

Intestinal failure at the Royal Alexandra Children's Hospital: "The nutrition round"

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This is held every Tuesday at 11am on Level 9 Seminar Room (In front of the lifts).

Team members:

- Dr Assad Butt – Consultant Gastroenterologist
- Professor David Candy – Consultant Gastroenterologist
- Miss Ruth Hallows – Consultant Paediatric Surgeon
- Chris Smith – Dietician
- Jane Pettigrew – Speech and Language Therapist
- **Surgical Senior House Officer/House Officer**

Who is discussed on the nutrition round?

- 1) Generally all patients who are on PN
- 2) Any long- term patients with nutritional problems
- 3) Always ask the consultants if there are particular patients they would like discussed

What is expected of you?

- 1) Briefly present a summary of the patients being discussed. For babies that have been transferred across from TMBU (Trevor Mann Baby Unit), the best place to look for a summary is the TMBU discharge summary. This will generally be at the front of the notes, or tucked towards the back after all the TMBU pages.
- 2) All patients to be discussed need to have had bloods taken on Monday. For PN babies you need to take bloods for
 - FBC
 - U&Es
 - CRP
 - Ca, Phosphate, Magnesium
 - LFTs to include Split Bilirubin, Gamma GT, AST
 - Triglycerides
 - Cholesterol

(N.B. for accurate measurement of triglycerides and cholesterol, the bloods should ideally be taken at the end of their PN break, before their PN comes back on. Depending on when their break ends, this might not always be possible, but ideally should be done at least once a week)

- 3) All patients to have a once weekly urinary sodium (Same form as a blood form)
- 4) All patients to be discussed need to be weighed on Monday.
- 5) Weight/Height/Head circumference needs to be documented on the growth chart, and plotted.
- 6) PN Proforma to be completed. There are copies of them in the slot of the trolleys where the case notes are kept, but if they run out, Dr Butts' Secretary Kelly can always make copies. She works on Level 6. (It can be time-consuming, so it's a good idea to get started on this on Monday)

What do the Consultants like to know?

- 1) Gestation at birth.
- 2) Birth weight
- 3) Corrected Gestation
- 4) Operation (If relevant) If bowel resected, exactly how much bowel has been resected and how much remains. You can find this information on the green coloured operation notes. Also if the ileocaecal valve is present or absent.
- 5) Enteral Feeds
 - Specifically what sort of feed. Expressed Breast Milk (EBM), Neocate, etc. If neocate, then what concentration (in percentage). The nurses will know this
 - The route of feed – Oral, NG tube, NJ tube, Gastrostomy
 - Is this a continuous or bolus feed? If this is bolus, then how often are they feeding?
 - How many mls of enteral feed
 - How many mls per kg is this?
 - What percentage is this of their total requirement?
- 6) Parenteral Feeds
 - What sort of PN? Neonatal/Non Neonatal/Lipid Free + SMOF lipid
 - How many mls of PN, how many mls of lipid
 - Total mls of PN
 - What percentage is this of their total requirement?
- 7) Are they tolerating their feeds?
 - Stoma output – in mls/Number of stools/Consistency
 - Aspirates
 - Any vomiting?
- 8) Plotted growth on growth chart

NB The team may have started the round in OPD, seeing out-patient nutritional problems, and may occasionally run late!