

Auditing the nutritional care process on an acute renal ward

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Introduction

Malnutrition is a common complication of chronic kidney disease (CKD) and end stage kidney disease (ESKD), due to fatigue, food distaste, and nutrition impact symptoms such as nausea dysgeusia early satiety and poor appetite. Dietitians have a key role in managing malnutrition, access to relevant medical, social and nutritional information is necessary, alongside co-operation from the multidisciplinary team in implementing nutritional care plans. We noted that some referrals were incomplete, and nutritional care plans were not being fully implemented, therefore we aimed to audit compliance with the nutrition care process on an acute renal ward.

Methodology

Patients who were admitted to the renal ward and referred for dietetic advice or currently under the care of the dietitian were included. A data collection tool was devised, incorporating demographics, referral type, reason for referral, appropriateness of referral, number of days from referral to patient being seen, and aspects of the dietetic care process. recent weight, were food charts available and complete, were snacks ordered received within 2-3 days and were supplements given as prescribed. Data was collected using the audit tool, this was used alongside assessment of the most recent food chart available at the time of initial dietetic assessment to collect data for the audit. Data was analysed to determine reason for referral, and the effect of this upon the quality of the nutrition care process followed nutritional documentation by nursing staff.

Results

84 patients met initial inclusion criteria. Four patients were excluded as they moved to outlier wards, therefore data for 80 patients (mean age 69 years; 65% male, 35% women; 46% on dialysis with average dialysis vintage 4 years) was analysed. The most common reason for referral was nutrition support. Referrals were deemed appropriate for 75 (94%) patients. The mean number of days from referral to dietetic assessment was one working day. There was no significant difference between reason for referral and number of days to dietetic review 0-4 days ($p=0.18$) 71/80 (89%) patients had a recent weight documented; where weights weren't available this was predominantly due to patients being too unwell. Food charts were available for 48 patients, with 36 (75%) being fully completed. 52/80 patients were prescribed snacks as part of their nutritional care plan, however 40 (77%) did not receive snacks within 2-3 days. Only 12 patients (23%) received snacks in a timely manner. 29/80 (36%) patients required nutritional supplements as part of their care plan, with 25 (87%) receiving supplements as prescribed.

Summary

Overall the nutrition care process was efficient for the majority of patients in this audit, which will help to prevent deterioration in nutritional status during their hospital admission. A limitation of this work is that the nutritional status of participants was not recorded as part of the audit, and this should be included in future work. Aspects of nutrition care plans which were implemented well were completion of food record charts, recording weights, and providing supplements; however provision of snacks was poor and requires engagement from the Trust to refine this process