

NNG News

National Nurses Nutrition Group Newsletter

Issue 3 : May 2005

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Plus:

Nutrition Nurse Education & Training

It needn't be a headache!

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EDUCATION AND TRAINING: SEE PAGE 4

Nutrition Nurse Education & Training

It needn't be a headache!

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Editor's Welcome

So here's another helping of the NNNG newsletter for you to feast upon! This time around, it is compiled from the depths of maternity leave, a commitment I decided to keep in order to ensure the grey matter is stimulated until my return to the real world in September!

This issue features an educational section, promoting post registration nutrition courses. The old joke springs to mind...nutrition courses?...a bit like buses...none for ages, then two arrive at once! Please take the time to read about them as they sound fantastic and due to their geographical locations, quite nicely represent the North and South of the country.

This issue's Meet the Member is our very own Andrea Cartwright, veteran NNNG member and current committee member covering a multitude of roles. Check it out and find out more about Andrea. Next time it could be you!

Most importantly however, is the NNNG two day symposium that is to be held in June – great value for money at £150 for the two days. There's a great programme once again and we're going back to the Coors Brewery in Burton-on-Trent, where we had a fantastic time last year. This year, we've planned a wild west evening so all you Calamity Jane's and Doc Holliday's had better dust off your Stetsons and polish those spurs...this time there's a DJ!!! See page five for further information.

Sadly, I'm still not inundated with contributions from the membership for publication. This issue's feature article by Mia Small, is much shorter in length than those we normally publish. This was done so intentionally to encourage some of you, that may be a bit daunted at the thought of writing, to put pen to paper. Please give it a go, share with the Membership what you are up to, what you are using, your own experiences.

As ever, I welcome your feedback on this issue. *Enjoy it.*

Best wishes

Angie

News from the Chairman



CHAIRMAN

LYNNE COLAGIOVANNI

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So what's been happening since the last newsletter went to press in November of last year? Well we still haven't got anyone to take on the job of membership secretary. At the moment Andrea Cartwright is soldiering on trying to do that job as well as her own – thanks Andrea! So please, if anyone out there is interested then give Andrea a ring and have a chat about it. We have now got a Treasurer, Lucy Akam from Leicester, but unfortunately due to personal problems she hasn't been able to take up her post as yet. In the meantime, guess who's stepped in to the breach – yes, yours truly. So come back soon Lucy and I apologise in advance for the state of the accounts, I never was very good at sums! You should all have seen the Safety Notice form the NPSA concerning checking the position of n/g tubes. This is the result of a lot of hard work by many people, including NNNG members: Gill Lazonby and Jamil

Khair. Unfortunately, we haven't yet been able to get any guidance for those working with neonates, but hopefully some time soon...? Keep at it Jamil!

We've all been busy planning the NNNG Conference, which is on June 16/17th in Burton-on-Trent. Details are in this newsletter and you should all have received them by post or email. It's going to be a great couple of days so please do your best to join us.

Another project that's improving slowly but surely, is our website, which is reached via a link from the BAPEN one. It's now much more colourful and more 'ours' than it's been in the past. Thanks to Kate Pickering for all the work on this one.

Finally, I just wanted to say many congratulations to Angie Davidson on the birth of her son Oskar. Angie with a baby – who'd have thought it!

Another project that's improving slowly but surely, is our website, which is reached via a link from the BAPEN one.

Nasal Bridle

Nasal Tube Retaining System



Recent studies in the UK¹ and the US have shown that nasogastric tube (NGT) feeding is the preferred method for critically ill surgical patients.¹

To prevent the accidental removal and/or movement of NGT's, a nasal bridle device with an unique magnetic retrieval system has been developed by AMT Inc.

The bridle consists of a flexible silicone catheter which has a low profile tape attached, a retrieving probe, and securing clamps.

This new technique allows the tape to be looped around the nasal septum and vomer. The tape is then clamped with the NGT providing simple, safe and secure fixation.

Using the Bridle can avoid interruptions of enteral nutrition feeding and save clinical time and costs.²

Using the Bridle can avoid interruptions of enteral nutrition feeding and save clinical time and costs.²

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- Anderson M. Clin Nutrition 2004, Vol.23, Issue 4
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Nutrition Nurse Education & Training

It needn't be a headache!

Recognising and Treating Malnutrition

pace has launched a new education unit entitled **An Introduction to Nutritional Screening – Using the ‘Malnutrition Universal Screening Tool’ (‘MUST’)**.

Malnutrition, particularly undernutrition, affects the most vulnerable groups of our population yet is often unrecognised. Nutritional screening is an effective way of identifying malnutrition but this is not necessarily routinely performed by doctors, nurses or other healthcare professionals. MAG, a standing committee of the British Association for Parenteral and Enteral Nutrition (BAPEN), launched the ‘Malnutrition Universal Screening Tool’ (‘MUST’) in November 2003. ‘MUST’ was piloted by over 200 healthcare workers before use and was found to be easy and quick to use. ‘MUST’ is the first universal nutritional screening tool for all types of adult patients in all health and care settings.

pace has designed this work-based learning unit for nurses and healthcare professionals who wish to have an understanding of nutritional screening and knowledge in the use of ‘MUST’. The unit has been developed by dietitians, nurses and educationalists. It describes the stages involved in nutritional screening using ‘MUST’ and the implementation of appropriate management guidelines using a care plan.

