FEEDING PATIENTS BETTER: PROTOCOLISING ENTERAL FEEDING TO PROVIDE APPROPRIATE AND TIMELY NUTRITION CARE

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Protocolised enteral feeding is clinically appropriate for a large proportion of patients, results in no adverse events, and can be safely commenced without dietitian review.

Background
Enteral feeding protocols (feeds commenced by medical or nursing staff) are shown to:
• decrease time to commencement of feeds
• decrease time to goal feeding rate, and
• increase dietitian efficiency
This study aimed to quantify the proportion of patients receiving protocolised enteral feeding on RBWH wards, describe service and clinical outcomes, and identify opportunities to increase protocolised feeding uptake.

Methods
• Retrospective chart audit (patients commenced on enteral feeds Jan 1st-Mar 31st 2020)
• Mental health and intensive care wards excluded.
• Data collected on use of protocols, time to goal feeding rate, adverse events, and dietitian reviews

Results (n = 183 patients, 203 admissions)
• 60.6% (n = 123) received protocolised feeding
• 76% (n = 154) of feeds were commenced before dietitian review
• Patients on protocolised feeding more likely reviewed by the dietitian before commencement (27.6% vs 18.2%)
• Goal enteral nutrition rate reached within median 1 day (IQR 3) of commencement
• Dietitians reviewed patients for enteral nutrition twice on average (median 2, IQR 3)
• For patients not commenced on protocolised feeding this was deemed clinically appropriate in 92.3% instances
• No adverse clinical outcomes reported, including no cases of refeeding syndrome.

Conclusion
No further areas were identified as appropriate for further roll out of protocolised enteral feeding.