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THE IMPORTANCE OF OFFERING ENTERAL NUTRITIONAL THERAPY AT HOME

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Abstract: This work reports the difficulty that families encounter when a patient is dehospitalized and needs to continue the use of enteral feeding through tubes or orally at home. Currently, there is no specific legislation or protocol that supports the obligation of federal, state or municipal governments to provide enteral supplies to dehospitalized patients. The Nutrition and Dietetics Division (DIVINUD) of the José Martiniano de Alencar Hospital and Maternity Hospital (HMJMA), belonging to the SESA/Ce network, articulated a way to initially care for these patients upon discharge from hospital by providing kits with enteral supplies to help these families and patients returning home.
Keywords: Enteral nutrition, eating habit, NCD.

INTRODUCTION

The NT (Nutritional Therapy) is the set of therapeutic procedures for maintaining or recovering the individual's nutritional status through Enteral and Parenteral Nutrition (NATIONAL HEALTH SURVEILLANCE AGENCY, 2000; BRAZIL, 2012a). It is known that hospitalized individuals, for the most part, are in an acute condition that often influences their nutritional status and demands the use of higher density technologies in daily nutritional support, such as inputs, equipment and specialized staff.

Nutritional Therapy care, carried out in the hospital environment, has presented itself as a growing demand in health care at home, which has generated the need to develop strategies for its organization and qualification, especially for more economically vulnerable families. In the hospital environment, the application of TNE is regulated by the National Health Surveillance Agency (ANVISA), which requires the work of the Multidisciplinary Nutritional Therapy Team (EMTN), made up of qualified professionals (doctor, nutritionist, pharmacist and nurse). However, in some cases this therapy is necessary to continue at home for chronic patients who will use a tube as a food resource or even need more specific nutritional support orally. When using home ENT, the family must pay for the acquisition, preparation and administration of enteral nutrition, however families in vulnerable situations are unable to bear the costs of inputs and sometimes do not have an adequate physical structure to handle the artisanal diet.

Faced with financial difficulties, needy families appeal for judicial demand for enteral supplies, overloading the responsible judicial body, which consequently delays the issuance of the legal sentence, harming the recovery or maintenance of the patient's nutritional status. Thinking about this situation of mismatch between the nutritional need and the financially vulnerable situation of the patient dependent on enteral tube or oral nutrition, DIVINUD implemented the Enteral Dehospitalization Kit to meet this need for a brief period.

METHODOLOGY

The Military Police Hospital, currently José Martiniano de Alencar Hospital and Maternity Hospital (HJMA), integrated into the Unified Health System (SUS) in basic management and specialized action, focuses on obstetrics and neonatology, medical clinic and surgical clinic. Currently, the institution has been undergoing several changes to its management model, helping patients with COVID-19 of medium and high complexity, with the objective of greater resourcefulness within the hospital network, thus bringing a considerable advance in the quality of care. From March 2021, the hospital joined the front line in the fight against Covid, with Covid patients predominating, followed by obstetrics, surgery and neonatology. Along with this change, an ICU with capacity for 12

beds was installed. It also has an outpatient clinic that serves the specialties of gynecology and obstetrics, pediatrics, general surgery, physiotherapy and nutrition.

When the patient's hospital discharge with nasoenteral tube (NET) or gastrostomy tube (GTT) is signaled, technical reports are released from the health team: nutritional, clinical, speech therapy and the social worker provides guidance on the request process with the Health Department. During this period, the nutrition team mobilizes to assemble the enteral discharge kit sufficient for 10 days, through donations from suppliers, extra balance from its own stock. For the patient to receive the kit, they must meet the inclusion criteria, which are: being hospitalized using NET or GTT or using oral nutrition but with compromised intake and increased caloric needs, with compromised clinical condition, with a diagnosis signed and treatment established/ programmed by the multidisciplinary team with the aim of hospital discharge; be within the socioeconomic criteria of vulnerability.; signing of an agreement by family members to receive enteral supplies to enable hospital discharge; have a person responsible to receive guidance on handling and administration of enteral feeding.

RESULTS AND DISCUSSIONS

During implementation, we encountered some difficulties in acquiring the Discharge Kit, due to the lack of some inputs due to the high consumption imposed by the pandemic. Meetings with family members were necessary to explain the flow and the need to speed up the request to the health department to avoid shortages of the product and consequent harm to the patient's nutritional progress. The health team was engaged in the project by providing accurate information such as discharge date, identification of the most vulnerable families, training in diet management and scheduling the return to the outpatient clinic for patients who are unable to move. We had a good reception from family members, who committed to following the guidelines and updating patient data when necessary to issue new technical reports.

CONCLUSION

The work developed contributed to the recovery and/or maintenance of nutritional status, with the strategy of minimizing the losses caused by not providing adequate nutrients after hospital discharge. Palliative care was provided in the nutritional field, and the family was made aware of the importance of nutritional treatment.

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