Fractured neck of femur nutrition management – a new model of care

Kelsie Petersen - Dietitian
Current Evidence

- Prone to falls due to decreased muscle / strength
- Increased risk of malnutrition due to inadequate dietary intakes
- Subsequent increase in poor clinical outcomes
Relevance to TBH

• No current streamlined nutrition management for #NOF patients
• Small dietetics workload allocation to Orthopaedic Ward
• Many high risk #NOF patients receive no nutrition support
Stakeholder Engagement
Aim

• To increase the protein and energy intake of patients admitted with a fractured neck of femur using a multidisciplinary approach to assist in meeting post-operative increased nutritional requirements.
Objectives

1. Protein & energy intake
2. Patient knowledge & education
3. Workload efficiency of dietetics department
A new model of care

ADMISSION: #NOF, hip fracture, subtrochantric fracture

**Teaching / Orthogeriatric Team**

- Does this patient have a known dairy allergy, require thickened fluids or awaiting Speech Pathology Assessment?
  - No
    - Prescribe on Medication Chart Resource 2.0: 60mL qid at 0800, 1200, 1600, 2000.
  - Yes
    - Thickened Fluids:
      - Resource 2.0 / Ensure Juice / Pre Op not to be prescribed if patient on thickened fluids.
      - Dairy Allergy/Tolerance:
        - Prescribe on Medication Chart - Ensure Juice 80mL qid at 0800, 1200, 1600, 2000.
        - N.B. Resource 2.0 is low lactose.

**PRE-OPERATING THEATRE**

- When NBM:
  1. Withhold Resource 2.0 / Ensure Juice supplement
  2. Provide Pre-Qp as per guidelines or at the discretion of the treating team:
     - Loading dose: up to 4 x 200mL the evening before surgery
     - Final dose: up to 2 x 200mL the morning up to 2hr before anaesthesia
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POST-OPERATING THEATRE

Recommence supplement as medicine when cleared for oral intake.

DISCHARGE

Notify Nutrition Assistants ASAP of patients discharge date and destination (pager 2430, SD 8313)

Nursing Home & Step Down to other DDHHS Facility:

Document in discharge summary:

Continue Resource 2.0 60mL qid or supplement equivalent* for next 2 weeks (document as a discharge medication)

Home:

Document in GP discharge summary:

Patient high risk of malnutrition secondary to #NCF. Monitor weights regularly and refer to dietitian if weight decreasing.

* If Resource 2.0 unavailable:

- Same dosage of another 2cal/mL supplement (eg Ensure 2cal) OR
- 1.5cal/mL nutrition supplement supplement 80mL qid (eg. Fortisip, Resource Plus)
Results

Energy & Protein Intake

% of requirements met

Pre-supplementation

Post-supplementation

Energy (kJ)

Protein (g)
Results

Nutrition Intervention Time

- Pre-Implementation
- Post-Implementation
- Req to InPro
- InPro to Comp

Hours since referral
Evaluation

• Correct prescription & administration of supplement by orthogeriatric team and nursing staff
• Nutrition Assistants working towards more full scope of practice
• Increased efficiency of dietetics department

Overall successful implementation using a MDT based approach
Where to from here?