Nutrition and Hydration Current Awareness Bulletin
June 2019

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Title: Nursing students' attitudes towards nutritional care of older people: A multicentre cross-sectional survey incorporating a pre post design.

Citation: Nurse Education Today; Jul 2019; vol. 78 ; p. 19-24
Author(s): Bollo, Matteo; Terzoni, Stefano; Ferrara, Paolo; Destrebecq, Anne; Bonetti, Loris

Abstract: Malnutrition is a debilitating and highly prevalent condition in acute hospital settings especially in older person; however international literature revealed negative attitudes in providing nutritional care among nurses and health professionals. Few studies have investigated attitudes towards nutritional care among nursing students, there are no data regarding the Italian context. The aim of this study was to explore nursing students' attitudes towards nutritional care in older people. A multicentre cross-sectional survey incorporating a pre post design. A convenience sample of nursing students of the bachelor's degree in Nursing in the three hospitals were recruited. Nursing students completed "The Staff Attitudes to Nutritional Nursing Care Geriatric Scale (Italian version) (SANN_G ITA scale)"; first year students completed the scale before (T0) and after (T1) lectures about nutrition and nutritional care. 245 students were enrolled (response rate 88.4%). The overall score of sample attitudes was Median(Me) = 66 (IQR = [60; 72]); at the variation of the year the neutral attitudes are prevalent with a significant tendency to increase the positive attitudes (p <.003) and there is a statistically significant difference (p <.05) in all dimensions except the "habits" dimension "(P =.1126). After two months from the end of the lessons regarding nutritional care there is an increase in subjects with neutral attitudes and a decrease in those with negative attitudes (P =.05). This study revealed a progressive improvement of the attitudes during the three-year course, underling the importance of nutritional contents provided; understanding the most critical aspects about nutritional care can be helpful in understanding in which areas university education should be improved, in order to train nurses able to assess and face with each patients’ assistance need.

Title: Enteral Nutrition via Nasogastric Tube for Refeeding Patients With Anorexia Nervosa: A Systematic Review.

Citation: Nutrition in Clinical Practice; Jun 2019; vol. 34 (no. 3); p. 359-370
Author(s): Rizzo, Saara M.; Douglas, Joy W.; Lawrence, Jeannine C.

Abstract: Weight restoration is an important first step in treating patients with anorexia nervosa (AN), because it is essential for medical stabilization and reversal of long-term complications. Tube feeding may help facilitate weight restoration, but its role in treatment remains unclear. This study aimed to review the literature describing the efficacy, safety, tolerance, and long-term effects of nasogastric (NG) refeeding for patients with AN. Four electronic databases were systematically searched through May 2018. Boolean search terms included "anorexia nervosa," "refeeding," and "nasogastric tube feeding." Ten studies were eligible for inclusion: 8 retrospective chart reviews, 1 prospective cohort, and 1 randomized controlled trial. Nine of the studies were performed in-hospital. In 8 studies, NG nutrition resulted in an average rate of weight gain exceeding 1 kg/wk. In 4 of 5 studies including an oral-only control group, mean weekly weight gain and caloric intake were significantly higher in tube-fed patients. Six studies provided prophylactic phosphate supplementation, all with <1% occurrence rate of refeeding hypophosphatemia. Seven studies reported on other physiological disturbances, 6 evaluated medical and gastrointestinal side effects, 3 considered psychological outcomes, and 4 assessed patients postdischarge. Results indicated that NG feeding was not associated with an increased risk for adverse outcomes. Overall, in these studies, NG nutrition was considered safe and well
tolerated, and effectively increased caloric intake and rate of weight gain in patients with AN. However, results are limited by weaknesses in study designs, and more rigorous methods are needed for development of evidence-based, standardized refeeding protocols.

Title: Feeding Practices and Nutrition Intakes Among Non-Critically Ill, Postoperative Adult Patients: An Observational Study.

