An Assessment of Challenges Encountered by Home Enteral Nutrition Patients During Their First 72 Hours at Home


Introduction

Home enteral nutrition (HEN) therapy can be a daunting experience for tube-fed patients and their caregivers. There are several challenges that can disrupt and complicate the transition from institution to home (see Table 1) and several common complications that can occur after the feedings have started (see Table 2).

A clinical resource, such as an experienced home care Registered Dietitian (RD), may prevent and/or resolve complications by suggesting appropriate interventions. The objective of this study was to quantify the common challenges to success occurring within the first 72 hours of initiating HEN so that home care providers could be prepared to provide appropriate interventions.

Methods

A team of RDs at a home healthcare company collected and tabulated data from patients and their caregivers over a four-month period. The data was broken into five categories, comprised of the most common complications (see Table 2). An RD from the HEN provider had contacted the patients within 72 hours of start of service to find out if they had experienced any complications.

Results

It was determined that 685 (79.5%) of the 861 patients started on HEN during the data collection period benefited from RD clinical intervention:

- 265 (39%) of them were instructed on the correct tube feeding prescription
- 120 (18%) were educated on a HEN daily schedule based on the caregiver/patient daily routine
- 56 (8%) were instructed on tube care to avoid clogging
- 139 (20%) were educated or provided with needed equipment
- 105 (15%) had formula or method of administration changed for improved tolerance

Conclusions

A majority of the HEN patients in this study experienced difficulties with some aspect of HEN within their first 72 hours of discharge to home. Based on these results, the standard of practice for home care providers must include a call by an RD to each HEN patient within the first 72 hours after discharge. This call will identify real and potential problems that the RD can resolve before there is a negative outcome to the patient. In addition to this intervention, the home care company should provide education to health professionals at both inpatient and outpatient facilities for improving patient education prior to discharge. Areas that should be targeted include improving understanding of enteral feeding equipment, avoiding a clogged feeding tube, and simplifying the enteral feeding regimen for the home. Also to be targeted are feeding strategies to improve formula tolerance, such as adjusting the rate or pace of feeding or the volume at each feeding, and interventions to treat nausea, vomiting, or diarrhea. The 72-hour HEN RD call and improved education for the patient at tube placement will help to prevent the common challenges experienced by many patients at the start of their HEN.