shown that either enteral or parenteral nutrition support, in spite of such expensive cost, are effective and can reduce the length of stay especially in Intensive Care Unit. 1 Administration of nutrition support thus enhances survival and diminishes postoperative complication. 2 A multidisciplinary Nutrition Support team was set up in United Christian Hospital in Feb 2009. The service scope of the team is to provide peri-operative nutrition support for gastric cancer surgery, improve nutritional status of the recovery of patients with GI surgery, and enhance the standard care as well as monitor in caring patient with parenteral. This is the first surgical department to establish the NST team to provide nutrition support for GI patient in Hong Kong.

Objectives

1.To provide peri-operative nutrition support for gastric cancer surgery 2.To improve recovery of patients with GI surgery 3.To enhance the standard care and monitor in caring patient with parenteral

Methodology

The NST consists of one surgeon coordinator, one dietitian, one clinical pharmacologist, and seven surgical nurses from different surgical wards. The role of the surgeon coordinator is to coordinate the NST and leads the weekly nutrition ward round, monthly committee meeting. Dietitian is responsible for providing advice on enteral nutrition, pharmacist is responsible for providing advice on parenteral nutrition, and nurse is responsible for liaising the other nursing staffs to carry out the screening test and filling in the monitoring forms.

Result

Patient who admitted electively for upper GI cancer surgery, planned for readmission for upper GI cancer surgery and required for nutritional therapy are recruited. Malnutrition Universal Screening Tool (MUST) is conducted by designated nurse on

admission. The NST helps in advising the delivery and monitoring of their nutrition theory. Nutrition support is monitored and given pre and post-operatively with the Nutrition Monitoring Form which included patient's medical history and geographical data by doctor as well as the Subjective Global Assessment Scoring by dietitian. Patients require receiving Total Parental Nutrition (TPN) are provided with TPN standard care and monitored with the Total Parental Nutrition Reminder Sheet which was developed in accordance with the Complication and Monitoring-Guidelines on Parenteral Nutrition. 3 The workflow is as follows, 1)Nurse create a yellow NST folder which included ward log book for eligible participants 2)Nurse conducts the Nutrition Risk Assessment (MUST) in the Nutrition Monitoring Form on Every Wednesday. 3)Nurse puts a NST chop in patient's treatment sheet and refers patient to dietitian via CMS or call dietitian to review all referrals if referral made after 1300 on preoperative day. 4)NST members will review all the recruited cases. Conclusion The comprehensive approach of NST team is effective in improving nutrition status in GI cancer patients and patient with malnutrition. The standardized form and care in monitoring and caring patient provide a better patients' outcome. Studies are necessary to be further explored of its effectiveness and efficacy. References 1.Griffiths R.D., Jones C., Allen-Palmer T.E. Six month outcome of critically ill patients given glutamine supplement parenteral nutrition. *Nutrition* 1997; 12:295-302. 2.Allison S. P. Malnutrition, disease and outcome. *Nutrition* 2000; 16:590-593. [Medline] 3.W. H. Hatrl, K. W. Jauch, K. Parhofer, P. Rittler. Complication and Monitoring- Guidelines on Parenteral Nutrition, Chapter 11. *Ger Med Sci.* 2009; 7: Doc17.