Improving Enteral Nutrition through Protocol Utilization
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Problem: Enteral nutritional support is an important aspect of care for the critically ill patient. Incidental observations and performance improvement data identified opportunities for improvement in the intensive care unit (ICU). An evidence-based practice (EBP) system change project was implemented to improve practice.

Evidence: A comprehensive search of the literature identified the EBP guidelines from the American Society of Enteral and Parenteral Nutrition (A.S.P.E.N.), Institute of Medicine recommendations, and results of multiple research studies. The evidence supported implementation of the A.S.P.E.N. guidelines and protocol utilization.

Strategy: The system change project was guided by Rogers’ Diffusion of Innovation Theory and Larrabee’s Model for Change of Evidence-Based Practice.

Practice Change: Baseline data indicated there were delays in patients reaching their nutritional goals, inconsistent nursing practice, and prolonged periods of temporarily discontinuing enteral nutrition. An enteral nutrition protocol, consisting of an order form and algorithm for management of gastric residual volumes, was developed with input from multidisciplinary team members. The protocol was first utilized during rapid cycle testing and then implemented in the medical and surgical intensive care units as a pilot.

Evaluation: The enteral nutrition protocol was successfully implemented in the ICUs, as evidenced by improvement in the performance improvement data and clinical adherence to the protocol. The protocol has since been initiated in all adult patient care areas of the hospital and disseminated to the healthcare system.

Results: Post-implementation data indicated 67% clinician adherence to the protocol. The average time for patients to reach their goal was decreased from 35 hours to 18.5 hours, which was statistically significant. Nursing practice related to management of enteral nutrition improved as the nurses took ownership of the protocol implementation.

Recommendations: Incorporation of the enteral nutrition protocol and A.S.P.E.N. guidelines in the development of the healthcare system’s computerized provider order entry for enteral nutrition.
Lessons Learned: Involvement of a multidisciplinary team, especially the nurses, was key to this successful project.

Bibliography:


