Welcome to the March Nutritional Assessment Evidence Update Bulletin being produced by the HEFT Library Services. This bulletin is produced to support VITAL for Nurses core skills programme developed in the Trust. This issue will highlight evidence published in the previous three months. Full text articles can be accessed with your HEFT Athens ID.

**Organisation**

**Nutritional status of older patients admitted to hospital for surgery**

British Journal of Community Nursing. November 16(11) S.18-S20 supplement

Following a National Confidential Enquiry into Patient Outcome and Death, a summary of research reviewing the care received by patients of 80 years and over who died in hospital within 30 days of undergoing surgery was produced. Malnutrition on admission and nutritional assessment and support are discussed.

**Improving nutritional intake in post-operative hip fracture patients: A quality improvement project.**

International Journal of Orthopaedic & Trauma Nursing. November; 15(4) p.196-201

This article describes a pilot project that was undertaken on an orthopaedic trauma on an acute care unit in Canada. It discusses nutritional intake, undernutrition and malnutrition which are common problems with patients who had suffered a hip or other type of fracture.

Available in fulltext at Elsevier; Note: You will need to register (free of charge) with Science Direct the first time you use it. Available in fulltext at EBSCOhost EJS

**Nutrition support in intensive care units in England: a snapshot of present practice.**

British Journal of Nutrition. October; 106(8) p.1240-1244

This survey was designed to evaluate the present nutrition support practice in intensive care and high dependency units in England. The survey concluded that there is an increased trend in usage of enteral feeding and a reduction in the use of parenteral nutrition compared with previous surveys.

**Energy deficit and length of hospital stay can be reduced by a two-step quality improvement of nutrition therapy.**

Critical Care Medicine. 2012; 40(2) p.412-9

The aim of this study was to measure the clinical impact of a two-step interdisciplinary quality nutrition program. It concluded that a bottom-up protocol improved nutritional support. The presence of a dietitian assisted in achieving better outcomes. Available in fulltext at Ovid
**Screening**

**Don't fall for weight: A systematic review of weight status and falls.**

*Nutrition & Dietetics. December; 68(4) p.273-279*

This systematic review examines the evidence for the contribution of weight or nutritional status to the incidence of falls. In conclusion, there was limited evidence that being either overweight or underweight increases falls incidence. Referrals for nutritional management to decrease falls risk should not be based on weight status alone. Malnutrition screening should be used to identify appropriate patient referrals to dietitians in falls clinics.

**Recognition**

**Many patients ignorant about malnutrition, survey finds.**

*Nursing Older People. October; 23(8) p.6-7*

This paper highlights responses to the Patients Association survey 'Malnutrition in the Community and Hospital Setting'. A lack of understanding about malnutrition and body weight among many elderly people is discussed, and the need for more nurse training and screening for malnutrition is considered.

**Intervention**

**Optimal Protein and Energy Nutrition Decreases Mortality in Mechanically Ventilated, Critically Ill Patients.**

*Journal of Parenteral and Enteral Nutrition. January; 36 (1) p.60-68*

This prospective observational cohort study investigates optimal nutrition for patients in the intensive care unit which has been proposed to be the provision of energy as determined by indirect calorimetry and at least 1.2 g/kg of protein. The study concluded that optimal nutritional therapy in mechanically ventilated, critically ill patients, defined as protein and energy targets reached, is associated with a decrease in 28-day mortality by 50%, whereas only reaching energy targets is not associated with a reduction in mortality.

**Minimizing tracheobronchial aspiration in the tube-fed patient part 1.**

*Nurse Practitioner. December; 36(12) p.12-14*

This article is the first of a two-part series describing steps to minimize aspiration in the tube-fed patient. Complications including aspiration and hospital acquired pneumonia, incidence and statistics of pneumonia and aspiration detection methods are discussed. Relevant research is also briefly summarised.

**Minimizing tracheobronchial aspiration in the tube-fed patient, part 2.**

*Nurse Practitioner. January 37(1) p.8-10*

This article is the second of a two-part series describing steps to minimize aspiration in the tube-fed patient. This article discusses clinical issues related to gastric residual volume and evidence-based techniques to minimize the risk of aspiration.
Parenteral Nutrition Is Not the False Route in the Intensive Care Unit


In this paper it is reported that large surveys auditing feeding regimens in the intensive care unit have consistently reported hypocaloric enteral feeding patterns. Many studies have described the association between energy deficit and increased complication rate. The paper further explores these findings with input from ESPEN and ASPEN experts.

Nursing Role

The Meal Makeover

Nursing Standard. November; 26(9) p.23

A Project by nurses at a UK NHS Foundation Trust to improve nutritional care on the wards is described in this article. Topics included are: nutritional needs assessment following admission, care plans, protected mealtimes, the move of lunch to a slightly later time, an e-learning package for staff and new nutritional care documentation.

Available in fulltext at EBSCOhost  Available in fulltext at ProQuest (Legacy Platform)

Medication administration via enteral tubes: a survey of nurses' practices.

Journal of Advanced Nursing. December; 67(12) p.2586-2592

This study looks at the practices of acute care nurses when administering medication via enteral tubes. The results show that practices are inconsistent and therefore there may be safety issues.

Available in fulltext at Ovid

Further Information

Multiple sources – websites, journals and healthcare databases – have been searched for evidence published in the last three months. For further information please contact Sue.Clayton@heartofengland.nhs.uk or ext 45195 (Solihull Hospital).

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