TO INVESTIGATE THE EFFECT OF EARLY DIETETIC INTERVENTION ON DIETARY INTAKES OF HIP FRACTURE PATIENTS IN AN ACUTE TEACHING HOSPITAL

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Background: Malnutrition is an issue post hip fracture due to increased nutritional requirements. A dietetic audit in 2017 observed that dietary intakes were inadequate and oral nutritional supplement (ONS) use improved dietary intakes in hip fracture patients however these patients were waiting up to 7 days (median, range: 2–17) for Dietitian referral. The aim of this audit was to investigate if early dietetic referral and intervention improved energy and protein intakes of hip fracture patients.

Methods: A prospective audit of hip fracture patients aged over 64 years who were referred to the Dietitian was conducted over a five week period in 2018. The Dietitian identified patients at weekly multidisciplinary team meetings. Brief intervention including ONS prescription was completed by the Dietitian within 1 working day of the patient referral. Dietetic assessment was conducted within 3 working days. Energy and protein intakes were quantified from nurse administered food charts by the Dietitian. The percentage energy and protein requirements achieved on initial dietetic assessment were compared to the audit in 2017 conducted in the same hospital, following the same protocol.

Results: Of the ten patients referred to the Dietitian, referrals were made at day 2 (median, range: 0–10) of admission in 2018 versus day 7 (median, range: 2–17) in 2017. On average the initial dietetic intervention was on day 2 of referral. An increase in energy requirements achieved was observed from 2017 – 2018, from 52% (median, range: 17–88) to 74% (median, range: 34–100). Similarly, protein requirements achieved increased from 65% (median, range: 21–95) to 80% (median, range: 27–100).

Conclusion: Early dietetic intervention increases energy and protein intakes in hip fracture patients earlier in their hospital stay thus improving their nutritional status in the days following surgery and which may have the potential to decrease malnutrition risk in this patient group.