Enhancement of dietetic service for palliative care inpatients
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Introduction
Adequate nutritional intake is often difficult, if not impossible, for person with a terminal illness. For palliative approach to nutrition, patients’ nutritional status should be maximized in a way that is acceptable to the patients to preserve their quality of life and general wellbeing.
Pilot run of “blanket coverage” of dietetic service to inpatients in palliative care unit (PCU) had been implemented since 2/2015. Patients were screened by patient care assistant for eligibility of dietetic service. Since 1/2/2016, blanket referrals to dietitians for all inpatients from PCU have been implemented.

Objectives
i) To improve palliative care patients' nutritional status via early nutrition assessment and intervention.
ii) To promote enjoyment of food tailored to individual demand and performance via multi-disciplinary approach.
iii) To facilitate patient care by family/ward staff with nutrition support and to improve their quality of life.

Methodology
- Dietitian has joined the Multi-disciplinary Palliative Care Case Conference once a month since 6/2014 to discuss patients' nutritional care with team members and has also participated in the monthly Palliative Medicine Journal Club.
- Discussion of wide

Result
Service evaluation and outcome measurement were conducted by analyzing change in oral intakes and satisfaction survey.
Intake records before and after dietetic interventions were collected from 54 patients with oral feeding in Sep and Oct 2016 by interview or intake-output chart. The Wilcoxon Signed Rank Test showed that the median total energy intake per day per
patient increased significantly from 400kcal to 900kcal (Z=-5.503, p<0.001). The results showed that nutrition support played an important role in promoting the total energy intake. The increase nutrient intake may improve quality of life e.g. food enjoyment. A total of 41 patients or their relatives completed the satisfaction survey. Majority of them were satisfied with the timely dietetic service (95%), dietitians’ work (98%) and the modified hospital meals and the addition of nutritional supplements (90%).