Citation: Nutrition in Clinical Practice; Jun 2019; vol. 34 (no. 3); p. 371-380
Author(s): Rattray, Megan; Marshall, Andrea; Desbrow, Ben; Roberts, Shelley

Background: Evidence-based guidelines (EBG) recommend recommencing oral feeding (liquids and solids) ≤24 hours after surgery. The aims of this study were to determine time to first diet (any) and solid-diet prescriptions, delivery, and intakes among adult, non-critically ill, postoperative patients.

Methods: This prospective cross-sectional study included 100 postsurgical patients. Demographic and perioperative dietary-related data were collected from patients' medical records or via direct observation. Dietary intakes were observed for the duration patients were enrolled in the study (from end of surgery to discharge). The amount of energy (kcal) and protein (g) consumed per patient per day was analyzed and considered adequate if it met ≥75% of a patient's estimated requirements.

Results: 89 and 52 patients consumed their first intake and first solid intake ≤24 hours after surgery, respectively. For their first intake, 53% of patients had clear or free liquids. Median times to first diet prescription (range: 1.3–5.7 hours), delivery (range: 2.1–12.5 hours), and intake (range: 2.2–13.9 hours) were ≤24 hours after surgery for all patient groups. Time to first solid-diet prescription (range: 1.3–77.8 hours), delivery (range: 2.1–78.0 hours) and intake (range: 2.2–78.2 hours) varied considerably. Urologic and gastrointestinal patients experienced the greatest delays to first solid-diet prescription and first solid intake. Only 26 patients met both their energy and protein requirements for ≥1 day during their stay.

Conclusion: While practice appears consistent with EBG recommendations for commencing nutrition (any type) after surgery, the reintroduction of adequate diet requires improvement.

Title: Navigating Conversations Surrounding Nutrition Support at the End of Life.

Citation: Support Line; Jun 2019; vol. 41 (no. 3); p. 18-23
Author(s): Dobak, Stephanie

Abstract: Artificial nutrition and hydration (ANH) can serve as a life-preserving therapy. However, the provision of ANH is not always beneficial, particularly at the end of life. Many factors contribute to a patient's or surrogate's medical decision-making process regarding ANH. The responsibility of having crucial conversations with the patient and family is often placed on the physician. However, as the nutrition expert most aware of the patient's nutrition status, the registered dietitian nutritionist is a valuable asset to include in conversations surrounding nutrition care goals. This article aims to equip registered dietitian nutritionists with the knowledge base and communication skills needed to effectively navigate conversations surrounding nutrition support at the end of life.
Title: Implementing an educational program to improve critical care nurses' enteral nutritional support.

Citation: Australian Critical Care; May 2019; vol. 32 (no. 3); p. 218-222

Author(s): Kim, Hyunjung; Chang, Sun Ju

Abstract: Although international nutrition societies recommend enteral nutrition guidelines for patients in intensive care units (ICUs), large gaps exist between these recommendations and actual clinical practice. Education programs designed to improve nurses' knowledge about enteral nutrition are therefore required. In Korea, there are no educational intervention studies about evidence-based guidelines of enteral nutrition for critically ill patients. We aimed to evaluate the effects of an education program to improve critical care nurses' perceptions, knowledge, and practices towards providing enteral nutritional support for ICU patients. A quasi-experimental, one-group study with a pre- and post-test design was conducted from March to April 2015. Nurses (N = 205) were recruited from nine ICUs from four tertiary hospitals in South Korea. The education program comprised two sessions of didactic lectures. Data were collected before (pre-test) and 1 month after (post-test) the education program using questionnaires that addressed nurses' perceptions, knowledge, and practices relating to providing enteral nutritional support for ICU patients. After the program, nurses showed a significant improvement in their perceptions and knowledge of enteral nutrition for ICU patients. There was a significant improvement in inspecting nostrils daily, flushing the feeding tube before administration, providing medication that needs to be crushed correctly, changing feeding sets, and adjusting feeding schedules. The findings indicate that an enteral nutrition education program could be an effective strategy to increase critical care nurses' support for the critically ill. This education program can be incorporated into hospital education or in-service training for critical care nurses to strengthen their perceptions and knowledge of nutritional support in the ICU. This may improve the clinical outcomes of ICU patients.

