Role of dietitians in enteral feeding

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SUMMARY Awareness of the nutritional requirements of inpatients has been sadly neglected for many years. Students in British medical schools are taught little about clinical nutrition and the role of the dietitian. Dietitians, on the other hand, spend four years learning the science of nutrition and dietetics. In most hospitals in Britain dietitians are responsible for giving advice on a wide range of therapeutic diets, and only a minority specialise in one particular aspect of nutrition and dietetics. Recent changes and developments in nutritional support have offered an exciting and interesting challenge to dietitians, who with their well established background in nutrition, can play an important part in the nutritional care team.

The earliest dietary record in a British hospital was that approved by the governing body of St Batho-lemew’s Hospital in 1687. The first reference to therapeutic diets was made at the Radcliffe Infirmary, Oxford in 1837, and included “a diet which a suffering and exhausted nature sometimes requires after operations (mutton chops).”

When the first dietitians began to appear, initially in the United States of America the science of nutrition was new. Nursing sisters did not take kindly to “the idea of anything so new-fangled as a dietitian” as they jealously resented anybody interfering with the feeding of their patients. The first British dietitians to be known by that name were nursing sisters, and the first hospital dietetic department was established in 1924 at the Royal Infirmary, Edinburgh. Gradually the burden of the additional work on the nursing staff gave rise to the first graduate dietitian, and to maintain training standards the British Dietetic Association was formed in 1936.1

Today, most dietetic departments are understaffed, resulting in the hospital dietetic service failing to meet the expectations of the medical staff and also the expectations of the dietitians themselves; and although the potential role of the dietitian in nutritional support is definitely not fully exploited, she is often handicapped by existing commitments to other aspects of dietetics.

Nutritional care teams

The dietitian’s role in providing nutrition for the patient is clearly defined. Some evidence of malnutrition in medical and surgical wards has been reported in 30-50% of patients.2 3 Clearly the dietitian does not have the time to assess all hospital patients; and the responsibility of the patient’s total care, in which nutrition is of prime importance, should be that of a nutrition care team

Recently there has been a noticeable impetus to establish formal nutrition teams. Though there are obvious benefits to be achieved by such a team, we must remember that a competent “team” can comprise a nurse, a dietitian, and the patient in close liaison with other professionals, without developing a structured nutrition team.

The nursing staff are in the best position for observing a patient’s nutritional intake, and good communication between dietitians and nurses is vital.

The role of the dietitian in enteral feeding

Dietitians are often eager to establish a team but can come across obstacles such as lack of enthusiasm on the part of doctors. If a nutrition care team exists a senior dietitian should have an active role, preferably participating in both parenteral and enteral feeding. The role of the dietitian is manifold, and the Table summarises some of the tasks. At all times

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Role of dietitians in enteral feeding

the dietitian must liaise closely with all members of
the hospital staff working in the nutritional support
of the patient.

IDENTIFICATION OF PATIENTS REQUIRING NUTRITIONAL SUPPORT
Early identification of eating problems is important.
A hospital stay often results in a reduced nutritional
intake, and the dietitian can allay patients' fears and
improve their oral diet by discussing their problems,
helping patients select their meals from the hospital
menu, and suggesting suitable alternatives that may
be available.

Sip feeding can effectively improve a patient's
total energy and nitrogen intake, and the dietitian
needs to use her skills to develop palatable recipes
for nourishing sip feeds. Gentle persuasion may also
be called on to encourage patients to take such
drinks.

There is still often a reluctance to start tube
feeding, and the dietitian must be prepared to take
the initiative, if indicated. In many hospitals it may
be the dietitian who assesses the nutritional state of
the patient, estimates the nutritional requirements,
and is responsible for prescribing and reviewing the
feeding regimen.

PATIENT MONITORING
Together with other members of the team, the
dietitian takes part in routine patient monitoring
throughout the patient's stay in hospital. A daily
record of the patient's consumed oral diet and the
volume of enteral feed administered will enable the
dietitian to calculate the total nutritional intake. The
data may be required for detailed balance studies,
for dovetailing feeding regimens, or simply to see if
the patient's nutritional requirements are being
achieved.

