NUTRITION SUPPORT TEAM

Consensus guideline for best practice in intestinal failure in paediatrics.

John Puntis
Nutritional Support Team

What is a Nutritional Support Team?

• nutrition is a multidisciplinary activity
• share expertise
• acknowledge different roles
Nutritional Support Team

What does a team do?

• provide a comprehensive and coordinated approach to nutritional support
• reduce the prevalence of malnutrition
• develop protocols and guidelines for nutritional support (hospital and home)
• review and rationalise use of products
• act as an expert resource
Nutritional Support Team

Decreases

• reliance on PN
• CVC placement complications
• CVC sepsis
• biochemical abnormality during PN
• malnutrition
• costs
Nutrition Support Team

Aims

• to implement routine nutritional assessment in all children seen in hospital and identify those with (or at risk of developing) malnutrition

• to identify patients who require nutritional support

• to ensure provision of safe and effective nutritional management of patients
Nutrition Support Team

Aims

• to plan home nutrition after discharge from hospital

• to educate hospital staff with respect to identification and management of nutritional problems

• to monitor and evaluate practice
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Potential benefits include reduction in:

• malnutrition
• nutrition support related complications
• length of hospital stay
• costs
Admission

General assessment (weight; height; diet) *nursing + medical staff*

Referral
Risk of malnutrition *nursing + medical staff*

Nutrition Support Team
Assessment
Clinical Decision
Administration

does not need nutritional support

(nutrition risk scores?)
vote for me or the kitten gets it

Any convincing arguments?
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Central venous catheter related sepsis

• significantly reduced by appointment of nutrition nurse (rigorous aseptic nursing care)

• adult and paediatric settings
  – level of evidence 2+
  – recommendation: a nutrition nurse specialist reduces CVC sepsis - C
Effect of NST on quality of nutritional care; reduces:

- PN waste
- unnecessary PN
- metabolic complications
  - CVC related complications
  - level of evidence 2+
  - recommendation - C
Nutrition Support Team

Effect of NST on quality of nutritional care

• increases the chance of meeting nutritional targets in nutritional support

• decreases the risk of complications during home enteral nutrition
  – level of evidence 2+
  – recommendation - C
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Effect of NST on quality of nutritional care

• NST that are advisory are less effective than NST that initiate and manage nutritional support
  – level of evidence 3
  – recommendation - D
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Educational interventions and feeding algorithms: targeted staff education and feeding algorithms

• improve nutritional support
• decrease unnecessary PN
• reduce costs of nutritional support
  – level of evidence – 2+
  – recommendation - C
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Costs

• NST reduce the costs of nutritional support
  – level of evidence 2+
  – recommendation – C
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Good clinical practice

• nutritional assessment and intervention in paediatric units should be supervised by a multidisciplinary NST with specialist nutrition nurse as a core member

• the NST should be autonomous with respect to choice of PN or enteral nutritional support

• the NST should audit its activity including the use of short (<5 day) courses of PN, and complications of nutrition support (particularly CVC sepsis)
The Nutritional Care Team

Which staff make up a team?

- **clinical nutrition nurse specialist**
  - cost savings
  - CVC sepsis; home care
- **pharmacist, paediatrician, dietitian, surgeon**
- speech and occupational therapists
- biochemist, interventional radiologist, etc.
PN usage by speciality over 3 months – the General Infirmary at Leeds

2012: approx. 4000 PN days/year
Who do you want prescribing?

or
Prescribing parenteral nutrition

Doctor v. Pharmacist for Rx Neonatal PN

<table>
<thead>
<tr>
<th>System</th>
<th>Dr. time (mins)</th>
<th>Interruptions (n)</th>
<th>Processing time (mins)</th>
<th>Enquiries (n)</th>
<th>Use of NSI</th>
<th>Alterations (n)</th>
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<tbody>
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<td>Dr. Pharm. saving</td>
<td>30.9 14.5 +15</td>
<td>1.1 0.15</td>
<td>21.4 15.1 +6.3</td>
<td>1.38 0.70</td>
<td>0.02 0.20</td>
<td>0.7 0.3</td>
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* significant at p = 0.05; NSI = non standard ingredient
Barriers to establishing a nutrition team

- Staff time
- Financing
- Maintaining
- Budgeting
- Control
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- Lack of awareness
- Lack of interest
- Lack of priority
- Lack of time

- Justification of the team
- Doctors
- Health care organisation
- ‘Team’ framework

- Change
- Confusion
- Ineffective communication
- Purchaser/provider

- Structure
- Conflicts of interest

Barriers to establishing a nutrition team
THANK YOU!