

Various diseases and their Nutritional support

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Nutrition support, defined because the provision of enteral or parenteral nutrition has made great strides over the past three decades. Enteral nutrition includes oral ingestion of foods or supplements also because the non-volitional administration of nutrients by tube into the alimentary canal. Parenteral nutrition is that the intravenous administration of nutrients into the bloodstream, by either peripheral or central venous access routes. Nutrition administered by the peripheral route is termed peripheral parenteral nutrition, and by the central route total parenteral nutrition (TPN). Improvements in enteral and parenteral techniques, equipment, nutrient formulations, and gastrointestinal and venous access devices have enabled the supply of nutrients to several patients who might otherwise have received inadequate or inappropriate nutrition. Reflecting shifting health care demographics in America, Medicare beneficiaries comprise a considerable proportion of all adult patients who receive parenteral or enteral nutrition in hospitals.

The indications for providing nutrients by the enteral or parenteral route haven't been well defined, and therefore the efficacy of nutrition support is unproven in many circumstances. Nutrition support is most often used as short-term therapy for hospitalized patients with protein-energy under nutrition. The results of protein-energy under nutrition include depletion of body cell mass and decline of important tissue and organ functions (see chapter 4). Compromise in host defence and wound-healing functions may result in suboptimal response to medical and surgical therapies. Complications may include hospital-acquired infections and wound breakdown. Adverse outcomes which will result include increased morbidity and mortality with associated increased length of hospital stay and increased use of health care resources.

Short-Bowel Syndrome

Extensive resection of the tiny intestine may result in inadequate intestinal length and/or function to take care of normal fluid, electrolyte, and nutritional homeostasis. Short-bowel syndrome is characterized by severe malabsorption and resulting dehydration, electrolyte losses, metabolic abnormalities, and under nutrition.

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Since clinical experience has demonstrated the clear efficacy of nutrition support during this setting, prospective randomized trials that include non-intervention arms haven't been and are unlikely to be conducted.

Enterocutaneous Fistulas

Retrospective analysis of clinical experience with patients having small-bowel fistulas found that those patients who received nutrition support had lower mortality rates, higher rates of spontaneous fistula closure, and superior surgical closure outcomes. Prospective randomized trials haven't been conducted that rigorously evaluate the role of nutrition support within the treatment of enterocutaneous fistulas, and older patients haven't been specifically investigated. Such studies are unlikely to be undertaken because it appears likely that medical therapy that has TPN in conjunction with bowel rest and pharmacologic intervention (i.e., octreotide and histamine receptor antagonists) favours spontaneous fistula closure and improved clinical outcomes.

Inflammatory Bowel Disease

Protein-energy under nutrition and specific nutrient deficiencies are common among patients with inflammatory bowel disease. Even patients with long-standing regional enteritis arrested demonstrate a spread of nutritional deficiencies. Sequelae of inflammatory bowel disease and related treatment interventions may result in decreased nutrient intake, malabsorption, enteropathy, and drug-nutrient interactions. Although nutrition therapy is usually a part of the general management plan, its role in primary therapy remains controversial.

Although nutrition therapy is usually a part of the general management plan, its role in primary therapy remains controversial. However, in those patients that suffer inadequate intestinal length or function as a result of surgery or complications related to inflammatory bowel disease (short-bowel syndrome or enterocutaneous fistula), nutrition support clearly are going to be efficacious.

Delivery of Nutrition Support Recommendations

A multidisciplinary team approach to the supply of nutrition support is suggested for Medicare beneficiaries within the

hospital setting. a spread of team models may fulfill this need and therefore the approach chosen by a private acute care hospital could also be best determined by institutional resources and policy.

The dietitian should be a key member of the multidisciplinary team. Optimally it might also include a physician, pharmacist, and nurse, regardless of the model chosen.

Medicare reimbursement to hospitals for nutrition support-related activities should be continued and periodically re-evaluated for adequacy.