An Introduction to Nutritional Screening – Using the ‘Malnutrition Universal Screening Tool’ (‘MUST’) is a short paper-based distance learning unit which can be used as a resource by the learner upon completion. It is available for £45 and certification upon successful completion is obtained from Queen Margaret University College, Edinburgh.

For further information please contact:

Yvonne Coull, **pace** Manager

Tel: **0131 317 3446**

Email: ycoull@qmuc.ac.uk

Partners in Active Continuous Education

Queen Margaret University College,

Corstorphine Campus,

Clerwood Terrace,

Edinburgh EH12 8TS

The Burdett Institute of Gastrointestinal Nursing

In partnership with the Florence Nightingale School of Nursing & Midwifery, Kings College London, St Mark’s Hospital

The Burdett Institute of Gastrointestinal Nursing

The Institute aims to develop and enhance nursing practice in the care of patients with gastrointestinal disorders, and hence improve their clinical condition and quality of life, by a systematic and comprehensive programme of research and teaching.

Programme Outline

This new MSc/Postgraduate Diploma is designed for experienced healthcare professionals specialising in gastrointestinal disorders who are seeking to extend and expand their clinical practice and develop their professional role.

This clinically focused programme aims to provide sound theoretical underpinnings and extend the depth of clinical knowledge on which to base advanced practice in gastrointestinal nursing. By building on skills, experience and knowledge, the programme will offer opportunities to lead the development and delivery of innovative and evidence based gastrointestinal nursing practice.

The MSc programme can be offered on a two-year (part-time) basis, and is also possible through alternative patterns of study. The one-year postgraduate diploma is available for students who wish to undertake only the taught components. Attendance will be either one-day per week or in study block format.

The programme will start each September. Students will undertake core modules focusing on foundations of gastrointestinal nursing practice, evidence-based practice and healthcare research. In addition students will then select two clinical course options totalling 30 credits. Students progressing to the MSc will undertake a research or service development project relevant to their own area of practice.

Programme Leader: Professor Christine Norton
Telephone + 44 (0)20 8235 4167 Email: christine.s.norton@kcl.ac.uk

For enquiries and prospectus please contact:

Mrs. Janet Paul – Administrator

The Burdett Institute of Gastrointestinal Nursing, Level 5 St Mark’s Hospital,

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Tel: +44 (0)20 8869 5429 Fax: +44 (0)20 8869 5430

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Website: www.burdettinstitute.org.uk

University of Central England Nutritional Approaches in Health Care Practice

This module is aimed at registered practitioners who wish to enhance their knowledge & skills in regard to nutritional assessment & maintenance of nutritional support across a variety of settings. It will address relevant holistic factors affecting nutritional care. The module will also evaluate the role of the specialist practitioner in specific areas of practice e.g. dysphagia management, enteral tube feeding & parenteral feeding.

This module carries 12 credits at level 6 and is part of the Gastroenterology Pathway, BSc (Hons) Clinical Nursing Studies. It comprises of 5 days theory at UCE and 5 practice led days. It can be undertaken as a “stand-alone module” or along with other modules chosen from the pathway. This is a flexible approach to post registration education and offers different awards depending on student need and clinical/educational background.

For further information please contact:

Helen Holder, Gastroenterology Pathway Leader, University of Central England,

Tel: **0121 331 7142**, Email: helen.holder@uce.ac.uk

NNNG ANNUAL CONFERENCE 2005

16th/17th June 2005
Coors Visitor Centre,
Burton-on-Trent, Staffs.

good nutrition needs nurses

Details

- 2 day package to include registration, morning and afternoon refreshments, lunch and evening meal on 16th June 2005.
Members £150
Non Members £175
- Day delegate rate to include registration, morning and afternoon refreshments, lunch
Members £90
Non Members £120

Cheques Payable to NNNG

A night to remember...

Try to stay and join us for the evening of 16th June. This will be a friendly, informal occasion held at the Coors Visitor Centre. And a great opportunity to meet others interested in nutrition and share ideas etc.

Get out your cowboy and Calamity Jane outfits!!!

Accommodation

A list of hotels in the area will be sent with your booking confirmation. Accommodation in the area is limited, so booking early is recommended.

