Introduction

Many complex patients discharged home on enteral nutrition (EN) can benefit from the education, assessment, intervention, and ongoing monitoring that can be provided by a registered dietitian (RD) trained in nutrition support and experienced in home care. The home care nutrition support RD has the unique skills, breadth of knowledge, and level of expertise to successfully manage patients who require home enteral nutrition (HEN).

The following case studies describe examples of challenges experienced by home tube feeding patients and the solutions recommended and implemented by the home care RD. The case reports quantify the positive outcomes for home tube feeding patients when an experienced nutrition support RD is providing ongoing assessment and monitoring, including hospitalization prevention and improvement of patient quality of life.

Description

Case #1

A head-and-neck cancer patient presented in a radiation oncology clinic with severe pain at his stoma site and an apparent site infection around his gastrostomy tube (G-tube). He described his pain as a 12 on a scale of 1 to 10 and had been noncompliant with his HEN regimen due to discomfort during feedings. His home care RD collaborated with his radiation oncology nurse, who had been providing daily G-tube site care for him during his clinic visits. The home care RD determined that the daily skin care regimen of straight hydrogen peroxide was exacerbating the infection and irritation at his G-tube site. The RD provided recommendations to the nurse for proper tube site care, including use of soap and water instead of hydrogen peroxide.

Outcome

As a result of the interventions recommended by the home care RD, the patient’s pressure ulcers did not worsen, a wound care consult was avoided, and the skin at the tube site healed.

Discussion

Working in collaboration with the patient’s physician, home care providers, and inpatient and outpatient health care providers, the nutrition support-certified RD with expertise in managing HEN patients can provide recommendations and solutions to HEN challenges that can improve clinical outcomes, prevent hospitalizations, and enhance patient quality of life.

Case #2

A stroke patient was discharged on HEN with a 30-day-old G-tube and pressure sores developing under the feet of the bolster. The sores were caused by stitches still in place for the G-tube that were pressing the bolster’s feet tightly against the skin. The home care RD collaborated with the patient’s physician and recommended suture removal so the bolster could be rotated to provide relief from the pressure. The RD also recommended that once the sutures were removed, gauze should be used to protect the patient’s skin.

Outcome

The patient experienced reduced pain as well as infection resolution. He also avoided a potential hospital admission, as the alternate intervention was to place a new G-tube at a new site in the stomach. These positive clinical and quality-of-life outcomes, coupled with improved compliance with his HEN therapy, occurred as a direct result of RD intervention.

Case #3

A patient with severe gastroparesis required placement of a gastro-jejunostomy tube. As the patient had just undergone a cholecystectomy, the G-tube allowed for bile drainage, and the J-tube provided EN while the patient was NPO. To maintain electrolyte balance, bile collected from his G-tube was reinfused along with the HEN delivered via his J-tube. The home care RD facilitated a timely discharge home, with the patient on two feeding pumps to allow for bile drainage and HEN at the same time.

Outcome

Upon discharge from the hospital, the home care RD provided pump education and assisted in pump-rate adjustment at home to allow the patient to spend time off of two pumps so patient can leave the house.