International Journal of Community Medicine and Public Health
Bugshan WM et al. Int J Community Med Public Health. 2023 Jan;10(1):388-392
http://www.ijcmph.com
pISSN 2394-6032 | eISSN 2394-6040

DOI: https://dx.doi.org/10.18203/2394-6040.ijcmph20223566

Review Article

Importance of nutritional documentation in maintaining health among the elderly

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Received: 10 December 2022
Revised: 12 December 2022
Accepted: 19 December 2022

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ABSTRACT

All individuals have a fundamental human right to nutrition. However, it is well known that undernourishment is a common and major health issue among elderly across the globe. Nutritional documentation helps to guarantee correct nutritional care and therapy. Research on medical and nursing home staff's documentation of nutritional care in hospitals and between medical facilities and nursing homes is scarce. The evidence that is presently offered points to unsatisfactory documenting practices. The nursing workforce lacks the necessary skills to appropriately account for the relationship between patients' medical conditions and their nutritional status, as well as the substantial risk of heightened patient suffering brought on by undernutrition. Unsystematic and unorganized recording processes may contribute to the lack of nutritional information document management and sharing. Another challenge is brought on by the inadequate proper nutrition information transfer when elderly patients are transferring between hospitals and nursing facilities. Clarifying roles in nutrition therapy and treatment is part of interprofessional responsibility. The haziness and ambiguity around accountability may be one factor contributing to the lack of attention given to nutritional documentation. Reassessment of the prevailing systems and development an alternate solution way of tracking food consumption among medical and nursing home residents given the present documentation issues, elevated staff turnover rate, and the inability of training and managing interventions to generate long-term behavioral modifications among nursing home staff may aid in reducing the level of undernutrition and lack of nutrition-related documentation among geriatric individuals.

Keywords: Older patients, Nursing homes, Nutrition and metabolism, Measurement, Nursing, Documentation

INTRODUCTION

According to Article 25 of the Universal Declaration of Human Rights, nutritional care is a fundamental right of everyone.[1] However, undernourishment has been noted as a common and significant health issue among the elderly.[2-5] According to one study, 45% of senior hospital patients in a sizable university hospital in Norway were at risk for malnutrition.[6] Additionally, it was discovered during an investigation into nutritional care practices that only 1.2% of the elderly patients had undergone a standardized screening instrument for nutritional risk.[7] Elderly people who are malnourished are more likely to experience disease-related complications, morbidity, and mortality. In the case of hospitalized patients, it extends hospital stays and raises medical costs. Additionally, it lowers quality of life and is linked to physical and psychological stresses.[3,5] Several elderly patients are already malnourished when they are admitted to the hospital, and their nutritional condition frequently worsens while they are there.[2,4,8] Furthermore, compared to the younger patient group, older patients generally move between various healthcare facilities more frequently.[9]

Guidelines from the European society for clinical nutrition and metabolism (ESPEN) state that patients' nutritional status and care must be recorded in their health records and conveyed when they are moved between different healthcare facilities, such as a hospital and a nursing home.[10,11] Legislation governing healthcare regulates the proper recording and reporting of patients' requirements.[9] Health care providers can use a patient's medical record as a practical tool to deliver effective and safe patient care. To ensure the continuity of therapy and care, documented information needs to be organized and systematized.[12] Health care practitioners are required to document and share pertinent data regarding their patients' health condition across healthcare settings in order to follow up with them. In addition, hospital staff members have a duty to counsel and direct municipal health care services regarding patients' needs.[12] Nevertheless, research has demonstrated that basic healthcare requirements are typically poorly documented and communicated across hospital environments.[13,14] In hospitals, nurses are crucial to the ongoing care and management of patients' dietary needs.[4]

Limited research has looked at how hospital nurses record nutritional care. Furthermore, it was discovered that the documentation of nutritional care in the research that had been conducted was inadequate and mostly comprised of details on various eating abilities or limitations.[15,16] Only a few research have looked at how nursing staff in particular transmit details about senior patients' nutritional condition between different healthcare settings.[17,18] Furthermore, studies have indicated that obstacles exist because of insufficient data exchange between healthcare settings.[19,20] Short hospital stays, resource constraints, and gaps in the dietary expertise of healthcare staff have all been mentioned as obstacles.[19,20]

METHODOLOGY

This study is based on a comprehensive literature search conducted on 16 November 2022, in the Medline and Cochrane databases, utilizing the medical topic headings (MeSH) and a combination of all available related terms, according to the database. To prevent missing any possible research, a manual search for publications was conducted through Google Scholar, using the reference lists of the previously listed papers as a starting point. We looked for valuable information in papers that discussed the information about the importance of nutritional documentation in maintaining health among the elderly. There were no restrictions on date, language, participant age, or type of publication.

