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Enhancement of dietetic service for palliative care inpatients

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Introduction

Maintaining adequate nutrition is often difficult for people with terminal illness. Though hospital-wide nutrition screening has been implemented, enhanced screening and assessment by Dietetics may improve nutritional status and pleasure eating for inpatients under palliative care.

Objectives

To improve the quality of life of inpatients in Palliative Care (PC) Unit by promoting nutrition support and maximizing food enjoyment tailored to individuals.

Methodology

Blanket coverage of dietetic service to inpatients in PC Unit has been implemented since 15 June 2015. Dietetic Patient Care Assistant (PCA) was responsible to screen eligible patients within 1 working day after admission, based on the Malnutrition Screening Tool (MST) score, hospital meal intake, need of review on the prescription of artificial nutrition or oral supplements, and special requests by patients/relatives. Dying patients or patients who were unfit for oral intake were excluded. Dietitian then provided tailor-made nutritional assessment and intervention for the selected patients. Measurements in energy intake by one-day intake records were conducted by a 'Pre-intervention' vs. 'Post-intervention' design and satisfaction survey was also conducted to relative/patients afterwards.

Result

Results: Among 230 patients admitted from June to December 2015, 179(78%) were eligible for further assessment by dietitian. Complete one-day intake records were collected from 111 patients with oral feeding. The mean total energy intake per day per patient was increased from 325 (SD±277) kcal to 577 (SD±391) kcal ($t=8.301$, $p<0.05$). The major interventions included prescription of oral supplements (90%), addition of nutrient-dense food items (46%) and change in meal texture (45%). Moreover, private food was observed in 46% of patients. A total of 86 patients/relatives completed the satisfaction survey. Majority of them were satisfied with the dietetic service(93%) and modified hospital meals(90%). Conclusions: There was

significant improvement in patients' intake and satisfaction with enhanced dietetic services for palliative care inpatients. Nutrition support should be maximized and individualized for better quality of life.