Nationwide survey on pediatric malnutrition management in Canadian tertiary hospitals: what happens after discharge?

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Objectives and study Disease-associated malnutrition (DAM) in children is multifactorial and usually requires an intervention post hospital stay. Current literature has focused mainly on what happens during hospitalization. The aim of this report is to outline current discharge practices and follow-up protocols for the management of DAM in Canada. Methods An electronic survey (English and French) was sent to the lead dietitians of all tertiary paediatric hospitals in Canada, and disseminated to nurses (RN) and medical doctors (MD) of each hospital division except emergency and critical care. The survey addressed all pillars of malnutrition care; screening, assessment, treatment, monitoring and follow-up of hospitalized children. Results A total of 120 responses (69 MD, 32 RD, 19 RN) were collected from 15 different hospitals. Overall, 68.3% of participants responded to ≥75% of questions, with a significantly higher response rate per question in MD’s compared to RD’s and RN’s (p=0.002). An overarching protocol for DAM was known to be present or in development according to 11.5% of respondents. Nutritional status information was provided in the discharge letter routinely according to 30.8% MD’s and 17.6% RD’s, whereas 59.6% and 70.6% respectively, believed this was done only in case of a poor nutritional status (distribution of all responses: MD vs RD: p=0.010). For children with poor nutritional status, nutritional care was sometimes/never transferred to another professional for follow-up
according to 48.5% (no difference across professions; p=0.852). Most important barriers for transfer of nutrition care were lack of referral staff and low medical staff awareness on the role of nutrition on patient care (both: MD: 35/43, RD: 14/18). The most frequent choice for referral was to an outpatient RD (29.2%), paediatrician or clinic (both 20.0%).

Conclusion The presence of a standardized protocol for the clinical assessment and management of DAM is uncommon in paediatric tertiary care hospitals in Canada. There is a lack of standardized discharge communication and half of respondents claimed that children with DAM infrequently get nutritional follow-up after discharge. These survey results will be used to raise awareness about DAM in Canadian paediatric hospitals and help create a National nutrition care pathway.