DISCUSSION

Although data show that this is not the situation for nutritional therapy and care, the responsibility to document patients' requirements for care and support is established in health legislation, numerous articles, and international human rights.[1] It is clear that there is a lack of documentation and information sharing around nutrition, and this has effects.

Reasons why nutritional documentation may be inadequate

The acute care environment may be one of the causes of the disregard of nutrition care delivery and an explanation for the inadequate nutrition documentation in cases where older people are seeking medical attention. The older patients' mean hospitalization in the various hospital wards is two to four days. The admission diagnosis has been shown to be the primary priority of therapy and care, which results in inadequate attention being paid to nutritional care and a failure to adhere to recommendations like weighing the patient upon admission. Other related studies have also shown that short hospital stays result in inadequate attention being paid to nutritional care.[21,22] Another issue is that the nursing workforce lacks the necessary skills to appropriately account for the relationship between patients' medical conditions and their nutritional status, as well as the substantial risk of heightened patient suffering brought on by undernutrition.[3,4,23] Unsystematic and unorganized recording processes may contribute to the lack of nutritional information document management and sharing. According to research, there are not any established procedures for nutritional risk assessment, nutritional therapy, or nutritional information sharing between the hospital and the nearby nursing homes.[24] The results from the most recent analysis indicated in somewhat different directions, although studies have shown that nutritional screening has the ability to prevent undernourishment in older hospitalized patients.[5,25,26] Hospitals have different procedures for assessing nutritional risk.[7,27] While some have established procedures for nutritional risk assessments and dietary recommendations, others do not.[27,28] The most crucial

resource for ensuring that a patient receives the proper care, attention, and therapy continuity is their patient records.[13] According to survey research, it might be challenging to identify nutritional documentation in general because it is frequently dispersed throughout patients' electronic medical records. The challenge of determining where to document nutritional care is referred to as "triple documentation." A patient's necessity care and support must be documented by law, however research findings indicate that this requirement is at risk in clinical practice for older patients in most nations with relation to medical nutrition therapy.[12] Nutritional competence is required for adequate reporting of nutritional status, therapy, and care, however numerous studies have demonstrated that this competency is insufficient.[21] Documentation of patients' true nutritional status is scarce, and nurses typically only record information on patients' ability or inability to eat.[22] Similar results have been found in the data, with the majority of nutritional information being related to food, such as hunger, preferences, aversions, regimens, and food consumption. The documentation for individualized and focused nutrition therapy is inadequate, despite the fact that these descriptors are pertinent to nutritional care.

Difficulties in following up nutritional demands

If nutrition status is not accurately recorded, it is difficult to monitor the dietary requirements of older hospitalized patients. It is also difficult to give proper nutrition information when elderly patients are transferring between hospitals and nursing facilities. Making transitions between hospital settings smoother has been a priority in modern health care systems.[12] Nevertheless, a smooth transition between medical facilities requires precise recording of present requirements, adequate methods for recording nutritional information (including where to store it and how to access it), and rules for what data should be recorded. Between the facilities, there needs to be a consistent vocabulary addressing nutritional care and assistance. When patients move between medical facilities, nutrition data needs to be given more consideration.[12]

Negative nutritional spiral

Undernutrition has the potential to escalate into a permanent state of malnutrition. Undernutrition raises the likelihood of hospitalization, complications, and death, escalates the expense of medical care, and causes depressed symptoms and a lower quality of life.[2,8,29] A greater understanding of nutritional status and treatment has the potential to significantly enhance the health of older patients. However, research has shown that a hospital stay frequently results in a decline in nutritional status. The unfavorable nutritional spiral will persist due to insufficient nutrition care and flaws in nutritional recordkeeping, which will have major effects for senior patients.[12] When it concerns caring for the dietary requirements of older patients, healthcare professionals must take on their multidisciplinary responsibilities, including in-hospital recordkeeping and sharing of nutritional data across health care facilities. Clarifying roles in nutrition therapy and treatment is part of interprofessional responsibility. The haziness and ambiguity around accountability may be one factor contributing to the lack of attention given to nutritional documentation. The underlying competency of the experts caring for these individuals seems to be satisfactory given the professional backgrounds of the persons involved. They do not appear to be aligned in their goals which poses a major threat to the patients. Roles and responsibilities must be defined in a manner that recognizes the crucial role played by nurses, who are constantly close to the patients.

