ThTP5.12 Assessment of malnutrition and nutritional interventions in patients presenting with acute small bowel obstruction – are we ‘getting it right first time’?

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Aims: High levels of morbidity and mortality are associated with small bowel obstruction (SBO), a common general surgical emergency. Assessment of malnutrition and introduction of early nutritional interventions are of paramount importance in the management algorithm of these patients. We audited our practice of managing acute small bowel obstruction at a busy district general hospital comparing our practice against National Audit of Small Bowel Obstruction (NASBO) recommendations.

Methods: Data were gathered for all patients presenting with bowel obstruction to our Trust between 01/08/2022 and 30/11/2022. In depth review of patient case records was undertaken using electronic patient record systems (e-Track and Evolve).

Results: 195 patients were admitted with acute bowel obstruction. 68 patients (35%) had acute SBO (M: F; 34:34). 58 (85%) had no documentation of duration for which they had been ‘nil by mouth’ (NBM) prior to hospitalisation. Malnutrition universal screening tool score (MUST score) was completed in 29 (43%) patients.

59% of patients had an emergency computed tomography (CT) which confirmed diagnosis of SBO. 60% of patients were managed
non-operatively. On an average, patients were kept 'NBM' for two days (range; 1-16 days). Average waiting time for peripherally inserted central catheter (PICC) was 9.6 days.

**Conclusions:** Evaluating our practice of managing patients with acute SBO has highlighted multiple areas for improvement to 'get it right first time'. We have included stakeholders; nursing staff, dieticians, surgeons, junior doctors and vascular access team to implement action plan to optimise management in this cohort of patients in line with NASBO guidelines.