BSNA Survey Highlights Disparity in Parenteral Nutrition Training and Knowledge amongst UK Healthcare Professionals

The British Specialist Nutrition Association (BSNA) represents manufacturers of parenteral nutrition (PN). In 2015, BSNA conducted an online survey amongst 204 healthcare professionals (HCPs) to understand the current practices for providing PN and to gain an insight into the view of PN amongst HCPs in the UK – including dietitians, pharmacists, nurses, gastroenterologists, intensive care specialists and oncologists.[1]

PN involves the provision of nutrition to patients intravenously; large-scale studies have shown that PN may be as safe as enteral nutrition (EN) in patients with questionable gut function.[2,3] Current guidelines state that PN should be considered for patients who are malnourished or at risk of malnutrition, are unable to receive adequate nutrition through oral or enteral feeding, and have a non- functioning or perforated gastro-intestinal tract.[4]

The use and understanding of parenteral nutrition (PN) varies considerably across HCPs and Trusts in the UK

According to the survey, 73% of HCPs[1] are familiar with the NICE clinical guidelines on nutrition support in adults[4] and the ESPEN guidelines on PN.[5] This guidance is used to different extents among HCPs and across Trusts. BSNA's survey highlighted that only 38% agree with the NICE CG32 statement that 'there is no minimum length of time for the duration in which PN should be given'.[1] Varying interpretations of national guidelines among HCPs may lead to inconsistencies in the appropriate use of PN across care settings.

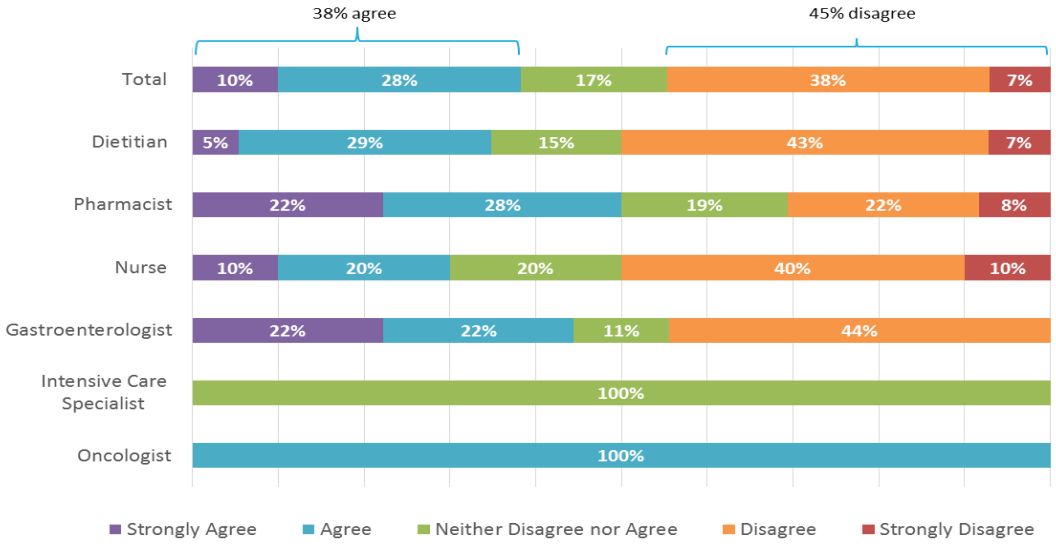

Figure 1: Healthcare professionals' responses when asked their level of agreement with the statement; 'there is no minimum length of time for the duration in which PN can be given'