Title: Malnutrition Screening and Assessment in Hospitalised Older People: A Review.

Citation: Journal of Nutrition, Health & Aging; May 2019; vol. 23 (no. 5); p. 431-441

Author(s): Dent, Elsa; Hoogendijk, E. O.; Visvanathan, R.; Wright, O. R. L.

Abstract: Malnutrition (undernutrition) remains one of the most serious health problems for older people worldwide. Many factors contribute to malnutrition in older people, including: loss of appetite, polypharmacy, dementia, frailty, poor dentition, swallowing difficulties, social isolation, and poverty. Malnutrition is common in the hospital setting, yet often remains undetected by medical staff. The objective of this review is to compare the validity and reliability of Nutritional Screening Tools (NSTs) for older adults in the hospital setting. We also provide an overview of the various nutritional screening and assessment tools used to identify malnutrition in hospitalised older adults. These include: Subjective Global Assessment (SGA), the Mini Nutritional Assessment (MNA), MNA-short form (MNA-SF), Malnutrition Universal Screening Tool (MUST), Simplified Nutritional Appetite Questionnaire (SNAQ), Geriatric Nutrition Risk Index (GNRI) and anthropometric measurements. The prevalence and outcomes of malnutrition in hospitalised older adults are also addressed.

Title: Depressive symptoms and nutritional status in the frail older adults.

Citation: Archives of Gerontology & Geriatrics; Jul 2019; vol. 83 ; p. 96-100
Author(s): Chen, Chia-Te; Tung, Heng-Hsin; Chen, Yen-Chin; Lee, Huan-Fang; Wang, Chung-Jen; Lin, Wei-Hung

Abstract: The purpose of this study is to determine the relationship between depressive symptoms and nutritional status in the frail older adults. This study uses a cross-sectional, descriptive, and correlational design. A questionnaire was used to collect demographic data, and the Taiwan International Physical Activity Questionnaire Form Geriatric Depression Scale-Short Form Charlson Comorbidity Index, and Mini-Nutritional Assessment Short-Form were used to measure depression and nutritional status, respectively. Data were analyzed by independent- t tests, chi-square tests, spearman correlations, and multiple linear regressions. Of the total of 94 frail older adults, 17 (18.09%) had depressive symptoms (GDS > 5). The average MNA-SF score was 11.38 (SD = 2.45), 31 (32.98%) participants had a risk of malnutrition and 12 (12.77%) were malnourished. Participants’ reports of dissatisfaction with their lives (72.1%) and feeling terrible about their lives (58.14%) were associated with a risk of malnutrition. Elderly age, multiple comorbidities, and high level of depressive symptoms were at increased risk of malnutrition. When clinicians are faced with a high-risk group, such as elderly patients with multiple comorbidities and depressive symptoms, they should perform an immediate assessment of nutritional status. If a risk of malnutrition is found, adequate nutrition and health care should be provided.

Title: Managing food waste across hospitals sites and Trusts.

Source: British Journal of Healthcare Management; May 2019; vol. 25 (no. 5); p. 167-169
Author(s): Jones, Hugh

Title: How might vegan food fit into the future of hospital catering?

Citation: British Journal of Healthcare Management; May 2019; vol. 25 (no. 5); p. 181-183
Author(s): Russell, Heather

Abstract: Demand for vegan-friendly products and services is increasing. Vegan hospital food is inclusive and sustainable, and can be cost-effective too - could your service benefit from strengthening its offering? Making vegan options available to staff, visitors and patients can help them to boost their intakes of fruit, vegetables and fibre, and limit their intakes of cholesterol-raising saturated fat.

Title: Enhancing the decision-making process when considering artificial nutrition in advanced dementia care.

