

Practical veterinary nursing – Feeding the hospitalised patient

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Josey Killner DipAVN (Surgical) DipAVN (Medical), RVN looks at ways of encouraging patients to eat to aid their recovery

WHEN a patient is in hospital, it is usually the nurse's job to feed it. This is sometimes easy, when you have a young, bouncy Labrador that will eat anything in sight, or more difficult, such as with the elderly Siamese that refuses to even look at the food you have lovingly prepared. It will only want to eat the same food, from the same bowl, in the same place and at the same time of day, and only if it wants to. You also have the patients that are unable to eat by themselves due to surgery or trauma and, therefore, require tube feeding.

Many patients in human hospitals are malnourished and if you have ever visited a friend or relative, it is fairly obvious why. The food is usually mass-produced, poorly flavoured and poorly presented. The nursing staff are usually too busy, or not motivated, to take time to encourage a patient to eat. Unfortunately, this can also be true in a veterinary hospital.

As nurses, we usually spend more time with the hospitalised patient than the veterinary surgeon in charge of the case. This often enables us to establish reasons why a patient is unable, or unwilling, to eat.

Does the patient turn its head away, or move away from the food, when you place it in the kennel? Is it hypersalivating or frequently licking its lips? It is likely the patient feels nauseous and the presence of food makes it feel worse. It is unlikely that you can encourage an animal to eat in this

situation. Trying may make the patient resentful and unwilling to establish any relationship with you. It is important that the veterinary surgeon is informed, as it may be possible to administer an anti-emetic, if not contraindicated, and subsequently the patient may eat. Anti-emetics, such as metaclopramide (available as a tablet, liquid or injectable) and maropitant (Cerenia, Pfi zer: available as an injectable or tablet), may be used for treating nausea or vomiting.

Distrustful patient

If a patient just ignores the food, it may be because it is protesting at the situation or distrustful of you or the environment it is in.

This can often be overcome by establishing a rapport with the patient. Call the animal by its name; talk calmly and gently; and pet it. Find out what time of day it is usually fed. Use a dish that is familiar; for instance, if it usually eats out of a ceramic bowl, a metal one may be rejected.

Establish what food an animal usually eats by asking its owner and, if necessary, request he or she brings some in. See if the owner would be willing to encourage the pet to eat. TLC should never be underrated and is one of a nurse's strongest attributes in these situations. All this information will make your job of nursing the patient easier and ultimately more rewarding.

A patient may not be eating because it is in pain. Pain is demonstrated in many different ways, from sitting quietly at the back of the kennel to growling or hissing at anyone who gets too close. An animal that has adequate analgesia is more likely to eat, heal quicker and be a generally happier patient. Speak to the veterinary surgeon if you feel a patient requires analgesia.

Good nutrition is vital to an animal's ability to heal. Good nutrition does not mean feeding large quantities of chicken or fish. These foods contain protein only and do not provide a balanced diet. They may be used to stimulate a patient's appetite if it is not willing to eat a more nutritionally balanced diet, but should not be fed long term. Once a patient is eating, try introducing other foods like Hill's a/d or i/d (available now in tins or pouches) or Royal Canin Convalescence, or Sensitivity Control. These foods may also be warmed to body temperature, as smell is very important to animals, and warmed food will often be accepted when other foods are ignored. Do not overheat the food as this destroys the nutritional value and makes the food less likely to be accepted. Small quantities of food can be left with the patient, but don't leave the food for too long. It becomes stale and unappetising very quickly. After a couple of hours, change the food or even have a small period of time where no food is given, as interest may be evoked when food is next offered.

Some patients will eat while petted, while others prefer to eat late at night when the surgery is quieter. It is important to get to know your patient and how they are best fed.

