

Fractured Neck of Femur Patients; The Feeding Problems

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Abstract : Malnutrition is a predictor of poor clinical outcome in the elderly. Up to 60% of hip fracture patients are clinically malnourished on admission. This study assessed the perioperative nutritional state of patients admitted with a proximal femoral fracture and examined if adequate nutritional support was achieved. Methods: Prospective, the observational audit of 30 patients, admitted with a proximal femoral fracture, over a one-month period. We recorded: patient demographics; surgical delay; nutritional state on admission; documentation of Malnutrition Universal Screening Tool (MUST) score; dietician input and daily calorie intake through food charts. The nutritional state was re-assessed weekly and at discharge. The outcome was measured by the length of hospital stay and thirty-day mortality. Results: Mean age 87, M:F 1:2 and all patients were ASA three or four. Five patients (17%) had a prolonged (>24 hours) fasting period. All patients had a MUST score completed on admission, 27% were underweight and 30% were high risk for malnutrition. Twenty-six patients (87%) were appropriately assessed for dietician referral. Thirteen patients had food charts; on average, hospital meals provided 1500kcal daily. No patient achieved > 75% of the provided calories with 69% of patients achieving 50% or less. Only three patients were started on nutritional supplements. Twenty-three patients (77%) lost weight, averaging 6% weight loss during admission. Mean length of stay (LOS) was 23 days and 30-day mortality 9%. Four patients (13%) gained weight, their mean LOS was 17 days and 30-day mortality 0%. Discussion: Malnutrition in the elderly originates in the community. Following major trauma it's difficult to reverse nutritional deficits in hospitals. It's therefore concerning that no high-risk patient achieved their recommended calorie intake. Perioperative optimisation needs to include early nutritional intervention, early anaesthetic review and adjusted anaesthetic techniques to support feeding.

Keywords : trauma, nutrition, neck of femur fracture

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