

## Knowledge Awards audio overview transcript: Inpatient feeding audit by Wildbore Vetstop

### Amy Wells, RVN

Hello, my name is Amy Wells and I'm a Registered Veterinary Nurse from Wildbore Vetstop, which is a small animal hospital in Worksop. Our project focused on planning and delivering inpatient care through nutrition on our wards, nutrition being a key part of a patient's recovery and animal welfare. The main aims were to evidence how much inappetence we see in hospitalised patients and to develop feeding plans and increase the level of interventions on those patients to support their recovery.

This included calculating each inpatient's resting energy requirements so we knew what to aim for when offering them food and so we can monitor when they're not meeting their needs and plan further interventions. Finally, we looked at recording the usual food given at home and the types of food given in hospital. The aim of this was to offer familiar food types where possible and to reduce the amount of chicken offered as a sole diet as this is not nutritionally balanced.

Each audit looked at inpatients hospitalised over a set month, with 33 inpatients initially and 19 on re-audit. The results showed that we saw inappetence as a presenting symptom on admit in 42 % and 68 % of inpatients respectively. The inappetence lasted for at least three days in 27 % and 21 % of these inpatients, providing evidence that there is a need for nutritional planning and intervention.

The results from our first cycle of this audit showed improvement across all areas looked at. We saw an increase from 3 % to 53 % of inpatients having a feeding plan in place. Recorded interventions for our inappetent patients went from 50 % to 92%. Examples of nursing interventions included hand feeding, warming up food and providing company whilst eating if they were social eaters. Further interventions under veterinary direction included anti-emetics and discussing and placing feeding tubes were indicated.

Usual diet rose from 58 % to 89 % due to a change in consent forms and in patient questionnaires. Chicken being provided as a sole diet dropped from 24 % to just 5%, which was a single patient who was offered chicken due to dietary sensitivities as agreed with their owner.

We then wanted to see how effective these changes were by assessing resting energy requirements. The first cycle showed an improvement from 9 % to 16 % of inpatients meeting their needs for the full stay. Inpatients not meeting their requirements throughout the full stay remained similar from 48 % to 47%. And We had to bear in mind that many of these patients are presenting with inappetence, illness and anxieties from being away from home which will impact them wanting to eat.

The more encouraging data comes from looking at patients meeting their needs for at least one day or more whilst hospitalised, which allows us to include patients who were initially not eating but then improved. This showed a good improvement from 9 % to 32%. Patients exceeding their energy requirement dropped from 9 % to zero, which is also important, especially when refeeding anorexic in inpatients.

A surprising and useful find from the audit was that we couldn't accurately assess how much some patients ate due to how we were measuring their food. For example, recording spoonfuls or chunks or other factors such as owners bringing their own food during visits. This reduced from 33 % to 21 % on re-audit and is an area we're continuing to work on.

The project was RVN led and included the whole team, from reception to help fill in questionnaires, PCAs to help with inpatient care and vets and nurses to plan and carry out interventions. A practice meeting was held to communicate the project to all the team and allow everyone to become involved.

And this is something that anyone in other practices can get involved with. For example, feeding plans are simple to calculate with a little bit of practice. Interventions can start small and still make a difference. And any team member can discuss usual feeding habits of clients to help personalise an inpatient stay.

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