Syringe feeding

Syringe, or force-feeding, may be used just to stimulate the appetite of a patient that refuses to eat, but should not be maintained if the patient still refuses to eat. Syringe feeding is often stressful for the patient and may destroy the relationship between the nursing team and the animal. If the patient resists while being fed it is also burning up vital calories at a time when you are trying to introduce more. If a patient is refusing to eat despite all efforts, tube feeding may be instigated. A naso-oesophageal tube can be placed, by a nurse and without the use of a general anaesthetic or sedation, if the patient is compliant. A small amount of local anaesthetic is applied to the nares. Choose the widest feeding tube that will pass through the nostril. Measure the tube from the nares to the fifth rib and mark with a pen. With an assistant holding the patient's head still, slide the tube into the nostril and advance gently, until the mark is reached. Attach tape around the free tube and place this in the midline on top of the skull, where it can be attached with tissue glue or sutured in place. An Elizabethan collar can then be fitted, with the tube attached to this by tape. A small amount of saline (2ml) can be syringed down the tube to establish its position in the oesophagus. If the tube is in the trachea, this may evoke a cough. A lateral, thoracic radiograph may also be taken to ensure the tube is in the oesophagus and not the trachea. Once the tube is in place, a feeding plan can be drawn up. Prepared liquid feeds are high in calories and nutritional value. A number of liquid diets are available to feed, such as Fortol, Hill's a/d and Royal Canin Convalescence diet. If a specific diet is required, this can be liquidised using a food processor or hand-held blender. As the patient has not eaten for a period of time it is important to introduce food gradually and build up quantities over a few days.

Working out calorific requirement

To calculate the daily calorific requirement (resting energy requirement, RER) for a patient weighing more than 2kg, use the following formula:

- $\text{RER in kcal/day} = 30(\text{bodyweight in kg}) + 70$.
- Day one, give a third of the patient's calorific requirement.
- Day two, give two-thirds of the patient's calorific requirement.
- Day three, give the entire daily food requirement. Fluid should be syringed through the tube both before and after the feed. The amount of water given should make up the balance of the food given. Therefore, when a third of the food quantity is given, then two-thirds should be given as water. It is important that the food and water are warmed to body temperature. Write all food given on the feeding plan. If any vomiting occurs then the veterinary surgeon should be informed and the feeding plan adjusted.

A patient's condition may dictate that it eats a particular food while in hospital. Unless this is a bland diet, such as Hills i/d or Royal Canin Sensitivity Control, the food should be introduced gradually. Animals do not usually like a sudden change in their normal diet and it may also cause a

gastrointestinal problem. Some diets, such as a renal diet, are very high in fat, which replaces the energy that has been reduced due to the lowered protein content. High-fat diets, particularly if introduced too quickly, may result in the patient having diarrhoea. A patient with diarrhoea often requires starving, and that is not what we are trying to achieve. If the veterinary surgeon requests a diet, suggest it is introduced gradually. Generally, vets are not interested in knowing about dietary issues, but will certainly be happier if patients do not develop further conditions while in their care. A diet introduced over five days is less likely to cause gastrointestinal problems and is more likely to be accepted by the patient. On day one, add a small amount of the new food to the patient's usual diet and mix it in. If accepted, repeat this at the next meal and gradually increase the quantity of the new food and decrease the old food until the point where the whole diet has been changed.

It is particularly important that a hospitalised cat does not go without eating for more than 72 hours, as this may lead to further complications – such as hepatic lipidosis. This is a condition that results from excessive fat loss from cells that are unable to be metabolised by the liver. Fat accumulation in the liver causes damage due to swelling of the liver cells, fatty deposits and other processes. Hepatic lipidosis is a serious condition that can result in death of a patient. This is more common in overweight cats, so it is even more important that these patients eat, even if you think they need to lose weight. Patients in hospital may develop food aversions to diets. This may result in them refusing to eat the food once they are home, as they associate it with their time in hospital. It is possibly better to avoid diets the patient is expected to eat long term.

Although a lively Labrador may eat everything offered, that doesn't mean it is not susceptible to being malnourished. Weigh each patient daily to ensure it remains stable or increases its weight. Check the amount of food each patient requires for its weight. Write this on its daily hospitalisation sheet so everyone is aware. A dehydrated patient placed on intravenous fluids may dramatically increase its weight and this is not related to its food intake, but a reversal of the dehydration.

It may be helpful if a chart is drawn up and kept in the kennel room, indicating the quantities of food required for the weight of each patient. When offering the patient food, ensure the quantity is noted and, if taken, how much is eaten. This will ensure the correct amount is consumed. Hospitalised patients may have a slightly higher calorie requirement due to their injuries or disease process, and the amount of extra work their bodies are doing. This is why a daily weight is important as each animal has a different metabolism and quantities suggested by food manufacturers are an average. Alter the amount of food given if it is inadequate. Nursing can be rewarding when patients you care for respond. Achieving the goal of a patient eating and, therefore, improving is satisfying and should never be underestimated.



