
Diætist /sygeplejerske session

Årsmøde 2014 – Auditorium 1

- 13:30-13:43 Kvantitativ undersøgelse omkring ernæringscreeningen af patienter indlagt på intensiv afdeling Sydvestjysk Sygehus Esbjerg.
Linda Legaard Rosenmay
- 13:43-13:56 HOW TO MEASURE ENERGY AND PROTEIN INTAKE IN A GERIATRIC DEPARTMENT - A COMPARISON OF THREE VISUAL METHODS
Mette M. Husted, Anders Fournaise, Lars Matzen, Rudolf A. Scheller
- 13:56-14:09 Indførelse af "Den Kostansvarlige"
Tina Kristensen
- 14:09-14:22 A RANDOMIZED CONTROLLED STUDY OF SIDE EFFECTS OF HYPEROSMOLAR ENTERAL NUTRITION WHEN STARTING BOLUS TUBE FEEDING IN PATIENTS WITH HEAD AND NECK CANCER
M.L.Christensen, M.Lundh, J.Bentzen, J.R. Andersen.
- 14:22-14:35 Physical activity in hospitalized elderly medical patients; How active are they, what motivates to physical activity and how well is it measured by SenseWear armband?
Holst M; Hansen, P L; Pedersen, L A; Paulsen, S; Valentinsen, C D; Køhler M
- 14:35-14:48 The effect of special diets on weight and nutritional intake in haematological cancer patients - A cross-over-study
Sanne Josephine Bille, Benedicte Widding Fjalstad, Mette Borg Clausen, Bent Jørgen Andreasen, Jens Rikardt Andersen
- 14:48-15:01 Kost og cancer: Et samarbejde om fokus på underernæring hos kræftpatienter
Bell Møller
- 15:01-15:14 The effect of high protein diet in combination with physical activity in the rehabilitation of patients with Chronic Obstructive Pulmonary Disease (COPD) – a pilot study
Nana Møgelberg, Randi Svarstad, Nina Skavland Godtfredsen, Annette Nørregaard, Jens Rikardt Andersen
- 15:14-15:27 Ernæringsplan ved udskrivelse
Kirsten Thal-Jantzen
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Kvantitativ undersøgelse omkring ernæringscreeningen af patienter indlagt på intensiv afdeling Sydvestjysk Sygehus Esbjerg.

Intensivsygeplejerske Linda Legaard Rosenmay

Intensiv afdeling 240/241 Sydvestjysk Sygehus Esbjerg.

Baggrund og formål

Kvalitetsudvikling har de seneste ti år fået en central plads i det sundhedsfaglige arbejde. Akkreditering af de danske hospitaler indgår der på ernæringsområdet indikatorer omkring ernæringscreening, fastsættelse af ernæringsbehov, ordination af kostform/kostplan.

Baseret på viden og erfaringer fra daglig klinisk praksis formodes det, at trods ernæringscreening er et krav fra Den Danske Kvalitets Model(DDKM), bliver det ikke udført i afdeling. Det var grundlaget for denne dataindsamling.

Personalet havde svært ved at se et formål med screeningen, og havde ikke motivationen til yderlig dokumentation uden konsekvens. Der bliver brugt meget tid på at screene, registrere og dokumentere.

Metode

Kravene på intensiv afdeling 240/241 var at ernæringscreenere alle patienter inden for de første 48 timer og hver onsdag. Registrering af alle ernæringscreeninger og manglende ernæringscreeninger, er optaget hver uge, for at få et overblik over om vi lavede forbedringer i forhold til ernæringscreening.

Resultater

Interventioner øgede ikke andelen af patienter, som blev ernæringsscreenet de første 48 timer/hver onsdag. Ernæringscreeningen blev udført på 50 % af patienterne, men fandt at tæt på 100 % var der blevet ordineret sondeernæring eller parenteraternæring.

Personalet oplevede at deres screening ikke havde nogen konsekvens, for hvordan patienterne blev ernæret, da vi på intensiv afdeling ofte giver sondeernæring, som er ordineret af stuegangslægen.

Fremtidsperspektivering.

Stopper ernæringscreeningen af patienter, men overholder stadig de sundhedsfaglige krav. Ændringer og revidering af instruksen, baseret på opdateret videnskabeligt grundlag. Undervisning, viden og fokus blandt personalet, som skal sikre patienterne den optimale ernæringsbehandling.