Citation: International Journal of Palliative Nursing; May 2019; vol. 25 (no. 5); p. 216-223
Author(s): De, Diana; Thomas, Carol

Background: Nutritional problems often manifest during late-stage dementia, and some families may request to instigate artificial nutrition and hydration (ANH) therapies. In the US, an estimated one-third of nursing home patients with a severe cognitive impairment have artificial feeding tubes inserted. Fear that a relative could experience extreme hunger or thirst if they are not mechanically fed tends to be the main driver behind family’s requests to implement artificial or enteral feeding methods. In contrast, artificial hydration is rarely given
to older people with dementia in the UK and this practice of non-intervention tends to apply across all healthcare and hospice type environments.

**Aim:** This literature review aims to evaluate the evidence to support the use and non-use of ANH.

**Method:** A literature review was undertaken to examine the evidence around ANH for patients with dementia to offer support to families or carers contemplating feeding choices.

**Conclusion:** This paper challenges the implementation of invasive ANH worldwide. It highlights how resorting to ANH does not necessarily lead to improvements in comfort, survival or wound healing. The risk of aspiration does not appear to significantly alter either.

**Title:** Observed appetite and nutrient intake three months after ICU discharge.

**Citation:** Clinical Nutrition; Jun 2019; vol. 38 (no. 3); p. 1215-1220

**Author(s):** Chapple, Lee-anne S.; Weinel, Luke M.; Abdelhamid, Yasmine Ali; Summers, Matthew J.; Nguyen, Thu; Kar, Palash; Lange, Kylie; Chapman, Marianne J.; Deane, Adam M.

**Abstract:** Oral intake is diminished immediately after ICU discharge, yet factors affecting nutritional intake after hospital discharge have not been evaluated. The aim of this study was to evaluate dietary intake and factors which may influence intake - appetite and gastric emptying - 3-months after ICU discharge. Inception cohort study with ICU survivors compared to healthy subjects. Following an overnight fast, all participants consumed a standardized carbohydrate drink, containing 13C-octanoic acid, to measure gastric emptying. Dietary intake was assessed by recall of the preceding day and a standard weighed buffet meal 4-h post-drink. Appetite was assessed pre-drink (fasting) and pre- and post-buffet using visual analogue scales. Fifty-one ICU survivors (82% male; 70 ± 9 y; BMI 28 ± 6 kg/m2) and 25 healthy subjects (60% male; 67 ± 12 y; BMI 27 ± 4 kg/m2) were evaluated. From the 24-h recall ICU survivors consumed less calories (ICU 1876 (708) vs. healthy subjects 2291 (834) kcal; p = 0.025) with no difference in macronutrient intake, however reported a lower preference for fat (p < 0.001). Calorie and macronutrient intake from the weighed buffet was similar between groups: calories (ICU: 658 (301) vs. healthy subjects: 736 (325) kcal; p = 0.149); protein (ICU: 37 (19) vs. healthy subjects: 40 (17) g; p = 0.275); fat (ICU: 23 (12) vs healthy subjects: 26 (13) g; p = 0.261); and carbohydrates (ICU: 69 (35) vs. healthy subjects: 79 (42) g; p = 0.141). ICU survivors reported feeling less full regardless of time-point (p = 0.041). There was no difference in the rate of gastric emptying between the two groups (p = 0.216). ICU survivors reported less preference for fat and less calorie consumption than healthy subjects. However, intake of calories and macronutrients at a weighed meal was similar in the two groups, as was the rate of gastric emptying. ICU survivors reported being less full after the test meal, suggesting factors other than appetite may influence intake.

