NK4-19

**EBP Implementation Project – Providing Nutritional Support Appropriately**

1. **Assess need for change in practice – National Agency Guidelines**

Surgical patients on the Ninth Floor inconsistently receive nutritional support in the form of supplements.

**Form a Team of Stakeholders**

Ninth floor staff, Lenora Kraft, BSN, RN, Clinical Manager, Unit Practice Council, Stefanie Kirk, RD, BS

Rochelle Salmore, MSN, RN, NE-BC, Research advisor.

**Collect Baseline Data**

Thirty patients who have received GlucasolveR and thirty patients who have not received this supplement will have charts reviewed . The following data will be collected :

* Name and RA number
* Type of surgery
* Number of days NPO
* Ileus developed (yes or no)
* Length of stay in days
* Readmission within 30 days and reason
* Infection developed (yes or no) and type: incision, CAUTI, CLABSI

**Compare Internal Data to External Data**

* Obtain list of patients from Finance
* Perform chart review

**B. Link problem interventions and outcomes**

Patients who do not receive adequate nutrition may suffer increased complications

**Outcomes to be achieved**

* Decreased length of stay (LOS)
* Decreased post operative infections (CAUTI, CLABSI, incisional)
* Fewer days NPO
* No ileus or fewer days with ileus
* Staff will routinely order glutamine supplements for all appropriate surgical patients
* Patients will be educated through written and verbal explanations about need for supplements
* Patients will drink supplements
* Supplement intake will be documented by staff.

**C. Synthesize best evidence - Literature Review**

American Society for Parenteral and Enteral Nutrition (ASPEN), recommends enteral formulations that are supplemented with arginine, glutamine, nucleic acid, omega-3 fatty acids and antioxidants for surgical ICU patients. (Grade A recommendation). Many studies and meta analyses have shown formulas that boost immune modulators result in a reduction of duration of mechanical ventilation, infections and hospital length of stay compared to standard nutritional supplements. Patients who would benefit from these formulations include those undergoing major elective GI surgery, trauma (abdominal trauma index scores >20), burns (total body surface area >30%), head and neck cancer, and critically ill patients on mechanical ventilation who are not severely septic.

**Synthesize Best Evidence for use in practice**

There is a sufficient research base, therefore pilot the change in implementing this evidence-based practice.

**D. Design Evidence-Based Practice Change Guideline (Draft)**

**Proposed Changes**

* All staff will receive education about nutritional supplements including benefits , how to order and administer.
* Appropriate patients will receive supplements daily
* Patients will receive written and verbal information about benefits and need to take supplement*.*

**Needed resources**

* Dietitian to train staff about recognition of decreased nutritional intake and requesting consult for appropriate supplement
* Executive summary sheets for staff
* Executive summary sheets for physicians discussing EBP implementation

**Define Outcomes**

**E. Implement EBP on Pilot Unit**

**Pilot Study**

**Evaluate process and outcome**

**Modify the Practice Guideline**

**Institute the change in practice or continue to evaluate quality of care and new knowledge**

**F. Integrate and maintain change in Practice.**

**Communicate recommended change to stakeholders**

**Present staff inservice education on change in practice**

**Integrate into standards of practice**

**Monitor and analyze structure, process and outcome data**

**Disseminate results**