

Nutritional Assessment Guideline

Statement of Best Practice

All patients will be assessed for their nutritional needs within 24 hours of admission to ICU, and if appropriate a feeding regime commenced.

Introduction:

Critical Illness is a form of stress on the body, associated with a catabolic response in which patients commonly demonstrate a systemic inflammatory response. Nutritional support has three main objectives:

- To preserve lean body mass
- To maintain immune function
- To avert metabolic complications

Aims of Nutritional Assessment:

- To assess patient's suitability to provide nutrition/feed within 24 hours of admission to critical care.
- To assess appropriate methods to provide nutritional support to the patient (eating and drinking, parenteral, enteral or a combination of the methods) to ensure adequate calorie intake.

Recommendations for Best Practice:

- A nutritional risk score in critical care is performed every 4 – 6 hours or as the patient condition changes and every 7 days as a minimum standard using an appropriate tool as identified on the care plan. E.g. MUST (Malnutrition Universal Screening Tool). This is performed by an appropriately trained staff member.
- Obtain the patient's height and weight and record in the local trust documentation. (Use ulna length if height unavailable).
- Critical Care input is available from the Dietician as required.
- Referral/review by Dietician by the next working day is available if appropriate.
- Referral to Speech and Language Team (SALT) is available.
- Record and assess the patient's appetite, likes and dislikes, cultural beliefs, feeding ability and any known medical conditions including allergies.
- Communicate effectively with the patient and carers maintaining privacy and dignity, and provide reassurance to the patient and carers at all times.
- Ensure infection control standards are adhered to at all times.
- Clear documentation of the feeding regime is prescribed on the drug chart and checked by the Dietician E.g. Intra venous fluids/enteral/parenteral nutrition.
- Refer to local trust guidelines/protocols regarding specific nutrition administration E.g. enteral feeding.
- Clear documentation of intake and output is recorded on the fluid balance chart.

Education and Training

- All staff performing nutritional assessment should have received the appropriate training and be able to demonstrate competence in accordance with local trust policies.
- National Competency Framework for Adult Critical Care Nurses is available from www.cc3n.org.uk

References

Critical Care National Network Nurse Lead (CC3N)

National Competency Framework for Adult Critical Care Nurses www.cc3n.org.uk (2013)

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