**Title:** A prospective observation on nutrition support in adult patients with severe burns.

**Citation:** British Journal of Nutrition; May 2019; vol. 121 (no. 9); p. 974-981

**Author(s):** Guo, Fengmei; Zhou, Hua; Wu, Jian; Huang, Yingzi; Lv, Guozhong; Wu, Yunfu; Zhao, Hongsheng; Jin, Jun; Zhao, Ful; Liu, Lijun; Liu, Wenming; Yang, Yi; Xu, Yuan; Qiu, Haibo
Abstract: Nutrition therapy is considered an important treatment of burn patients. The aim of the study was to delineate the nutritional support in severe burn patients and to investigate association between nutritional practice and clinical outcomes. Severe burn patients were enrolled (n 100). In 90 % of the cases, the burn injury covered above 70 % of the total body surface area. Mean interval from injury to nutrition start was 2·4 (sd 1·1) d. Sixty-seven patients were initiated with enteral nutrition (EN) with a median time of 1 d from injury to first feed. Twenty-two patients began with parenteral nutrition (PN). During the study, thirty-two patients developed EN intolerance. Patients received an average of about 70 % of prescribed energy and protein. Patients with EN providing <30 % energy had significantly higher 28-d and in-hospital mortality than patients with EN providing more than 30 % of energy. Mortality at 28 d was 11 % and in-hospital mortality was 45 %. Multiple regression analysis demonstrated that EN providing <30 % energy and septic shock were independent risk factors for 28-d prognosis. EN could be initiated early in severe burn patients. Majority patients needed PN supplementation for energy requirement and EN feeding intolerance. Post-pyloric feeding is more efficient than gastric feeding in EN tolerance and energy supplement. It is difficult for severe burn patients to obtain enough feeding, especially in the early stage of the disease. More than 2 weeks of underfeeding is harmful to recovery.

Title: Nutritional Status, Body Mass Index, and the Risk of Falls in Community-Dwelling Older Adults: A Systematic Review and Meta-Analysis.

Citation: Journal of the American Medical Directors Association; May 2019; vol. 20 (no. 5); p. 569-569

Author(s): Trevisan, Caterina; Crippa, Alessio; Ek, Stina; Welmer, Anna-Karin; Sergi, Giuseppe; Maggi, Stefania; Manzato, Enzo; Bea, Jennifer W.; Cauley, Jane A.; Decullier, Evelyne; Hirani, Vasant; LaMonte, Michael J.; Lewis, Cora E.; Schott, Anne-Marie; Orsini, Nicola; Rizzuto, Debora

Abstract: To evaluate the association between nutritional status, defined on the basis of a multidimensional evaluation, and body mass index (BMI) with the risk of falls and recurrent falls in community-dwelling older people. Systematic literature review and meta-analysis. Community-dwelling older adults. A systematic literature review was conducted on prospective studies identified through electronic and hand searches until October 2017. A random effects meta-analysis was used to evaluate the relative risk (RR) of experiencing falls and recurrent falls (≥2 falls within at least 6 months) on the basis of nutritional status, defined by multidimensional scores. A random effects dose-response meta-analysis was used to evaluate the association between BMI and the risk of falls and recurrent falls. People who were malnourished or those at risk for malnutrition had a pooled 45% higher risk of experiencing at least 1 fall than were those well-nourished (9510 subjects). Increased falls risk was observed in subjects malnourished versus well-nourished [RR 1.64, 95% confidence interval (CI) 1.18-2.28; 3 studies, 8379 subjects], whereas no substantial results were observed for risk of recurrent falls. Taking a BMI of 23.5 as reference, the pooled RR of falling ranged between 1.09 (95% CI 1.04-1.15) for a BMI of 17, to 1.07 (95% CI 0.92-1.24) for a BMI of 37.5. No associations were observed between BMI and recurrent falls (120,185 subjects). The results of our work suggest therefore that nutritional status and BMI should be evaluated when assessing the risk for falls in older age.
Impact of Facilitated Behavior Change Strategies on Food Intake Monitoring and Body Weight Measurements in Acute Care: Case Examples From the More-2-Eat Study.

Citation: Nutrition in clinical practice : official publication of the American Society for Parenteral and Enteral Nutrition; Jun 2019; vol. 34 (no. 3); p. 459-474

Author(s): Laur, Celia; Butterworth, Donna; Nasser, Roseann; Bell, Jack; Marcell, Chelsa; Murphy, Joseph; Valaitis, Renata; Bernier, Paule; Ray, Sumantra; Keller, Heather

Background: Assessing and monitoring food intake and body weight of all hospital patients is considered part of "best practice" nutrition care. This study presents case examples describing the impact of behavior change strategies on embedding these 2 monitoring processes in hospitals.