Importance of choosing the appropriate documentation method

Nursing home staff estimates of consumption levels are used to document nutritional intake for nursing home patients and to identify those who are not eating well. Particularly, trained nursing assistants record residents' consumption levels. They are often in charge of delivering lunch trays and giving out eating assistance. The reporting of residents' intake amounts by nursing home staff and research staff varied noticeably, according to two studies. In both investigations, the majority of residents' intake was overstated by an average of 15% or more in staff paperwork. Both investigations found that nursing home staff completely failed to record nutritional intake for a subset of residents, in addition to overestimating residents' intake levels. One of these studies found that one-third of nursing home residents whose intake levels put them at risk for nutritional issues were not identified by the personnel. According to the findings of these two research, either alternate mechanisms for gauging dietary intake should be established or actions should be done to increase the accuracy of nursing home staff recording. It might be beneficial to thoroughly reassess the prevailing systems and devise an alternate solution way of tracking food consumption among nursing home residents given the present documentation issues, elevated nursing home staff turnover rate, and the inability of training and managing interventions to generate long-term behavioral modifications among nursing home staff.[9,10] One study explored a strategy for tracking nutritional consumption that included photographing, a possibly alternate technique, on a limited group of non-institutionalized participants.[12] According to that study, consumption estimations made by research workers using pictures and measurements were similar. In another recent survey, a group of non-institutionalized persons between the ages of 18 and 90 were asked to estimate their consumption levels using food photos depicting various portion sizes (5% to 95%). This study demonstrated a strong correlation between individuals' estimations of the amount of particular nutrients ingested using the images as a guide and research staff estimations based on pre-post weights. But generally speaking, individuals tended to exaggerate small portion sizes and underestimate large portion sizes. The researchers came to the conclusion that

images serve as a good tool for determining food portions of various foods.

Strengths and limitations

Qualitative research findings cannot be generalized.[3] Nevertheless, because the hospital and affiliated care facilities in such studies provide medical care for a wide catchment area and the participants reflect significant diversity, the current findings may be transferable to other similar situations. The majority of current study only focuses on the experiences of the nursing personnel. It excludes the viewpoint of doctors, patient medical records, discharge notes from nurses and doctors, and arriving reports from transfers to nursing homes. These investigations might have been enhanced by including discussions with other accountable health professionals and a review of written records, but it would have also changed their focus. The study process is impacted by the prejudices of the researchers.[28,30,31]

Nursing practice, education, and research implications

In providing for elderly hospital patients who are malnourished, a significant problem is presented. The nursing workforce is critical in making sure that older patients in the medical system receive the proper nourishment. Thus, altering their method and outlook toward nutritional treatment may have positive clinical effects. The need for a system that enables nurses to recognize and record nutritional concerns and start adequate nutritional care and support is made clear by recent studies. To protect older patients, ensure their quality of life, and maintain health care costs, documented treatment plans with details of specific dietary care are required. The importance of nutritional competence and care must be emphasized in the curriculum and learning objectives of nursing education. To provide evidence-based nutritional practices, research focusing on nutritional care from many perspectives and techniques is essential.

CONCLUSION

Recent research shows that the documenting of nutritional care and therapy for geriatric patients in hospitalization was deficient both at the time of their admission and throughout their hospitalization. Additionally, when geriatric patients are transported between the hospital and the accompanying care homes, dietary information is rarely appropriately shared. An unhealthy nutritional cycle that results in a higher risk of significant health consequences, extended hospitalization stays, a lower life quality, and more healthcare expenses is maintained by improper nutritional data documentation. Additionally, it makes nutritional follow-up difficult across all care settings.

Funding: No funding sources
Conflict of interest: None declared
Ethical approval: Not required

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Cite this article as: Bugshan WM, Balto MM, Almutairi MA, Awani ZAA, Alenezi HK, Jawad FM, et al. Importance of nutritional documentation in maintaining health among the elderly. Int J Community Med Public Health 2023;10:388-92.