At synlig gøre formålet med ernæringsplan, og øge motivationen hos sygeplejerskerne til at lave ernæringsplan, og målrette ernærings-behandlingen hos patienterne.

HOW TO MEASURE ENERGY AND PROTEIN INTAKE IN A GERIATRIC DEPARTMENT - A COMPARISON OF THREE VISUAL METHODS

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Resumé

Introduction: Sufficient energy and protein intake is necessary in the treatment of geriatric patients. The purpose of this study was to compare energy and protein intake estimated by three visual methods.

Methods: In this study food registrations of lunch meals served to 103 geriatric patients were done.

Lunch meals were portioned by service personnel using standardized portioning tableware. Energy (KJ) and protein (g) intakes were estimated by nursing staff using three visual methods:

Method A: Food registration (each item, meat/fish, vegetables, potatoes, sauce)

Method B: Reduced Plate Method (consumed 0, 25, 50 or 100%)

Method C: Plate Method (consumed 0, 25, 50, 75 or 100%)

As reference method separate weighting of all food items pre- and post serving was used.

Results are given as median and [25%>, 75%>percentiles]. Wilcoxon Signed Rank Test was used, Alpha level 0.05.

Results: The total energy served pr. lunch meal was 893.6 KJ [830.4-1034.3] and the weighed intake 676.6 kJ [421.4-870.0]. The median intake estimated by method A: 663.0 KJ [389.0-873.0] (p=0.044), method B: 487.8 KJ [316.5-873.0] (p<0.001) and method C: 636.0 KJ [436.5-873.0] (p<0.001) respectively. The weighted protein content pr. served meal was 13.0g [11.4-15.4] with a weighted intake of 10.3g [5.3-13.1]. The median intake estimated by method A: 10.7g [5.3-11.7] (P=0.045), method B: 8.0g [4.8-11.7] (p<0.001) and method C: 9.3g [5.8-11.7] (p<0.001).

Conclusion: All visual methods underestimated energy intake. Methods B and C underestimated protein intake whereas method A overestimated protein intake. However, best estimates was found using method A.

Indførelse af "Den Kostansvarlige", Gastro medicinsk, afsnit 323, Amager og Hvidovre

Projektets titel: Tid til patienten giver bedre pleje og behandling.

Projektet udspringer af det engelske koncept "Productive Ward" udviklet af NHS (www.institute.nhs.uk).

Gastroenheden, medicinsk gastroenterologisk, afsnit 323 har været pilotafdeling for Hvidovre Hospital.

Projektet er et tværfagligt organisatorisk forandringsprojekt, hvor medarbejderne på et sengeafsnit oplæres i at udvikle forbedrede arbejdsgange inden for patientsikkerhed, patienttilfredshed, effektivitet i arbejdsgange og personaletilfredshed.

Projektet indeholder 11 moduler, og der er nu implementeret forbedrede arbejdsgange inden for alle moduler. Projektet har kørt fra marts 2010 – september 2012.



Måltids-modulet:
November 2010 – Oktober 2011

Beskrivelse af implementeringsindsatsen

Der er ansat en projektleder til at styre projektet overordnet.

For hvert modul udpeges 2 – 4 tværfaglige medarbejdere til en arbejdsgruppe. Medarbejderne har et særligt ansvar for at analysere data, beslutte evt. ændringer og efterfølgende udføre audit, og evt. justeringer og/eller nye tiltag. De øvrige medarbejdere orienteres ved ugentlige tavlemøder om resultater af audits, og der vil være mulighed for udveksling af idéer.

Projektet har benyttet sig af ressourcepersoner fra fx køkken, hospitalets ernæringsansvarlige, mm.