Methods: Four hospital medical units that participated in the More-2-Eat implementation study to improve nutrition care focused on improving food intake and/or weight monitoring practices. The percentage of admitted patients who received these care practices were tracked through chart audits over 18 months. Implementation progress and behavior change strategies were documented through interviews, focus groups, scorecards, and monthly telephone calls. Case examples are explored using mixed methods.

Results: Of the 4 units, 3 implemented food intake monitoring. One provided food service workers the opportunity to record food intake, with low intake discussed by an interdisciplinary team during bedside rounds (increased from 0% to 97%). Another went from 0% to 61% of patients monitored by introducing a new form ("environmental restructuring") reminding staff to ask patients about low intake. A third unit increased motivation to improve documentation of low intake and improved from 3% to 95%. Two units focused on regularity of body weight measurement. One unit encouraged a team approach and introduced 2 weigh days/week (improved from 14% to 63%), while another increased opportunity by having all patients weighed on Saturdays (improved from 11% to 49%).

Conclusion: Difficult-to-change nutrition care practices can be implemented using diverse and ongoing behavior change strategies, staff input, a champion, and an interdisciplinary team.

Improving the nutritional intake of hospital patients: how far have we come? A re-audit.

Citation: Journal of human nutrition and dietetics : the official journal of the British Dietetic Association; Jun 2019; vol. 32 (no. 3); p. 372-384

Author(s): Beavan, S; Baker, R; Sadler, H; Collinson, A

Background: Malnutrition affects up to 33.6% of hospitalised patients, with consequences that are detrimental for both patients and healthcare providers. In 2015, an audit demonstrated inadequate nutritional provision and consumption by hospitalised patients, comprising a major risk factor for malnutrition. This re-audit evaluates whether patients are meeting recommended energy and protein standards and estimated individual requirements, subsequent to food service improvements since 2015.

Methods: Patients (n = 111) were included from a South West hospital, and Malnutrition Universal Screening Tool scores (MUST) categorised patients as 'nutritionally well' (MUST 0) or 'nutritionally vulnerable' (MUST ≥ 1). Individual energy and protein requirements were estimated using weight-based equations. Nutritional intakes were assessed via 24-h dietary recall and compared against the British Dietetic Association's Nutrition and Hydration Digest standards, as well as estimated individual requirements.
Results: In total, the Digest standards for energy and protein were met by 35% and 63% of patients respectively, which is an increase of 19% and 36% since 2015. ‘Nutritionally well’ patients were more likely to meet nutrient standards for protein (62%) than estimated individual requirements (30%) \( (P \leq 0.001) \). ‘Nutritionally vulnerable’ patients were more likely to meet estimated individual requirements for energy (60%) than the Digest standards (30%) \( (P = 0.047) \).

Conclusions: The proportion of patients meeting the Digest standards has increased considerably following numerous food service changes. Nutritional training for housekeepers, energy/protein-dense snacks and drinks, and fortified dietary items may further increase nutritional intakes. Additionally, as a result of discrepancies between the Digest standards and individual estimated requirements, more research is required to identify the most appropriate auditing standards that reflect best practice.

Title: Feeding should be individualized in the critically ill patients.

Citation: Current opinion in critical care; May 2019
Author(s): Berger, Mette M; Pichard, Claude

Purpose Of Review: Any critical care therapy requires individual adaptation, despite standardization of the concepts supporting them. Among these therapies, nutrition care has been repeatedly shown to influence clinical outcome. Individualized feeding is the next needed step towards optimal global critical care.

Recent Findings: Both underfeeding and overfeeding generate complications and should be prevented. The long forgotten endogenous energy production, maximal during the first 3 to 4 days, should be integrated in the nutrition plan, through a slow progression of feeding, as full feeding may result in early overfeeding. Accurate and repeated indirect calorimetry is becoming possible thanks to the recent development of a reliable, easy to use and affordable indirect calorimeter. The optimal timing of the prescription of the measured energy expenditure values as goal remains to be determined. Optimal protein prescription remains difficult as no clinically available tool has yet been identified reflecting the body needs.

