

## Protocolo Del Clinical Nutrition Program from Primary Care

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**Received:** March 13, 2017; **Published:** March 25, 2017

### Justification

- Order 2 June 1998 on nutrition within the configuration of health benefits.
- Royal Decree 63/1995 on dietary and enteral nutrition treatments.
- Portfolio of Public Health Services of the Region of Valencia (Conselleria de Sanitat).

The inclusion in Public Health of food practices and nutrition in the target population groups supposes the institutional support to the promotion of a healthy diet from Primary Care as an activity more than the daily consultation.

Related to the above and in order to improve the health care activity of the Department of Health 9, the present Protocol is proposed as Health Activity Program.

### Definition

A set of processes through which the living being uses, transforms and incorporates into its structures a series of substances that it receives through the feeding with the objective of obtaining energy, constructing and repairing the organic structures, regulating the metabolic processes.

It is an involuntary and unmodifiable act.

### Objects

#### General

- Assess nutritional requirements.
- Determine the nutritional status of the population.
- Identify patients who can benefit from a nutritional intervention.
- Predict the possibility of presenting additional risks to the disease, attributable to nutritional disorders.

#### Specific

- Organize the nutritional risk assistance activity from Primary Care consultations.
- Improve the coordination between the different levels and resources involved in the care of these patients (Endocrinology, Oncology, Surgery, Internal Medicine and Domicile).
- Reduce the costs of hospital malnutrition by avoiding unnecessary referrals.
- To initiate and / or improve the training of the professionals of the Department in this assistance activity.

### Diana Population

#### Geriatric population

- Elderly people at risk of malnutrition. Degree of recommendation B.
- Malnourished elderly. Grade A recommendation.

- Fragile elders. Grade A recommendation.
- Elderly with pressure ulcers (UPP). Grade A recommendation.
- Elderly after surgical procedures (hip fracture, ...). Degree of recommendation A.

### **Risk groups**

- Drug addicts.
- Alcoholics.
- Emigrants (poor).
- Old age.
- Marginal exclusion.

### **Malnourished patients with**

- Renal disease (dialysis).
- Diabetes.
- Oncological pathology.
- Neurological pathology.

### **Organization**

The program will start with the model of "Clinical Nutrition Unit" consisting of:

- Physician.
- ATS / DUE.
- Dietician.
- Pharmacist.

For its initial implementation, the "trainer of trainers" will attend in consultation to his patients and those of his teammates by scheduled appointment. This plan means the internal referral of patients, ensuring the equity of care and learning of all professionals. The trainer receives the patients referred by the EAP colleagues on a weekly schedule of scheduled visits.

### **Phases of development**

- Start the activity in a Department Health Center, following the initial schedule approved by the Management.
- Promote and facilitate the training of all professionals, decentralizing care, in its day, by basic health area.

### **Activities of professionals**

#### **Activities of medical staff**

- Clinic and dietetic.
- Clinical examination and analysis request.
- Establishment of treatments.
- Control of patients at the request of nursing and consultation at discharge.

#### **Activities of the nursing staff**

#### **Anthropometry**

- Weight.
- Size (standing, knee height, knee length and elbow-shoulder distance).
- Measure of skin folds and arm circumference.
- Nutritional screening (Nutrition assessment scales).

### Activities of the dietitian

- Nutritional assessment, nutritional care and nutritional education of patients.
- Planning, coordination and computerization of diets.
- Nutritional formulation of enteral and parenteral feeding.
- Elaboration and follow-up of dietary intervention protocols for specific patient groups.

### Activities of the pharmacist

- Selection of artificial nutrition preparations.
- Assessment of the requirements, design and preparation of the diets.
- Counseling the prescription and monitoring of patients with nutritional support given their knowledge in pharmacotherapy, pharmacokinetics, metabolism and nutrient and drug interactions.

### Activities of the multidisciplinary team

#### Continuing education

- Sessions of the Unit and with Specialized Attention.
- Internal rotation of professionals.
- Elaboration of a satisfaction survey.
- Teaching and research activity.

### Internal circuit of the Health Center. Patient management

#### Capture to the program

- Active recruitment of all subsidiary patients to benefit from this clinical and care activity.
- Funding mechanism:
  - Through the medical consultation on demand and / or scheduled.
  - Through the consultation of nursing, in consultation and / or address, referring to your doctor.

#### First visit (every doctor in the center). Assessment - derivation

**Objective:** To collect complete information about the patient and his pathology for referral to the nutrition clinic.

#### Scheduled nutrition consultation

**Objective:** Development of the program by the multidisciplinary team of the clinical nutrition consultation.

Follow-up visits.

Scheduled consultation for discharge.

#### Coordination

A fluid relationship with Specialized Care is key and important, resulting in their fundamental participation in cases of diagnostic doubt, therapeutic indication, continuing education and follow-up of patients when the Primary Care capacity is exceeded.

#### Resources

##### Humans

- Doctor (Family and Specialty).
- ATS / DUE.
- Dietician.
- Pharmacy.

**Materials**

- Consultation.
- Electronic electronics (“Abucasis”).
- Anthropometry: height and weight.
- Online laboratory: biochemical parameters.
- Stationery:
  - Nutrition assessment scales (MNA, MUST, ...).
  - Satisfaction surveys.

**Bibliography**

1. Ministry of Health and Consumption. BOE, no139 (1998): 19294-96.
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**Volume 7 Issue 6 March 2017**

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