

Over- and undernutrition: challenges and approaches. 29 June–2 July 2009

A national multi-centre audit to assess resource allocation and nutritional practice in the spinal injury units

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National^(1,2) and international⁽³⁾ reports have highlighted the importance of nutritional screening, a multidisciplinary responsibility, as an important step in fighting malnutrition. An earlier study in a UK spinal injury unit has identified 47% of patients as being at risk of malnutrition while in hospital⁽⁴⁾. There is still uncertainty about the resource distribution between different spinal units and this factor may have implications to the quality of patient care. The present audit aimed to establish and compare the resources allocated against existing standards⁽⁵⁾ and to document current screening practice. This audit was part of a national research project, which had Multicentre Research Ethics Committee approval. A questionnaire was sent to all twelve spinal units in the UK and Republic of Ireland during August 2008 to request information on the number of whole-time equivalent (WTE) staff (medical consultants, other doctors, nurse, dietitians, other allied health professionals and psychologists) available, the presence of a nutrition team and use of nutrition screening tool in their unit.

Eleven (92%) spinal units responded to the survey. There were 482 allocated beds; the staffing levels are shown in the Table.

Table 1. Staff resources in spinal injuries units

Staff member	WTE	Patients per WTE		National standard ⁽⁵⁾
		Mean	SD	
Consultants	32.3	14.9	4.3	15–20
Other doctors	47.5	10.1	3.64	
Nurses	449	0.98	0.5	2–3
Dietitians	4.77	108	102	No set
Physiotherapists	83.3	5.78	2.2	5–7
Occupational therapists	56.5	9.1	3.9	6–8
Psychologists	6.5	33	12.7	15–20

Only eight used a nutrition screening tool, three had no dedicated staff member for nutritional care and nine units reported that they did not have a clinical nutrition team (nine of eleven units). The resources allocated to nutritional care in spinal units appear to be limited and this factor is reflected in only a relatively small proportion of patients being nutritionally screened on admission to spinal units⁽⁴⁾. This finding strongly suggests that malnutrition will continue to be under-recognised and under-treated.

There is a clear need for a spinal cord injury specific nutrition screening tool to help address the nutritional needs of this group. Further training on the importance and value of nutrition screening are proposed to encourage ward staff to use nutrition screening tools and to take more responsibility for their patient's nutrition. Each spinal unit should ensure regular access to nutritional advice and establishment of local nutrition support teams should be a priority.

1. NICE (2006) *Nutrition Support in Adults: Oral Nutrition Support, Enteral Tube Feeding and Parenteral Nutrition*. London: NICE.
2. Royal College of Physicians (2008) *Chronic Spinal Cord Injury: Management of Patients in Acute Hospital Settings: National Guidelines*. London: Royal College of Physicians.
3. Council of Europe Committee of Ministers (2003) Resolution ResAP(2003)3 on food and nutritional care in hospitals. <https://wcd.coe.int/ViewDoc.jsp?id=85747>
4. Wong SS, Derry F, Sherrington K *et al.* (2009) *Proc Nutr Soc* 68, OCE1, E53.
5. Joint Standard Development Groups of the South England Review Group (2003) Standards for patients requiring spinal cord injury care. <http://www.mascip.co.uk/pdfs/standardssci.PDF>