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Nutrition therapy: A new criterion for treatment of patients in diverse clinical and metabolic situations

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The provision of adequate nutrition therapy to patients at different stages of post-trauma response presents a major challenge for clinical practice. The present study developed an instrument in table format to help determine the energy requirements of patients in adverse situations. The instrument allows for the weekly adjustment of nutrition therapy and energy intake, advocating a new approach to treatment based on clinical observation performed by staff specialized in individualized nutrition therapy. The table was elaborated by grouping patients according to the following criteria: criticality, chronicity, and stability of the clinical status. The mean of the indirect calorimetry divided by the mean body weight was used to calculate the energy and protein requirements of each group. Energy supply was readjusted weekly according to the infradian cycle in order to respect the cyclicity of the patient's metabolic response. The table should be used in the following order: Obese > Elderly > Specific Clinical Situations > Chronic Diseases > Stable Clinical Situations. The protein requirements of patients with pressure ulcers or with wounds healing by secondary intention should be increased by 30 to 50%. Current patient weight should always be used, except in patients with anasarca. In these cases, the patient's last known dry weight or the ideal weight should be used. For elderly patients whose weight is not known and who cannot be weighed due to the patient's clinical condition, a BMI of 23 should be assumed. In cases of rapid clinical evolution, an early reassessment of the patient's needs is recommended following discussions between the physician nutrition specialist and the clinical nutritionist. The nutrition table developed by this allows for the management of optimal energy and protein intake for patients in different clinical situations, while respecting the different phases of the post-traumatic metabolic response, thus leading to favorable clinical outcomes. BMI, body mass index; CHF, congestive heart failure; CVA, cerebrovascular accident; ICU, intensive care unit; NT, nutrition therapy; SIRS, systemic inflammatory response syndrome; VAD, vasoactive drug.

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