

## Protocol of the Clinical Nutrition Program from Primary Attention

**Masiá Alegre\***

*Department of Family and Community Medicine, University of Valencia, Spain*

**\*Corresponding Author:** Masiá Alegre, Department of Family and Community Medicine, University of Valencia, Spain.

**Received:** March 13, 2019; **Published:** April 29, 2019

### Justification

- Order of June 2, 1998 on nutrition within the configuration of health services [1].
- Royal Decree 63/1995 on dietetic and enteral nutrition treatments [2].
- Portfolio of Public Health Services of the Valencian Community (Conselleria de Sanitat) [3].

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 one more activity of the daily consultation.

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

### Definition

Set of processes through which the living being uses, transforms and incorporates into its structures a series of substances that it receives through food with the objective of obtaining energy, building and repairing the organic structures, regulating the metabolic processes. It is an involuntary and non-modifiable act.

### Objectives

#### 1. General:

- a. Value the nutritional requirements.
- b. Determine the nutritional status of the population.
- c. Identify the patients that can benefit from a nutritional intervention.
- d. Predict the possibility of presenting risks added to the disease, attributable to nutritional disorders.

#### 2. Specific:

- a. Organize the nutritional risk assistance activity from primary care consultations.
- b. Improve coordination between the different levels and resources involved in the care of these patients (Endocrinology, Oncology, Surgery, Internal Medicine and Domiciliary).
- c. Reduce the costs of hospital malnutrition by avoiding unnecessary referrals.
- d. Initiate and/or improve the training of the professionals of the Department in this assistance activity.

### Diana population

#### 1. Geriatric population:

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

- c. Fragile elderly. Grade recommendation A.
- d. Elderly with pressure ulcers (UPP). Grade recommendation A.
- e. Elderly after surgical procedures (hip fracture...). Degree of recommendation A.

### 2. Risk groups:

- a. Drug addicts.
- b. Alcoholics.
- c. Migrants (poor).
- d. Older age.
- e. Marginal exclusion.

### 3. Malnourished patients with:

- a. Kidney disease (dialysis).
- b. Diabetes.
- c. Oncological pathology.
- d. Neurological pathology.

## Organization

The program will begin with the model of «Clinical Nutrition Unit» formed by:

1. Doctor.
2. ATS / DUE.
3. Dietitian
4. Pharmacist.

For initial implementation, the «formator of trainers» will attend the consultation to their patients and their teammates by scheduled appointment. This plan means the internal referral of patients, guarantee the equity of care and the learning of all professionals. The trainer receives the patients referred by the peers of the EAP mentioned in a weekly schedule of scheduled visits.

## Development phases:

1. Start the activity in a Health Center of the Department, following the initial schedule approved by the Directorate.
2. Promote and facilitate the training of all professionals, decentralizing the attention, in its day, to the basic health area.

## Activities of professionals

### Activities of medical personnel:

- H<sup>a</sup> clinical and dietetics.
- Clinical exploration and request for analytics.
- Installation of treatments.
- Control of patients at the request of nursing and consultation at discharge.

### Activities of the nursing staff:

1. Anthropometry:
  - a. Weight.
  - b. Size (standing, knee height, knee length maleolo and elbow-style distance).
  - c. Measurement of cutaneous folds and arm circumference.
2. Nutritional screening (Nutritional assessment scales).

**Activities of the dietitian:**

- Nutritional assessment, food care and nutritional education of patients.
- Planning, coordination and computerization of diets.
- Nutritional formulation of enteral and parenteral nutrition.
- Development and monitoring of dietary intervention protocols for specific patient groups.

**Pharmacist activities:**

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

**Activities of the multidisciplinary team:**

1. Continuing Education:
  - a. Unit Sessions and Specialized Care.
  - b. Internal rotation of professionals.
  - c. Preparation of a satisfaction survey.
2. Teaching and research activity.

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

1. Uptake to the program:
  - a. Active recruitment of all subsidiary patients to benefit from this clinical and assistance activity.
  - b. Collection mechanism:
    - i. Through medical consultation on demand and / or scheduled.
    - ii. Through the nursing consultation, in consultation and / or home, referring to your doctor.
2. First visit (each center doctor). Valuation-derivation.
  - a. Objective: To collect complete information about the patient and his pathology for his referral to the nutrition consultation.
3. Scheduled nutrition consultation.
  - a. Objective: Development of the program by the multidisciplinary team of the clinic nutrition clinic.
4. Follow-up visits.
5. Consultation scheduled for medical discharge.

**Coordination**

A fluid relationship with Specialized Care is key and important, resulting in its fundamental participation in cases of diagnostic doubt, therapeutic indication, ongoing training and patient follow-up when the capacity of primary care action is exceeded.

**Resources**

1. Humans:
  - a. Doctor (Family and Specialty).
  - b. ATS/DUE.
  - c. Dietitian
  - d. Pharmacy.

2. Materials:
  - a. Query.
  - b. Electronic music («Abucasis»).
  - c. Anthropometry: height and weight.
  - d. Laboratory «on line»: biochemical parameters.
  - e. Stationery:
    - i. Nutritional assessment scales (MNA, MUST...).
    - ii. Satisfaction surveys.

### **Bibliography**

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**Volume 14 Issue 5 May 2019**

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