

# A Patient's Journey Back from Malnutrition: Patient and Physician Partnering with the Homecare Clinician to Overcome Obstacles to Achieving Successful Home Tube Feeding

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## Introduction

This case study illustrates strategies and solutions for overcoming obstacles to allow for a successful home tube feeding plan in a patient recovering from malnutrition. A home tube fed (HTF) patient's recovery from malnutrition can be difficult when obstacles to compliance are not addressed in a timely and practical way. The home care clinician has a unique opportunity to partner with the patient and primary care physician to develop a sustainable strategy for optimal home therapy compliance. The ultimate goal is to promote positive clinical outcomes and improved quality of life. Additionally, this long-term patient/clinician relationship provides the opportunity to ensure success in achieving nutritional repletion from a state of malnutrition while impacting quality of life in a positive way.

This clinical case study will illustrate, in a photo journalistic style, the clinical characteristics visible and available to the home care clinician in one HTF patient's journey back from malnutrition and will discuss clinical strategies employed along the way.

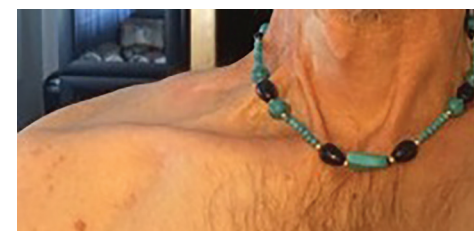
## Methods

This case study shows in a photo journalistic style a patient's progress toward goal weight while at home on tube feeding. Weekly weight and feeding regimen compliance progress reports were utilized along with photo updates to illustrate the recovery from malnutrition. Reference photos noted 18.9; 20.2; 22.2 for an illustration of the body mass index (BMI) and related weight gain of this home tube fed patient.

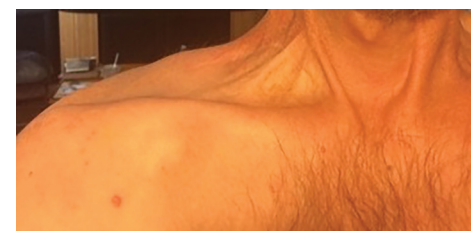
Weight Gain Journey											
Date (2015)	4/5	4/14	4/23	5/2	5/6	5/17	5/29	6/6	6/17	6/30	7/9
Weight (lbs)	135.0	139.4	142.4	144.2	147.0	148.6	153.0	153.4	160.3	161.7	163.4
BMI	18.3	18.9	19.3	19.6	20.0	20.2	20.8	20.8	21.8	22.0	22.2



18.9 BMI 139.4 lbs 4.14.15



20.2 BMI 148.6 lbs 5.17.15



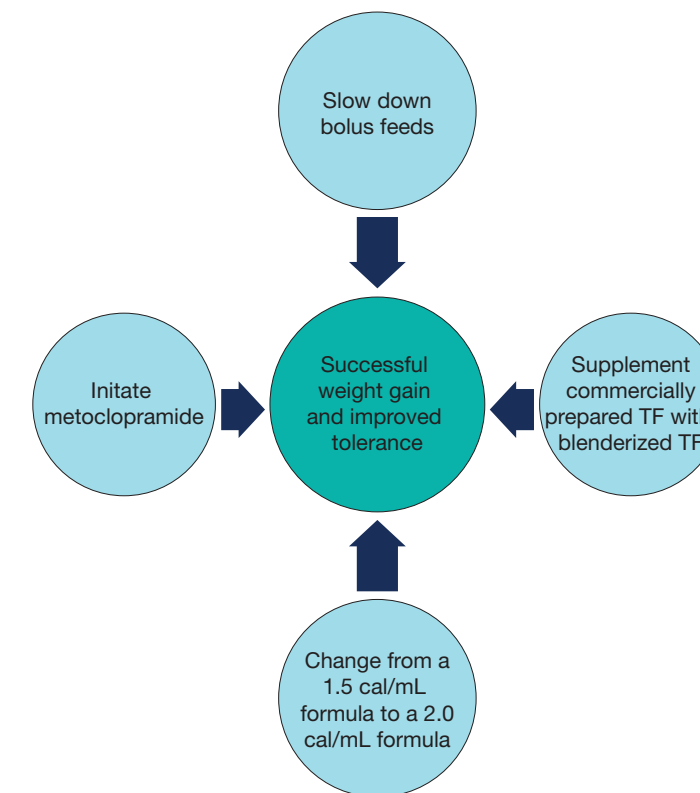
22.2 BMI 163.4 lbs 7.9.15

## Results

This 6'0" patient began his journey with the home care clinician at 135 pounds, 79% of his ideal body weight (IBW) and personal goal weight. He was consuming an average of 75% of his prescribed home enteral feeds. Prior to intervention, he had been homebound for three months due to excessive foamy reflux, which caused him embarrassment in public due to his reported "constant spitting and coughing." His progress to a final weight of 163.4 pounds, 98% of IBW, spanned three months. He followed interventions recommended by the advanced practice home care dietitian, including:

- 1) Instruction to slow down bolus feeds from two containers within five minutes to a minimum 20-minute feeding duration.
- 2) Initiation of metoclopramide to manage significant and severe foamy reflux of formula and gastric contents into his mouth.
- 3) Change from a 1.5 cal/mL to 2.0 cal/mL formula.
- 4) Supplementation of enteral feeds with a home blenderized formulation of fruits and vegetables for additional non protein calories, per the patient's request.

The patient reported a significant improvement in his quality of life due to his weight gain, the inclusion of blenderized foods (which he enjoyed preparing), and the management of his persistent foamy reflux in just five days post intervention with metoclopramide. According to the patient "My mouth feels so wonderful and now I can go all over town without having to be embarrassed. I have been getting out of the house every day."



## Conclusions

Patients who have access to expert home care clinicians who are skilled in managing and overcoming obstacles to successful home tube feeding may have better outcomes. This case study illustrates in a compelling way one patient's progress from malnutrition to achieving 98% of his goal weight. This case shows that collaboration between the patient, home care clinician, and primary care physician can result in a strategy that improves compliance, clinical outcomes and quality of life in the HTF patient.