Summary: Although energy expenditure can now be measured, we miss indicators of early endogenous energy production and of protein needs. A pragmatic ramping up of extrinsic energy provision by nutrition support reduces the risk of overfeeding-related adverse effects.

Title: Hospital Staffs’ Perceptions of Postoperative Nutrition Among Colorectal Patients: A Qualitative Study.

Citation: Nutrition in clinical practice : official publication of the American Society for Parenteral and Enteral Nutrition; May 2019
Author(s): Rattray, Megan; Roberts, Shelley; Desbrow, Ben; Marshall, Andrea P

Background: After lower gastrointestinal surgery, few patients start eating within timeframes outlined by evidence-based guidelines or meet their nutrition requirements in hospital. The present study explored hospital staffs’ perceptions of factors influencing timely and adequate feeding after colorectal surgery to inform future interventions for improving postoperative nutrition practices and intakes.

Methods: This qualitative exploratory study was conducted at an Australian hospital where Enhanced Recovery After Surgery guidelines had not been formally implemented. One-on-one semistructured interviews were conducted with hospital staff who provided care to
patients undergoing colorectal surgery. Interviews lasted from 21 to 47 minutes and were audio recorded and transcribed verbatim. Data were analyzed using inductive thematic analysis. Emergent themes and subthemes were discussed by all investigators to ensure consensus of interpretation.

**Results:** Eighteen staff participated in interviews, including 9 doctors, 5 nurses, 2 dietitians, and 2 foodservice staff. Staffs’ responses formed 3 themes: (1) variability in perceived acceptability of postoperative feeding; (2) improving dynamics and communication within the treating team; and (3) optimizing dietary intakes with available resources.

**Conclusion:** Staff and organizational factors need to be considered when attempting to improve postoperative nutrition among patients who undergo colorectal surgery. Introducing a feeding protocol, enhancing intraprofessional and interdisciplinary communication, and ensuring the availability of appropriate, nutrient-dense foods are pivotal to improve nutrition practices and intakes.

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**Title:** Effect of an indwelling nasogastric tube on swallowing function in elderly post-stroke dysphagia patients with long-term nasal feeding.

**Citation:** BMC neurology; May 2019; vol. 19 (no. 1); p. 83

**Author(s):** Wang, Zhi-Yong; Chen, Jian-Min; Ni, Guo-Xin

**Background:** In clinical practice, a large number of post-stroke survivors require nasogastric tube (NGT) placement and nasal feeding for a relatively long period. However, its impact on the swallowing function remains largely unknown. This study examines the impact of prolonged placement of an NGT on the swallowing function of elderly post-stroke patients.

**Methods:** The participants of this study were 30 elderly post-stroke patients who had been using an NGT for more than 2 months. A videofluoroscopic swallowing study (VFSS) was performed before and 5 h after removal of the NGT. The following parameters were analyzed and compared, the functional dysphagia scale (FDS), residue in the valleculae, residue in the pyriform sinuses, and the penetration-aspiration scale (PAS). In addition, prior to the VFSS, the pharynx and larynx were examined using a fiberoptic laryngoscope.

**Results:** Significant differences were observed between the total scores of the FDS, pharyngeal transit times (PTTs), the residue in the valleculae, and the residue in the pyriform sinuses before and after the NGT removal, suggesting an improved swallowing function following the removal of the NGT. A significantly lower penetration-aspiration degree was found after removing the NGT compared with that before its removal. In addition, examinations using the fiberoptic laryngoscope showed that laryngopharyngeal edema was present in three quarters of the patients.

**Conclusions:** Our results demonstrate that prolonged placement of the NGT had a negative impact on the swallowing function of elderly post-stroke dysphagia patients, mainly on the pharyngeal phase.

**Sources Used:** The following databases are used in the creation of this bulletin: Amed, British Nursing Index, Cinahl & Medline.

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