ICU Nurses’ Perceptions of Nutrition Education and Training

October 17, 2011
Gwynne MacDonald, Cathy Alberda and Leah Gramlich
Why bother feeding?

- Increased energy and protein associated with lower mortality (Alberda et al, Int Care Med, 2009)
- Decreased infections when patients receive more energy/protein independent of severity of illness (Heyland et al, 2011, in press)
- Higher acuity patients benefit more from enteral nutrition @ rate as low as 20 mL/hr (Khalid et al, J Crit Care, 2010)
Why?

• clinical practice guidelines have been developed (based on best evidence available) to determine best nutrition practice in the ICU patient
• despite the most up-to-date guidelines, a recent international survey has shown significant gaps between “best practice” and “actual practice”
• significant negative impact of suboptimal nutrition and patient outcome (morbidity and mortality)
Goals of Focus Groups

• to enhance the nutrition care of all ICU patients (increase benefit and reduce harm)
• to develop a targeted learning strategy for ICU nurses with respect to nutrition
• Identify barriers to achieving best practice in the RAH ICU
Focus Groups

- Three focus groups with 8 to 12 nurses per group
- Formal and informal leaders with varied experiences and backgrounds
- Staff RNs, Clinical Nurse Educator, Nurse Practitioner, New Staff Orientees
Focus Group Questions

• We are asking you for your thoughts on what you perceive the role of the nurse to be with nutrition therapy in the ICU.
• What is your role with respect to nutrition in the ICU patient? Think about the knowledge, skills and attitudes an ICU nurse should have for nutrition therapy.
• What are your biggest challenges with respect to delivering nutrition to the ICU patient?
• Are there any gaps in your training with respect to nutrition therapy in the ICU? What is the best learning strategy for getting information to the bedside ICU nurse?
Role of Critical Care Nurse

- Critical Care Nurses are key stakeholders in nutrition care
  - Establish EN/PN
  - Routine monitoring of nutrition (GI/electrolytes/blood glucose)
  - Troubleshoot complications of nutrition therapy

- How can we improve?
Integration of Nutrition Care Focus

• Incorporate Dietitian in Wound Care Rounds with CNS
• Address challenges to optimal nutrition
• Review feeding protocols and “best evidence” based on most up-to-date research
• “in time teaching”
Nutrition Resource Nurses

- Establish clinically “credible” nursing resource experts who are well-versed in optimal ICU nutrition therapy
- Troubleshooters of nutrition-related complications
- Available each day, every shift
What to do when dietitian not available?

• “Standard” safe start enteral feed available
• Tube feed product monographs similar to drug monographs
• Protocols, guidelines, summaries in on-line reference binder
• Electronic messaging board in bathroom
Incorporating Research

- Make Canadian Critical Care Guidelines for Nutrition more “nurse friendly” by addressing day-to-day nursing concerns
- Consider “best evidence” with enteral feeds versus parenteral nutrition (Top-Up Study)
- Is there a role for probiotics?
- How to treat/manage diarrhea?
Challenges

• Diarrhea and skin breakdown
• Access: feeding tube placement, delay in swallowing assessment, delay in feeding (NPO for OR, N/G tube removed with extubation)
• Nutrition low priority with unstable ICU patient
Gaps in Nutrition Education

• Incorporate nutrition into nursing education programs at all levels
  • Baccalaureate
  • Masters’
  • Critical Care
  • Ongoing in-servicing
Best learning strategies

• “Expert” consultation: resource nurse, Dietician, preceptor, mentor
• On-line reference binder
• On unit in-services
www.criticalcarenutrition.com

• Nutrition resources for ICU
• Practice guidelines (i.e. diarrhea/ gastric residual volumes)
• Latest research
• “Nibbles”
  – e.g. “Should we enteral feed patients that are hemodynamically unstable?”
Thank You

• Questions:
  – Gwynne.macdonald@albertahealthservices.ca
  – Cathy.alberda@albertahealthservices.ca