P325

# P325 -An audit to compare the difference between actual nutritional intakes versus nutritional requirements of ward haemodialysis patients.

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Introduction:
Malnutrition is common in kidney disease, with epidemiological studies showing 30-50% of patients with signs of malnutrition[1]. Frequent hospital admissions can exacerbate poor nutritional status, reasons including, reduced appetite, meal provision, symptoms, missed meals due to treatment e.g. haemodialysis (HD), and many more. Following 2016 guidelines for management of diabetic patients on HD[2], departmental audit revealed 50% of ward diabetic patients had a blood glucose <7mmol/l prior to commencing HD and 100% of these went onto have a hypoglycaemic event during HD. This highlighted not only the need for optimal blood glucose management but also optimal nutrition. In 2015 new menus were launched and delivery service changed to family style service. This aim of this audit was to assess nutritional intakes of haemodialysis patients to determine if this patient group is being provided with adequate nutrition to meet requirements and support the prevention of hypoglycaemic events within diabetic patients.

Method:
This was a 2 part audit, firstly to establish actual portion sizes served to the ward via family style delivery service, and secondly to compare nutritional intakes versus requirements of ward haemodialysis patients. A 3-day observational audit was conducted to weigh portion sizes of food served. Energy protein and carbohydrate content was estimated using Diet Plan 6, Carbs and Cals 6th edition, and product packaging. A further observational audit took place auditing 40 patient days (15 individual patients) over a 3 day period, of nutritional intake versus requirements. Energy and protein requirements were estimated using Henry equations. Recommendations for carbohydrate intake were taken from the JBDS-IP guidelines 20163.

Results:
53% patients were diabetic. 27% HD patients were at/ high risk malnutrition, of which 50% were also diabetic. No meals were missed or substituted due to dialysis treatment. Only 21% patients were provided with 100% energy requirements, 26% provided with 100% protein requirements, and 18% provided with 50-60% total energy from carbohydrate. Of food consumed 8% patients met energy requirements, 15% met protein requirements and 26% met the recommendation for 50-60% energy from CHO. Foods additional to the standard menu provided 27% of total energy intake and 30% total protein intake.

Discussion:
It is possible to meet requirements through meals provided to the ward, however less than ¼ of patients were choosing adequate amounts to meet requirements, increasing nutritional risk, and the likelihood of hypoglycaemia in those with diabetes. This supports our departmental aim of reviewing all inpatients >12 days stay, and highlights the need for counselling on menu choices, even for those not at nutritional risk. Additions to the standard menu of cooked breakfast, snacks, and food from family provided nearly 1/3 of patients' intake, supporting the additional food provision to the ward and encouragement of family involvement. Opening of a new acute dialysis bay on the ward has meant disruption to meal times for those on HD is minimised. Going forward this audit has encouraged a review of dietetic ward resources, and prompted the development of housekeeper training, to help optimise patient menu choices.