REVIEWING PRODUCTS, SYSTEMS, AND MEDICAL LITERATURE
A survey in 1981 showed that 51% of tube feeds
given to hospital patients were "home made" in
hospital kitchens at the direction and under the
supervision of the dietitian.4 Attitudes and concern
about microbiological contamination5-7 have resulted
in more hospitals changing to commercially prepared
enteral feeds.

It is up to the dietitian to keep abreast of the ever
increasing range of enteral feeds and to help choose
feeds and administration systems used. Current
medical literature regularly reports on research into
clinical nutrition. By keeping up to date with the
literature and attending conferences and post-
graduate courses, dietitians can make useful contribu-
tions to team discussions and decisions.

Several specialist interest groups of the British
Dietetic Association exist, and dietitians experi-
enced in enteral and parenteral nutrition have
established the Parenteral and Enteral Nutrition
Group (PENG). Meetings include presentations by
invited guests and a number of excellent original
contributions from the members of the group. The
meetings provide an active forum for information
sharing. Two guidance documents have also been
produced by the group,8 one outlining the dietitian's
role in nutritional support and one giving guidelines
for the microbiological control of enteral feeding.

EDUCATION
The educational role of the dietitian includes the
patients and their relatives, the nursing, catering,
and medical staff. She will be called on to explain to
both patients and their relatives, the need for
nutritional support, and, together with the nursing
staff, may help to train patients and relatives to
manage the feeding themselves either in the hospital
or at home.

Regular lectures by dietitians are routinely given
to student nurses in many hospitals. The subject of
nutritional support is usually taught, but where
possible this teaching should be continued at ward
level and through tutorials and study days.

The catering staff have an important part in the
nutrition of the patient and should learn the skills of
diet cookery and preparation of feeds and sip feeds
as appropriate. The dietitian should provide them
with regular instruction and advice.

The training in clinical nutrition in our medical
schools is limited, and the dietitian should help to
redress the balance by working closely with the
medical staff. If there is a nutrition team in the
hospital it is well worth while introducing junior
medical staff to the members of the team and
explaining the role of each member and the policies
of the team. Formal or informal lectures, together
with a copy of any guidance notes produced by the
team, help to improve the junior doctor's know-
ledge of clinical nutrition.

Last but not least, the dietitian must be mindful of
her own needs for postgraduate education and try to
attend appropriate lectures and conferences. By
working with doctors, nurses, biochemists, and
pharmacists, she can improve her knowledge of
their specialities.

STANDARDISATION OF FEEDING SYSTEMS
A standard simplified approach to enteral feeding
results in a more efficient and accurate administra-
tion of feeds by the nursing staff. The dietitian should
work with the nursing procedures committee to
formulate procedures for enteral feeding.
RESEARCH AND DEVELOPMENT
Forming a nutrition team often stimulates research projects at varying levels. It offers all members of the team the opportunity to gain experience in research methods. The work of the dietetic service should be monitored and evaluated and an annual report produced stating the time spent in enteral and parenteral (if applicable) nutrition, in addition to an annual report from the nutrition team.

COMMUNITY WORK
Nutritional support requires continuing care. Tube feeding can be successfully managed at home with dietetic, nursing, and medical support and supervision. Patients who have received nutritional support in hospital require regular dietetic follow up to ensure that an adequate diet is being taken.

Conclusions
The dietitian evolved from the nursing profession and established herself as an authority on nutrition and dietetics. She has a genuine interest in the nutrition of hospital patients but sometimes requires encouragement from the medical staff to develop her role in enteral nutrition. Once established she can make important contributions to the hospital nutrition care team.

The dietetic profession is predominantly female, and with no disrespect to my male dietetic colleagues the female gender has been used throughout the text, though the writing applies to both sexes.

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