LaFleur Brooks' Health Unit Coordinating

7th edition

Chapter 12

Nutritional Care Orders

The Nutritional Care Department and Types of Diets

- 1. Define the terms listed in the vocabulary list.
- 2. Write the meaning of the abbreviations in the abbreviations list.
- 3. Explain the importance of communicating diet changes and patient food allergies to the nutritional care department.
- 4. Discuss the methods that may be used by the health unit coordinator (HUC) to order a late tray for a patient.

The Nutritional Care Department and Types of Diets (cont'd)

- 5. Discuss two eating disorders and other factors that a doctor would need to consider when ordering a hospitalized patient's diet.
- 6. List three groups of diets that may be ordered for the hospitalized patient.
- List five consistency changes that can be made to a standard diet and explain what is included in each.

The Nutritional Care Department and Types of Diets (cont'd)

- 8. List four diet options that may be selected for the patient who has started on clear liquids and has an order for diet as tolerated and explain how the selection would be made.
- 9. Identify two diets that may be requested by patients.
- 10. Identify five therapeutic diets that the patient's doctor may order.

Communication with the Nutritional Care Department

- New diet or changes to existing diet:
 - If EMR with computer physician order entry (CPOE) is being used:
 - The physician orders are entered directly into the patient's electronic record, and the dietary order is automatically sent to the nutritional care department.
 - If paper charts are used:
 - The health unit coordinator (HUC) communicates the order by computer to the nutritional care department.

Communication with the Nutritional Care Department, cont'd

- Patients are given menus with next day's menu choices.
- Some hospitals have diet aids interview patients for menu selections to save on paper.
 - Patient choices are entered on a laptop computer.

Food Allergies

- A patient's food allergy and/or food intolerance MUST be communicated to the nutritional care department.
- Food allergies can:
 - Cause minor discomforts, such as hives or upset stomach, if mild
 - Severe reactions can produce life-threatening changes (tree nuts, peanuts, fish).

Ordering Late Food Trays

- The HUC must communicate with the nutritional care department (by e-mail or telephone) when ordering a diet for a patient who has completed a procedure or test that requires him to be NPO.
- Note: Some hospital nutritional care departments require that all diet orders be submitted in writing via computer.

A Nutritional Care Department Requisition

B		Patient Label
NUTRITIONAL CARE DEPARTM	ENTREQUISITION	
Bland	Mechanical soft	Soft
Calorie ADA	Modified fat	Tube Feeding
Clear liquid	Pediatric	
Dysphagia	Protein modified g	
Finger food	Prudent cardiac	Vegetarian
Force fluids	Pureed	Calorie count
Full liquid	Regular	Dietitian consult
Gluten free	Renal	Early tray
Kosher	Restrict Fluids to	Guest tray
Low cholesterol	Snacks / supplements	Hold tray
Low sodium	Sodium	□ NPO
		Release from hold
Other		
Food Allergies		
Preferences		
Comments		

Eating Disorders

- Many factors to consider when ordering diet for hospitalized patients:
 - Anorexia nervosa
 - Bulimia
 - Obesity
 - Dehydration
 - Inability to swallow, chew, and/or ingest food

Three Diets Ordered for the Hospitalized Patient

• Standard Diets

Regular diet and diets that vary in consistency or texture of foods (from clear liquid to solid). No restrictions or modifications.

Therapeutic Diets

Foods served are modified to vary in caloric content, level of one or more nutrients, bulk, or flavor.

• Tube Feedings

 Administration of enteral nutrition or liquefied nutrients into the stomach, duodenum.

Types of Diets that Vary in Food Texture or Consistency

- <u>Clear Liquid</u>: broth, bouillon, coffee, tea, carbonated beverages, clear fruit juices, gelatin, and popsicles
- <u>Full Liquid</u>: clear diet + smooth-textured dairy products, custards, refined cooked cereals, vegetables, and all fruit juices
- <u>Pureed</u>: most foods including meats, vegetables, and fruits can be processed (cooked and blended) to a pureed (smooth) consistency.

Types of Diets that Vary in Food Texture or Consistency, cont'd

- <u>Mechanical Soft</u>: addition of ground or finely diced meats, cheese, rice, potatoes, pancakes, light breads, cooked vegetables and canned fruits, soups, or peanut butter
- <u>Soft</u>: combines foods described with nonirritating, easily digestible foods and modified fiber content
- <u>Regular</u>: no restrictions, unless specified

Diet as Tolerated (DAT)

- The nurse can determine and select the consistency of the patient's diet as the patient's condition improves.
- The patient's diet will be advanced from clear liquid to:
 - Full liquid
 - Soft
 - Mechanical soft
 - Regular

Patient-Requested Diets, cont'd

- Vegetarian diets: a plant-based diet that limits or excludes animal foods
 - Several types of vegetarian diets are available.
- Kosher diets: adhere to the dietary laws of Judaism

Therapeutic Diets

- These diets are modified to vary in caloric content and vary levels of one or more nutrients.
- Common therapeutic diets:
 - ADD diet (attention-deficit disorder diet)
 - Bland diet
 - BRAT diet
 - Soft or low-residue diet
 - Low-cholesterol, low-protein, and low-sodium diets
 - Calorie-restricted diets

Therapeutic Diets, cont'd

- Common therapeutic diets, cont'd:
 - High-fiber diets
 - Diabetic diets
 - Renal diets
 - Cardiac Prudent diet
 - High potassium
 - Hypoglycemic diet

Therapeutic Diets, cont'd

- For patients who have difficulty eating or swallowing (dysphagia):
 - Level I (most restricted)—unable to safely swallow food
 - Level II (moderate dysphagia)—minimal amount of easily chewed foods
 - Level III—patient is beginning to chew: mechanically soft diet
 - Level IV (least restricted)–can chew soft textures and swallow liquids

Tube Feeding and Parenteral Nutrition

- Discuss the reasons a patient would require a tube feeding and list three methods of administering tube feedings.
- 12. List three items an HUC may need to order when transcribing an order for tube feeding.