Måltider:

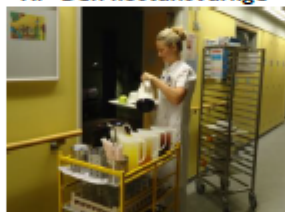
Mål:

- At sikre at patienten får den nødvendige kost
- At reducere spildtid i forbindelse med servering af mad
- At sikre uddeling af mad til patienterne inden for 5 minutter efter ankomst i afdelingen

Løsning: Fra "alles ansvar"

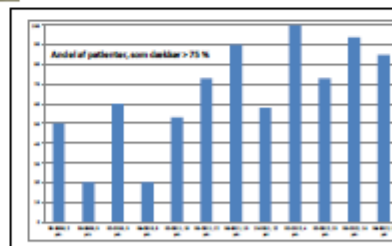


Til "Den kostansvarlige"



Resultater:

- Antallet af patienter i ernæringsrisiko, og som dækker deres behov med mere end 75 %, er øget med 44 %. Fra gennemsnitligt 44 % til gennemsnitligt 81 %. Samtidig er antallet af patienter øget fra gennemsnitligt 5,4 til gennemsnitligt 11,4.
- Patienterne tilbydes oftere mellemmåltider
- Registrering/dokumentation af kostindtag er optimeret
- Arbejdsgange med servering af mad, mobilisering af patient, administrering af sonde- og parenteral ernæring samt vægt- og blodsukkermåling er systematiseret.
- Tidsintervallet mellem levering af morgen- og aftensmad er udvidet med 1½ time, med bedre mulighed for dækning af patienternes ernæringsbehov, efter at faste leveringstidspunkter er implementeret.
- Ventetid, fra maden kommer til afdelingen til maden leveres til patienterne, er reduceret med 85 %



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A RANDOMIZED CONTROLLED STUDY OF SIDE EFFECTS OF HYPEROSMOLAR ENTERAL NUTRITION WHEN STARTING BOLUS TUBE FEEDING IN PATIENTS WITH HEAD AND NECK CANCER

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Rationale: To investigate whether osmolarity of enteral nutrition is of clinical importance in the starting phase of tube feeding of patients with head and neck cancer.

Methods: 17 outclinic patients referred for chemotherapeutic and radiation treatment of head and neck cancer in need for tube feeding were randomized to receive bolus feeding with either 455 mosm/l (Nutridrink, Nutricia) or 790 mosm/l (Nutridrink Compact, Nutricia). Mean age 67 yr, mean BMI 21. Initial doses were individually calculated to meet the patient's needs (Harris-Benedict based calculation for energy and 1.3 g protein/kg body weight), and all patients started with full dose. Side effects were rated by Visual Analogue Scales (VAS). Gastric emptying was estimated by paracetamol absorption test, refractometry (Brix values of gastric aspirate), and intragastric pressure measurements. Refeeding phenomenons were estimated by p-phosphate, diarrhea by stool counting and the Bristol Stool Scale, and vomiting by counts.

Results: No significant differences were found in side effects, gastric emptying indicators, indications of refeeding syndrome, vomiting or diarrhea.

Conclusion: In this study osmolarity of enteral nutrition had no impact on side-effects.

No gradual increase of doses or osmolarity seems necessary in the daily tube routine in metabolically unstressed patients with head and neck cancer.

Disclosure of interest: Enteral nutrition was sponsored by Nestlé Health Science and Nutricia

Physical activity in hospitalized elderly medical patients; How active are they, what motivates to physical activity and how well is it measured by SenseWear armband?

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Background: Physical activity (PA) in hospitalized patients may optimize strength and appetite, and improve outcome.

Objective: To examine how physically active Danish elderly medical patients are during hospitalization. Secondary aims were to investigate: How SenseWear measures PA in this group and to achieve knowledge of what motivates these patients to physical activity, and what do they perceive as barriers?

Method: Patients >60 years of age were recruited at dept. of haematology and dept. of kidney disease at Aalborg University Hospital during one week. Three SenseWear armband monitors were used to measure daily steps and Metabolic Equivalent of Task (MET), for 24 hours in each participant. Semi Structured interviews were used for qualitative data.

Results: The study comprised 11 patients, five female and six male, age 57-87 years, mean 73 (SD 9); BMI 19.4-32.1, mean 25.2 (SD 3.7) and MET, mean 1,1 (SD 0,2). Half of the participants walked less than 50 steps a day. The majority of the tested patients were bedridden between 9 and 15 hours a day. Measured by MET, 5/11 patients had very low activity, with less than 20 minutes/day of moderate activity (3-6 MET). Four patients were moderately active for 19-38 minutes. Five of the 11 patients sleep less than 6 hours and 22 minutes a day, mean 9 hours (SD 3 hrs 25 min). Lying down was recorded for a mean of 11 hours (SD 3 hrs 53 min). A comparison between resting time, moderate and high activity and steps taken in this study shows that MET could be elevated due to metabolic changes related to disease rather than to physical activity, since patients are mainly inactive. SenseWear might have problems separating elevated back rest from lying down and sitting.