[1] BSNA Parenteral Nutrition Survey among Healthcare Professionals. 2015. [2] Griffiths RD. 2004. Is parenteral nutrition really that risky in the intensive care unit? Curr Opin Clin Nutr Metab Care; 7: 175-181. [3] Woodcock NP, Zeigler D, Buckley P, et al. Enteral versus parenteral nutrition: a pragmatic study. Nutrition 2001, 7(1), 1-12. [4] National Institute of Clinical Excellence (NICE) Clinical Guideline 32: Nutrition Support in Adults: Oral nutrition support, enteral tube feeding and parenteral nutrition. 2006. [5] Singer P, et al. 2009. ESPEN guidelines on parenteral nutrition: intensive care. Clinical Nutrition; 28, 387-400. [6] British Specialist Nutrition Association Ltd. Accessed online http://www.bsna.co.uk/categories/parenteral_nutrition/trainingdates/ [7] Stewart JAD, Mason DG, Smith N, et al. 2010. A Mixed Bag. An enquiry into the care of hospital patients receiving parenteral nutrition. National Confidential Enquiry into Patient Outcome and Death (NCEPOD).

Consistent, competency based nutrition training is needed across healthcare disciplines

The availability of formal PN training, the way in which it is delivered, and knowledge of PN among HCPs, is inconsistent across Trusts. The survey highlighted that in some cases training was carried out on the wards, and in other cases HCPs reported receiving training from external bodies, such as the British Pharmaceutical Nutrition Group (BPNG), or through the provision of Trust guidelines.[1] **A fifth of HCPs reported that their Trust did not provide PN training**.[1] There is a clear desire amongst HCPs for more formal, competency based, training at Trust level, in order to improve the way PN is prescribed and managed. **HCPs called for training to be delivered through online tutorials, practical courses and via more detailed guidance** in order to aid in their development of knowledge and confidence about PN.[1] A list of the range of training courses available can be found at bsna.co.uk.[6]

It is important that **the available PN training is accessible to all HCPs** involved in the administration of PN. Increasing knowledge and understanding of PN will ensure that it is used appropriately and safely. The survey research indicated that only 32% HCPs felt confident in preparing a patient to receive PN at home.[1] All those who administer and monitor patients on PN should know when, and to whom, to refer a patient if they have insufficient knowledge themselves.

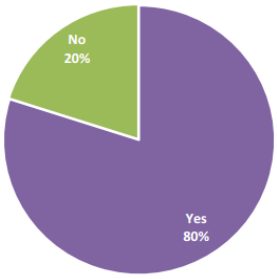

Figure 2: Participants' responses when asked whether their Trust provided any training on PN

The confidence of HCPs to manage patients receiving PN at home must be improved

The majority of respondents reported relatively high levels of confidence in the assessment, management and monitoring of patients receiving PN:[1]

- 92% of HCPs reported feeling confident at assessing whether PN is appropriate for a patient;
- 91% of HCPs reported feeling confident at adjusting PN prescriptions to meet changing patient needs;
- 96% of HCPs reported feeling confident at monitoring fluid balance and biochemical markers.

The results also highlighted **low levels of confidence among HCPs for training a patient to self-administer or preparing for discharge on to home PN** (HPN) – only 9% of HCPs reported feeling confident at training a patient to manage and self-administer PN, the majority of which were nurses.[1] However, this is not surprising as the majority of HPN is initiated in specialised hospitals with Intestinal Failure units and/or Nutrition teams with HPN expertise. Hospitals without this expertise tend to refer potential HPN patients to these centres.

Ensure that the appropriate HCPs are adequately supported to prescribe PN

Only 60% of UK hospitals that administer PN to adult patients have a nutrition support team.[7] As PN is provided to patients on prescription, a PN regime can be recommended for a patient by a member of the nutrition support team, such as a dietitian or nurse, but the prescription must then be signed by an appropriate practitioner, such as a doctor or pharmacist. It was evident from the qualitative feedback[1] that survey participants felt dietitians should be able to prescribe PN, as their professional expertise in nutrition uniquely qualifies them to assess and manage a patient's nutritional requirements.

PN is an effective feeding treatment, which when used appropriately can offer positive health outcomes.[5] PN is highly regulated and quality assured, often offering patients bespoke nutrition that is tailored to their specific needs.

In order to optimise the use of parenteral nutrition, BSNA calls for:

1. **Clear and robust guidance on the appropriate use of PN**
2. **All acute hospital Trusts to have a nutrition support team**
3. **Consistent, competency based nutrition training across healthcare disciplines**

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