Tube Feeding and Parenteral Nutrition (cont'd)

- 13. Explain the purpose of the doctors' orders force fluids, limit fluids, and calorie count and discuss the importance of sending all doctors' orders regarding a patient's diet or modifications to a patient's diet to the nutritional care department.
- 14. Discuss the importance of sending total parenteral nutrition (TPN) orders to the pharmacy in a timely manner.

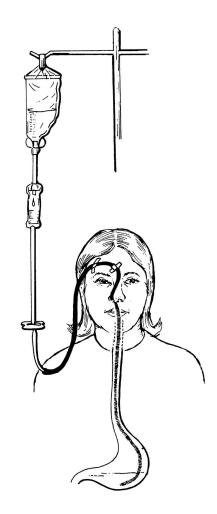
Tube Feedings

- Tube feedings (gavage) are ordered for patients who have ingestion problems due to:
 - Difficulty swallowing
 - Unable to eat sufficient nutrients
 - Cannot absorb nutrients from the foods they eat

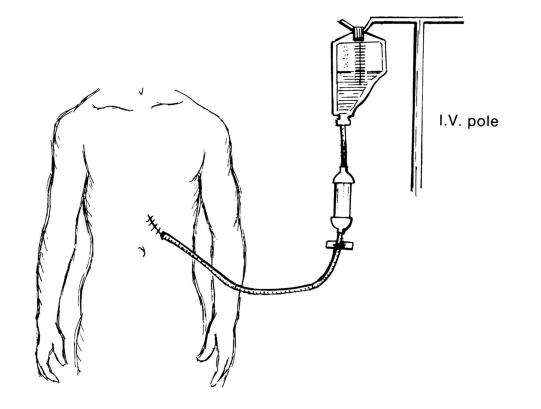
Tube Feedings, cont'd

- The administration of enteral nutrition or liquefied nutrients into the:
 - Stomach
 - Duodenum
 - Jejunum
- Through a tube inserted through the:
 - Nose (a nasogastric or nasoenteral tube)
 - Opening in the abdominal wall (gastrostomy, duodenostomy, or jejunostomy)

A Nasogastric Feeding Tube



A Gastrostomy Feeding



Administration of Tube Feeding

- Tube feedings are administered in three ways:
 - Bolus (intermittent): involves infusing a formula over a short time with a syringe or with the use of an enteral feeding bag
 - Continuous: requires the use of a mechanical feeding infusion pump (called an enteral feeding pump or a Kangaroo pump) to control the rate of infusion
 - Cyclic: infused over eight-to-16 hours during the day or night

Administration of a Bolus Through a Syringe



An Enteral Feeding Pump with Tubing for Continuous Feeding



Transcribing a Tube Feeding Order

• The HUC may need to order:

- An enteral feeding set which includes bags and tubing
- A specific sized nasogastric tube (if necessary)
- Formula
- Feeding infusion pump
- An x-ray to verify placement (if necessary)

Other Dietary Orders

- The following pertains to the intake of foods and liquids, not orders for a specific type of diet:
 - Force Fluids: to encourage the patient to drink more fluids for hydration or rehydration purposes
 - Limit Fluids: restriction of fluids is usually ordered for patients who are retaining fluids (a condition known as edema) because of a disease process.
 - NPO: usually ordered after major surgery or during a critical illness

Other Dietary Orders, cont'd

- Intake of foods and liquids, cont'd:
 - Sips and Chips: patient may have only sips of water and ice chips.
 - Dietician to consult: request that the registered dietitian discuss the diet with the patient or teach the patient about the diet
 - Calorie Count: ordered to document the quantities and types of food consumed by the patient for further nutritional evaluation by the dietitian

Parenteral Nutrition

- This provides nutrients to patients who are unable to receive food via the digestive tract.
- All nutrients are prepared by the pharmacist under sterile conditions, not by dietary department.
 - Total parenteral nutrition (TPN)
 - Partial parenteral nutrition (PPN)
 - Intravenous hyperalimentation

Parenteral Nutrition, cont'd

- Three types of parenteral nutrition, cont'd:
 - Total parenteral nutrition (TPN): provision of all necessary nutrients
 - Partial parenteral nutrition (PPN): contains some essential nutrients injected into a vein to supplement other means of nutrition, usually a partially normal diet of food
 - Intravenous hyperalimentation: administration of nutrients by intravenous feeding, especially to individuals unable to take in food through the alimentary tract

Changes in Total Parenteral Nutrition (TPN) Orders

- Need to be sent to the pharmacy as soon as possible:
 - TPN is very expensive and is customized for each patient.
 - If prepared before the changes are received, the already prepared formula must be discarded.