NUTRITIONAL MANAGEMENT IN MAJOR BURNS - WHAT SHOULD WE KNOW AND HOW SHOULD WE LEARN? (P053)

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Introduction: Hypermetabolism, immunosuppression and poor wound healing are features of the critically ill and are most marked in burns patients. Nutritional and metabolic management strategies are key to determining outcomes; however nutritional recommendations for burns patients have altered in recent years and controversies persist. Anecdotal reports and published work suggest that underfeeding remains common with varying use of trace elements and glutamine, glucose control and catabolic modifiers. We wished to address inconsistencies in our local clinical practices, recognising that learning styles differ amongst individuals and that teaching materials should be varied, accessible and reinforced for maximum benefit.

Methods: A survey was designed to gather data from nurses, surgeons and anaesthetists regarding their knowledge of best practice in the following areas:

Timing of enteral feeding

Stress ulcer prophylaxis

Prokinetics

Gastric residual volumes

Nutritional supplements

Glycaemic control

Metabolic modifiers

Current literature, UK practice and international guidelines were reviewed to form the basis for our teaching resources and development of our teaching tools.

Results: The survey audit confirmed disparities in knowledge and practice in all staff. A comprehensive Nutrition and Metabolic Management Education Package was produced based on current evidence and published guidelines. A multi-modal approach was used to maximise learning potential. Multidisciplinary burns team members designed a bespoke educational package containing charts, posters, revised guidelines and an e-learning package to be used in parallel with interactive face to face teaching sessions. Feedback on compliance with new practice standards was given.

Conclusion: Nutritional & metabolic management of burns is complex with a dynamic evidence base. Consistent timing and composition of feed and supplement delivery, minimising interruptions, requires team members to share a common approach. We have encouraged common ownership of a variety of teaching materials and tools within our Educational Package with the aim of providing evidence based best practice local guidelines for the multidisciplinary team. Further cycles of audit
and feedback will review the effectiveness of our educational package, and ultimately the nutritional and metabolic care of our burns patients.

References:

1. Picciano AG. Blending with purpose: The multimodal model. Journal of the Research Centre for Educational Technology. 2009; 5(1), 4-14