Factors found motivating to PA were: Praise and recognition from the staff, experienced boredom, continued ability to perform Activities of Daily Living, awareness that physical activity is important for the body and experienced autonomy. Barriers: Symptoms of illness, fear of falling, lack of meaningful activities, inadequate physical facilities and staff's lack of focus on patients' physical activity. Organisational routines such as waiting for staff, including physical investigations and rounds, were barriers for patients to get out of bed.

Conclusion: The majorities of these elderly medical patients were very inactive during hospitalization. SenseWear might not be able to separate elevated back rest from lying down or sitting. Furthermore, MET measured by SenseWear needs supplementation by other factors, i.e, steps and metabolic information. Patients experienced factors that could motivate them for physical activity, but these were often hindered by organizational barriers as waiting for treatment. Furthermore, among barriers were fear of falling, lack of meaningful activities and focus from staff.

The effect of special diets on weight and nutritional intake in haematological cancer patients A cross-over-study

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Background: Major losses of weight are well documented in patients with haematological cancer, and in addition approximately 75% of cancer patients receiving chemotherapy experiences taste changes. Patients who report changes in taste perception after receiving chemotherapy have a 20-25% less calorie intake compared to patients who do not report taste changes. We have previously documented, that such haematological patients have a changed taste pattern favouring dominating umami, a little sweet, sour and salt, and no bitter. We aimed at concerting these results into real dishes, that the patients were able to manage as out-patients too, and which improved their weight losses.

Method: Only patients with haematological cancers in chemotherapy participated. In two sensory pilot studies with five different patients in each, dishes were selected as preferences among 17 dishes in the first round and 6 dishes in the second round. Every dish was tested before and after chemotherapy. All the diets were with high energy-density with a protein content of at least 5 g/100 g. From these results four dishes were selected for the testing of 32 new patients comparing acceptability and weight in 30 days with their habitual diet, and 30 days with recommendations to eat the tested dishes. Patients had access to the dishes when in the hospital, but did their own cooking at home. The dishes were chosen to make it possible to buy them as pre-prepared in supermarkets in frozen form. The dishes in the final was: Chili con Carne, Chicken in Curry, Curry Soup and Pasta Carbonara with added curry.

Results: 32 patients were included (mean age 52 years, 44% were women). The intervention resulted in a statistical significant difference in weight development during the two periods ($p=0,0008$). Control period $-2,8 \pm 5,2$ kg (-4%) and intervention period $1,2 \pm 1,9$ kg (+2%). The significant difference was persisted after sensitivity analysis ($\pm 10\%$) with +10%: $P=0,005$ and -10%: $P=0,003$. Self-reported compliance was 56%.

Conclusion: Intervention resulted in significant difference in weight development during the periods, but the nutritional intake was still low. We were surprised by the patient`s choices, and this stresses the need for the development of special dishes for different types of patients taking their taste changes in account.

Også sendt til ESPEN

Kost og cancer: Et samarbejde om fokus på underernæring hos kræftpatienter

V. Bell Møller, sygeplejerske i Center for Kræft og Sundhed København, på vegne af Fagligt Selskab for Kræftsygeplejersker, Kost og Ernæringsforbundet, Foreningen af Kliniske Diætister & Fresenius Kabi

Underernæring blandt kræftpatienter er et stort problem, der kan have alvorlige konsekvenser for den enkelte patient og for samfundet. Derfor besluttede Fagligt selskab for Kræftsygeplejersker, Kost og Ernæringsforbundet, Foreningen af Kliniske Diætister og Fresenius Kabi i 2012 at gå sammen om at forbedre kræftpatienters ernæringstilstand. Parterne tror på, at det er den tværfaglige indsats, der kan forebygge underernæring hos kræftpatienter.

Undersøgelse blandt kræftsygeplejersker (2012):

For at finde ud af, hvordan kræftsygeplejersker håndterer ernæring til kræftpatienter, gennemførte parterne en undersøgelse i 2012. Resultaterne viser bl.a., at ernæringsindsatsen er nedprioriteret blandt kræftsygeplejersker. Fx er det kun ca. hver tredje kræftsygeplejerske, der udarbejder ernæringsplaner for patienterne, og under halvdelen af kræftsygeplejerskerne følger dem op. Sygeplejerskerne er bl.a. i tvivl om, hvordan de håndterer ernæring gennem sonde og drop, og de efterspørger fx viden og tværfagligt samarbejde for at kunne optimere ernæringsindsatsen.

