MONITORING AND ASSESSMENT OF CRITICALLY ILL PATIENTS' NUTRITIONAL SUPPORT BY NURSES IN EAST LONDON HOSPITALS

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# Faculty Disclosure

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<th>Faculty Name</th>
<th>Nursing and Public Health</th>
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<td>Conflicts of interest</td>
<td>None</td>
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<td>Employer</td>
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GOALS AND OBJECTIVES

Session Goal

- Critically evaluate how nutrition support is monitored and assessed in the critical care units in the selected study setting by registered nurses to improve patients’ clinical outcomes

Session Objectives

- Describe the nutrition tolerance monitoring and adequacy of delivery assessment
- Discuss the findings relating to relevant literature and make appropriate recommendations
BACKGROUND

- Stress related with critical illness leads to metabolic changes and resultant malnutrition, septic complications, increased morbidity and mortality rates (Marshall, et al., 2012)

- Optimum and continuously monitored nutritional support can reduce the hypermetabolism and its consequences (Martindale, et al., 2009)

- South Africa, research on nutritional support practices, is a road less travelled (Hill, 2015)

- The critical care nurse (CCN), should identify patients at risk of malnutrition, indications, contraindications, advantages and disadvantages of each type of feed

- CCNs to ensure that set nutritional targets are met, feed tolerance is monitored and adequacy of nutrition delivery is assessed
METHODOLOGY

- **Approach and design**: descriptive correlational design
- **Population and sampling**: Seventy registered nurses, conveniently selected
- **Ethical issues**: respect for person was observed and the institutions as well as scientific integrity of the research community was respected
- **Data collection**: Self designed questionnaire
- **Data analysis**: Statistical Package for Social Sciences software was used to analyse data descriptively
60.3% agreed that nutrition tolerance monitoring protocols were available

54.4% felt that the protocols were not clear

Blood tests results can be effective to assess adequacy of nutrition delivery in critically ill patients believed by 74.6%

According to 34.4%, gastric aspirates are useful in monitoring volume tolerance of feeds

Blood glucose level is an indicator of carbohydrate tolerance - 67.2% of nurses
**DISCUSSION AND CONCLUSION**

- Current practice guidelines recommend continuous monitoring of gastric residual volume to reduce aspiration risk (Fessler, 2010)
- 60.3% agreed that nutrition tolerance protocols were available but 54.4% felt these were not clear
- South African intensive care units nutrition practices are governed by protocols, but nurses are unaware of published nutrition guidelines (Hill, 2015)
- Conclusion: Protocols for monitoring and assessing nutritional support were available but nurses felt they were not clear
RECOMMENDATIONS

- **For practice**: A need for critical analysis of nutritional support to identify flaws in monitoring of tolerance and adequacy assessment, teamwork

- **Recommendations regarding feeding protocols**: Raisin awareness and emphasise use of published guidelines may facilitate development of nurse directed protocols

- **Recommendations for education**: Hospital-based nutrition workshops by hospitals and nursing colleges

- **Nutrition education for general ward staff and patients**: Comprehensive critical care approach to facilitate collaborative and timely management of critical illness outside critical care units (SANC, 2014)

- **Recommendations for further research**: Qualitative research might provide in-depth data about possible challenges faced by registered nurses in the provision, monitoring and assessment of nutritional support
QUESTIONS!

Fessler, T.A. 2010. Understand their Significance to Optimize Care: *Today’s Dietician*. 12(5)