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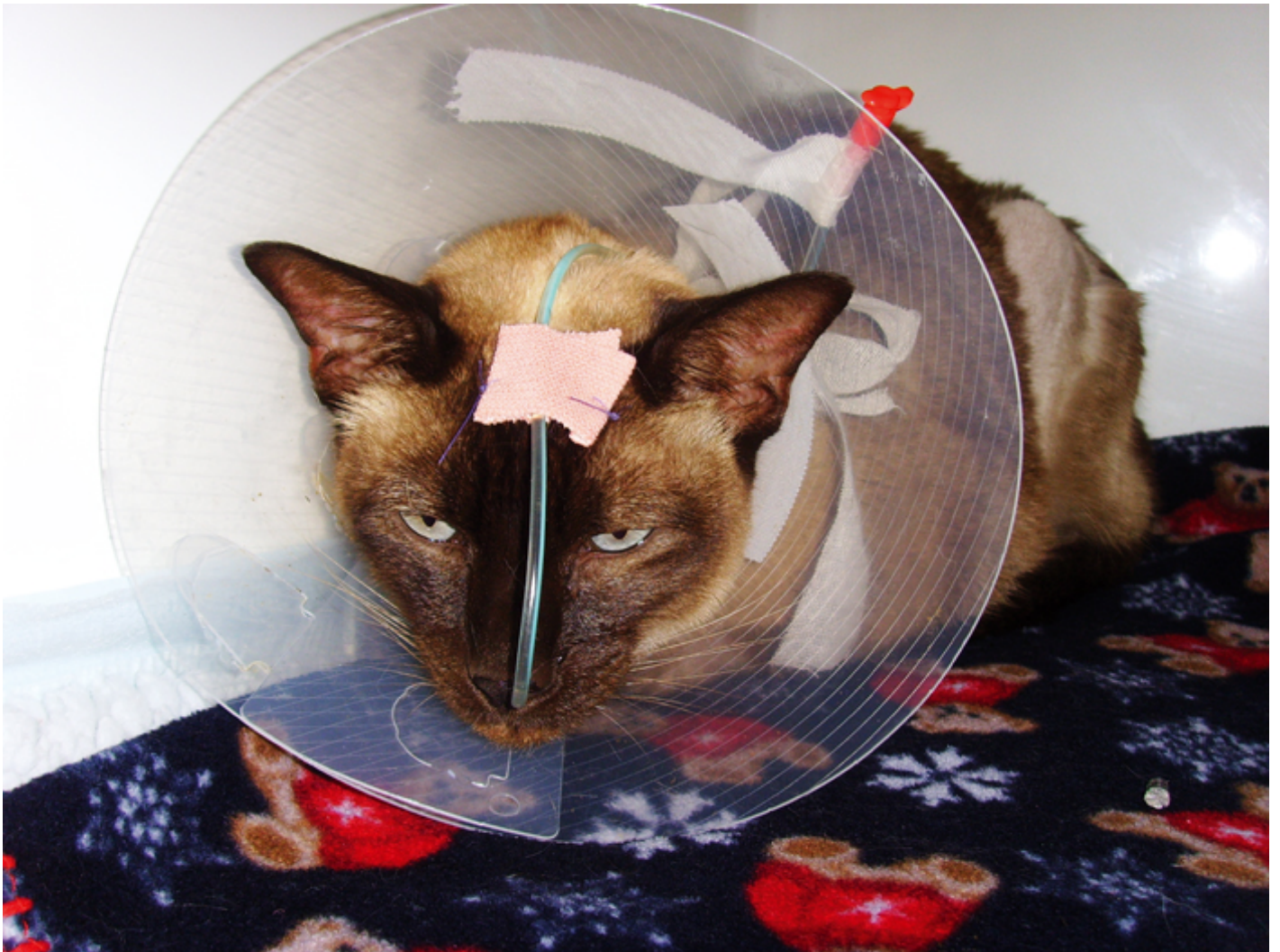
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