Uddannelsesdage for kræftsygeplejersker i hhv. Øst- og VestDanmark (2013)

For at opdatere sygeplejerskerne på området har parterne afholdt uddannelsesdage med sundhedsfaglige eksperter og bannerførere inden for ernæring og kræft som undervisere. Der har været en stor interesse for dagene, hvor sygeplejerskerne har lært lige fra de fysiologiske ændringer i kroppen ved kræft til, hvordan de håndterer enteral og parenteral ernæring i praksis. Der er i 2014 planlagt yderligere to uddannelsesdage, så sygeplejerskerne kan holde deres viden om kræft og underernæring opdateret. Fresenius Kabis diætistdag i juni 2014 vil også omhandle ernæring til kræftpatienter.

Artikler og informationshæfter på baggrund af uddannelsesdagene

For aktivt at hjælpe sygeplejerskerne med at bruge informationen fra uddannelsesdagene i praksis og samtidig dele informationen med andre interesserede, har parterne udarbejdet artikler og informationshæfter på baggrund af uddannelsesdagene. Der har været positive tilbagemeldinger omkring informationens brugbarhed og relevans i praksis.

Informationskampagne til patienter, pårørende og sundhedspersonale

Udover at det sundhedsfaglige personale spiller en vigtig rolle, når underernæring skal forebygges, så er det mindst lige så vigtigt, at patienten selv kommer på banen og tager en aktiv rolle. Derfor har parterne udviklet en informationskampagne med plakater og visitkort, der forklarer patienten, at ernæring også er behandling under kræftsygdom. Plakater og visitkort er sendt til landets onkologiske afdelinger. Parterne har også udviklet en hjemmeside: www.kostogcancer.dk, der giver information om underernæring og kræft og præsenterer patienterne for deres muligheder for kostvejledning og ekstra ernæring under sygdom.

Parternes samarbejde har skabt positiv genklang i egne fagkredse, hos andre sundhedsfaglige grupper, hos sygeplejerske- og diætiststuderende, der efterspørger sygeplejerskeundersøgelsen og ikke mindst blandt patienter og pårørende, der søger information på [kostogcancer.dk](http://www.kostogcancer.dk). Derfor fortsætter parterne samarbejdet i 2014.

The effect of high protein diet in combination with physical activity in the rehabilitation of patients with Chronic Obstructive Pulmonary Disease (COPD) – a pilot study

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Background: Chronic Obstructive Pulmonary Disease (COPD) is a heterogeneous disease with wide variations in symptoms, incidence and progression of complications. The prevalence of cachexia in COPD patients is high and increases the mortality and morbidity and reduces quality of life. A systematic and efficient treatment of pulmonary cachexia has not yet been found.

Aim: The aim of this study is to evaluate the effect of a high protein diet in combination with systematic physical activity on patients with severe and very severe COPD on Fat Free Mass, functional capacity and quality of life.

Method: In an unblinded, randomized pilot study the effects of a high protein diet (protein 25 E %) was investigated on 6-Minutes-Walking-Distance (6MWD) and handgrip strength, fat free mass (measured by Bio-impedance, Mid-arm-circumference, Mid-Thigh-circumference), quality of life (QOL) and dyspnea (measured by two scales) in 13 outpatients with severe and very severe COPD who participated in pulmonary rehabilitation.

Results: 3 of 6 patients from the control group dropped out and their data are not included in the statistical analyses. None of the patients in the intervention group dropped out. A significant difference in peripheral muscle function, measured by 6MWD ($97 \pm 93,4$ m, $p=0.04$), as the intervention group maintained their muscle function, while it was reduced in the control group. No differences were found in hand grip strength, FFM, quality of life or dyspnea.

Conclusion: Intervention with a high protein diet in combination with physical training did have a clinically relevant and significant result on peripheral muscle function, measured by 6MWD, even in this low-powered pilot study, as a loss of function could be prevented. This result stresses the need for trials with larger statistical power.

Også sendt til ESPEN