

EATING DESIRE AND EXPERIENCES OF THIRST, HUNGER, NAUSEA AND PAIN IN TRACHEOSTOMIZED ICU PATIENTS, AN EXPLORATIVE STUDY

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INTRODUCTION

Critically ill tracheostomized ICU patients are prone to experience loss of appetite, thirst, nausea, dysphagia and aspiration during recovery (1,2). Symptoms like hunger, pain and preferred food types are scarcely explored, but may be equally important for patients' well-being, health outcome, recovery, and consequently, the risk of developing malnutrition (2,3,4). Thus, ensuring adequate nutritional intake and secure the patient's capability to swallow is important.

AIM

The aim of this study was to explore eating desire and experience of thirst, hunger, nausea pain in tracheostomized ICU patients. Subsequently, tracheostomized ICU patients' ability to swallow was examined.

METHOD

This was an explorative study including 30 tracheostomized patients.

A questionnaire design was used to report the patients' degree of thirst, hunger, nausea, pain using either a four-point categorical scale (None, little, moderate, very) with visual figures or a numeric rating scale (0-10).

Desire to eat was determined using images of six food categories (sweets, salty, liquids/lollies, bread/cheese/cold cuts, yoghurt/mousse/ice cream and hot meals) from which the patients chose, what they had desired to eat within the last two days.

Ability to swallow was assessed using The Facial-Oral Tract Therapy Swallowing Assessment of Saliva combined with the Modified Evan's Blue Dye test.

RESULTS

Study population

A total of 30 patients with tracheostomy with a mean age (SD) of 68 (11.2) years and of which 16 were males were included.

Eight patients had a suction aid tube, four had a smooth cannula, 13 were uncuffed and five were cuffed without suction aid.

The patients were admitted to the general intensive care unit and a thoracic intensive care unit at Aalborg University Hospital, Denmark with respiratory failure following surgery (abdominal, thoracic or orthopaedic), respiratory disease (pneumonia or influenza), chronic conditions (COPD, renal failure) or cardiologic conditions (cardiac arrest or acute myocardia infarct).

Desire to eat

27 patients reported a desire to eat one or more food categories. The average number of food categories chosen per patient were two.

Figure 1 shows patients' choice of food categories.

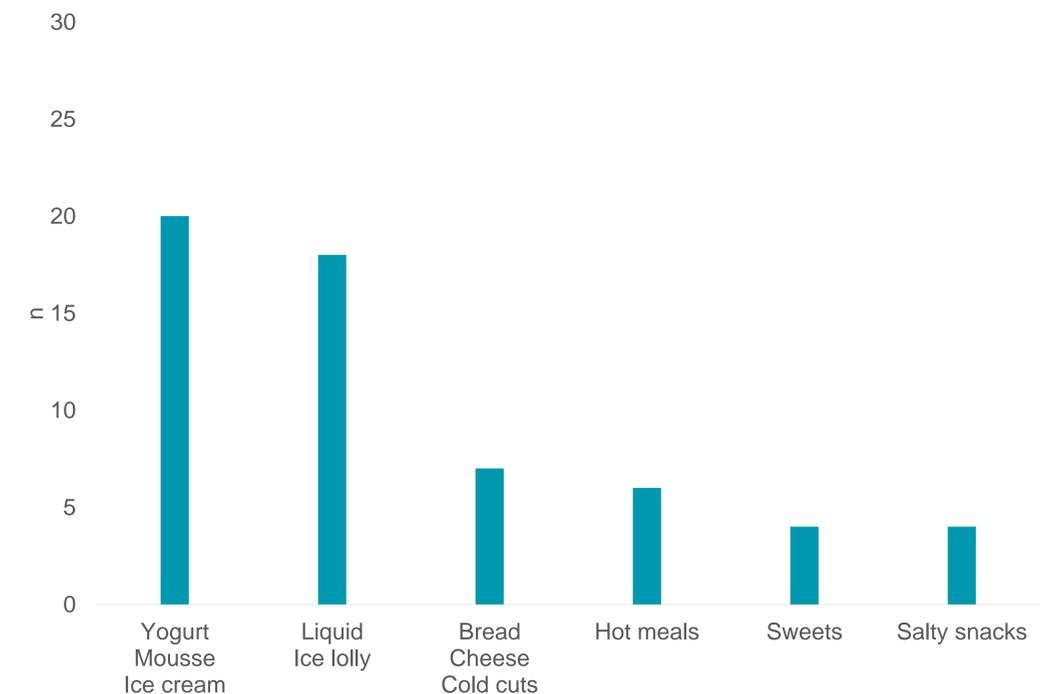
Thirst, hunger, nausea and pain

All included patients experienced thirst, 18 patients experienced hunger, 10 patients experienced nausea and 21 patients experienced pain, respectively.

Swallowing ability

Three patients were unable to swallow, nine patients were able to swallow modified texture and 18 patients had normal swallowing function.

Figure 1. Patients' choice of desired to eat food categories.



CONCLUSIONS

The majority of tracheostomized ICU patients experienced a desire for food and drink intake (desire to eat, thirst and hunger) even though they additionally experienced nausea and pain.

The clinical assessment of swallowing ability showed that oral intake was possible in 27 out of 30 patients indicating that tracheostomized ICU patients may have unfulfilled needs for oral food and drink intake while admitted at to the ICU. These findings suggest further investigations addressed through feasible and safe interventions in larger populations.

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