

THE PATIENT CARE PROCESS OF NUTRITION AND HYDRATION IN THE ELDERLY PERSON

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Background and aims

In most countries, the proportion of older people is steadily increasing, and life expectancy has never been higher. Although the risk of disease increases with age, health problems are not an inevitable consequence of aging or in other words, aging is not a disease. The purpose of this study is to describe the patient care process aimed at managing the nutrition and hydration of the elderly person.

Methods

The clinical and nutritional data of 140 residents of nursing homes in the metropolitan area of the City of Turin ASL were collected and evaluated, where it is highlighted that the request for nutritional assistance is hadled late (malnutrition is present in 62% of guests, if referred to a BMI < 21 Kg/m², or to 78% of guests, if referred to albuminemia < 3.5 g/dL) and often only following evidence of dysphagia.

Results

The nutrition care process must be declined by introducing the culture of nutritional risk assessment and management referred as clinical risk management (attention to nutritional problems must be preventive and not exclusively in the occurrence of adverse events) and by applying a systematic approach based on evidence, standardized and patient-centered, adopting the Nutrition Care Process Terminology (NCPT)

Data on study participants	
VARIABLES	All the subjects (N=140)
Age	86,70±7,4 (60-102)
GENDER	
Female	108 (77,14%)
Male	32 (22,86%)
BMI (Kg/m ²)	19,6±5,4 (11,4-46,7)
Comorbidity	
Diabetes	20 (14,29%)
Pressure Wound (PW)	22 (15,71%)
Diabetes+PW	7 (5,00%)
Dysphagia	131 (93,57%)

Nutritional status of 140 patients assessed on: BMI <21 Kg/m ² , ALB <3,5 gr/LT, HGB <11 (D) HGB <12 (U), TLC <1,1 X10 ³ /uL, ND data not available Percentage referring only to available data			
	Malnutrition % (n)	Normonutrition % (n)	ND (n)
BMI	62,39% (68)	37,61% (41)	(31)
ALB	78,00% (78)	22,00% (22)	(40)
HGB (D)	30,48% (32)	69,52% (73)	(3)
HGB (U)	43,33% (13)	56,67% (17)	(2)
TLC	7,63% (10)	92,37% (121)	(9)

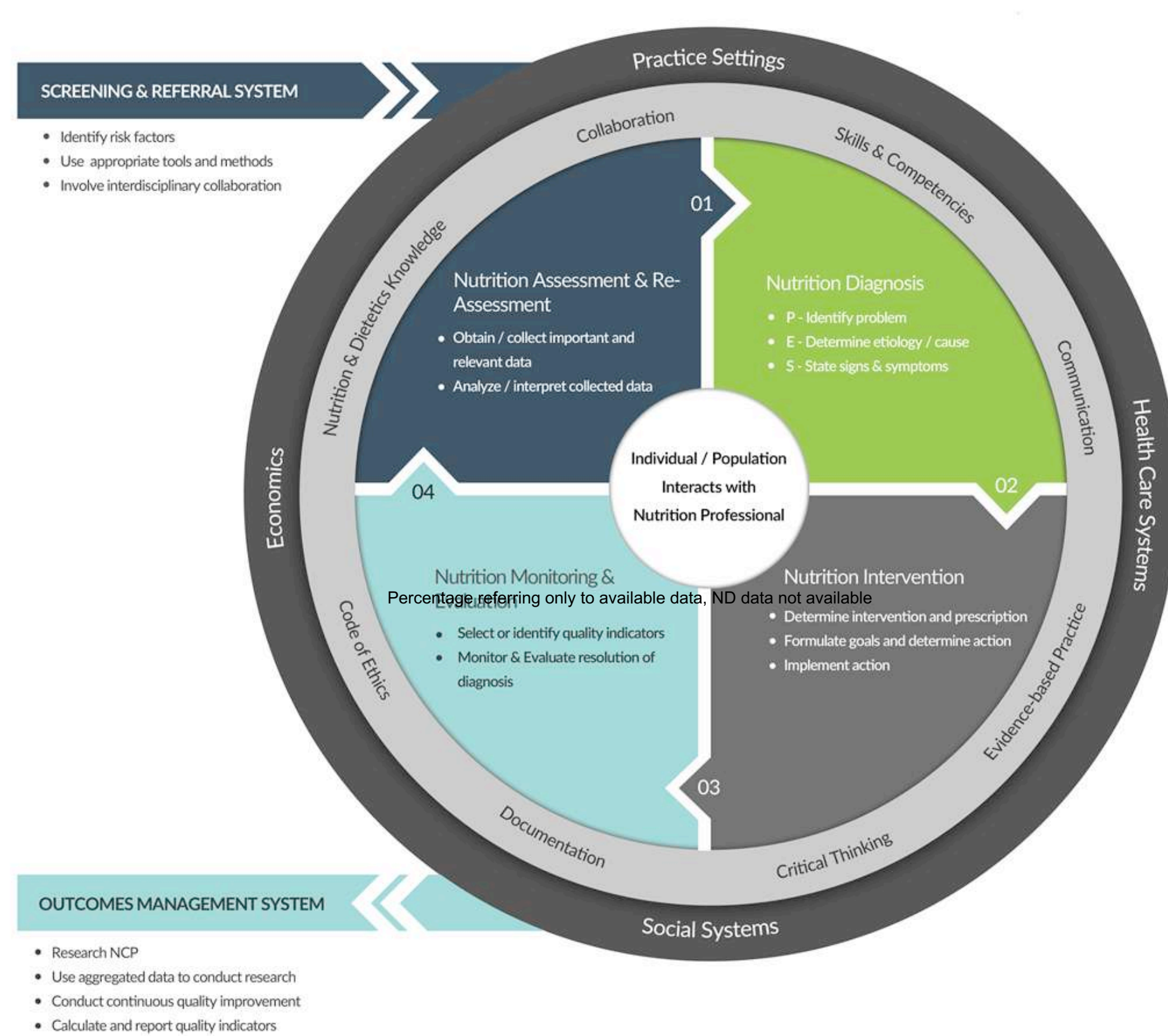
Conclusion

The nutrition care process must be part of the care procedures for the geriatric age, implemented and used routinely, both in clinical practice and at home. With reference to the elderly person, it can implement a peculiar characteristic of the indications of the National Recovery and Resilience Plan (PNRR), specifically of Mission 6 Health, for the reconstruction of territorial health care by moving from a waiting health model to an initiative model according to the Chronic Care Model (CCM)

References

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THE NUTRITION CARE PROCESS MODEL



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