Day 1: 16th June 2005

- 09.00 Coffee and registration**
- 09.30 Welcome
- Dementia Symposium**
- 09.45 Dementia – aetiology & disease progression
TBC
- 10.15 Eating & drinking in dementia
Janice Barrett, Dietetic Lead, Kingsway Hospital, Derby
- 11.00 Coffee**
- 11.30 To PEG or not to PEG – is that the question?
TBC
- 12.15 The carers perspective
Member Alzheimer's Society
- 12.45 Lunch**
- 13.45 Tight glycaemic control in PN
Pete Turner, Senior Dietitian, Royal Liverpool Hospital
- 14.15 Re-feeding syndrome
Jeremy Woodward, Consultant Gastroenterologist, Addenbrookes Hospital
- 14.45 Tea**
- 15.15 Confirming position of n/g tubes – an update
Lynne Colagiovanni, Consultant Nurse, University Hospital, Birmingham
- 15.40 Which pH paper?
Mia Small, Nutrition Nurse Specialist, Guys & St Thomas' NHS Trust

Day 2: 17th June 2005

- 09.30 Coffee and registration**
- 10.00 The Atkins Debate
Jill Johnson & Susan Price, Chief Dietitians, University Hospital, Birmingham
- 11.15 Coffee**
- 11.45 Sharing practice – an open forum session to ask advice and share experience
- 12.15 Metabolic complications of intestinal failure
Jeremy Nightingale, Consultant Gastroenterologist, University Hospital, Leicester
- 12.45 Lunch**
- 13.45 Lipids in PN
Tim Sizer, Pharmacist, University of Leeds
- 14.15 Pre operative carbohydrate loading
Kerry Yuill, Dietetic Dept, Edinburgh Royal Infirmary
- 14.45 Tea**
- 15.15 Nasal loops – one centres experiences
Lynne Colagiovanni
- 15.40 Percutaneous endoscopic colostomy – it's use in pseudo obstruction
Andrea Cartwright, Nutrition Nurse Specialist, Basildon & Thurrock Trust

This programme is subject to change

Registration form:

Name: _____

Address: _____

Phone no.: _____

Email: _____

Area of work: _____

2 day package (please tick the boxes)

- Member £150 Non Member £175

I will be attending the wild west evening on the 16th June 2005 (included in the 2 day package)

- Yes No

Day Delegate (please tick the boxes)

16th June 2005

- Member £90 Non Member £120

17th June 2005

- Member £90 Non Member £120

I would like to attend the wild west evening on the 16th June 2005 (Cost £25)

- Yes No

Amount enclosed

Special dietary requirements: _____

Signed: _____ Date: _____

Please return this form to:

Andrea Cartwright
NNNG Secretary
William Harvey Ward
Basildon University Hospital
Basildon
Essex SS15 5NL
Andrea can also be contacted for information on
tel: 01269 593112
or email: andrea.cartwright@btuh.nhs.uk

The Use of Blue Food Dye in Enteral Feeds

Mia Small (MSc, BSc) is the Nutrition Nurse Specialist for Guy's and St Thomas' NHS Trust

The addition of blue food dye to enteral feeds in order to detect early evidence of pulmonary aspiration has been common practice in a number of clinical settings, in particular, when patients are nursed prone, or being mechanically ventilated (Seidner 2002). The rationale behind this centres around the assumption that as blue is not a colour found in secretions, the presence of blue-coloured tracheobronchial secretions would therefore be indicative of enteral feed aspiration (Maloney & Ryan 2002). However, the validity and reliability of this method has not been established, and moreover, there are safety concerns surrounding the potential toxicity of the dye (Maloney et al 2002).

There have been at least 20 case reports of blue dye absorption with resultant mitochondrial toxicity, and 6 possible related deaths from refractory hypotension and metabolic acidosis (Van Way 2004).

Blue food dye (brilliant blue FCF or FD&C No 1) is a coal tar derivative. In the United Kingdom it is commercially available as brilliant blue FCF - which contains E-133, E-122 (Carmoisine), E211 (sodium benzoate) and citric acid. Although it has been approved for use in food, this is the result of experiments performed on healthy animals, and artificial food dyes are known mitochondrial toxins (Maloney et al 2002).

There have been at least 20 case reports of blue dye absorption with resultant mitochondrial toxicity, and 6 possible related deaths from refractory hypotension and metabolic acidosis (Van Way 2004). Time of onset from use of blue dye to toxicity ranged from several hours to 20 days continuous use, and the amount of dye added to these feeds varied from 5 drops to 100ml (Maloney & Ryan 2002).

Furthermore, the addition of the dye - which is non-sterile - has been linked to bacterial contamination of the feed, with subsequent development of nosocomial pneumonia (File et al 1995). It could also potentially affect the stability of the regimen. Finally, the compatibility of the dye with enteral nutrition delivery systems - feed containers, administration sets, and the feeding tube - has not been assessed.

The United States Food and Drug Administration (FDA) have issued a health advisory alerting practitioners of the potential adverse events - including death - associated with the use of blue food dye in enteral feeds, although its use has not been prohibited (FDA 2003). However, as there does not appear to be any convincing evidence to support the addition of blue food dye to enteral feeds in order to detect pulmonary aspiration, it seems reasonable to recommend that this practice be discontinued. Other blue food dyes, for example methylene blue and FD&C blue No 2 may also be potentially toxic and are not considered suitable replacements.

References

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IMPLEMENTATION OF A NUTRITION SUPPORT PROTOCOL INCREASES THE PROPORTION OF MECHANICALLY VENTILATED PATIENTS REACHING ENTERAL NUTRITION TARGETS IN THE ADULT INTENSIVE CARE UNIT

Mackenzie SL, Zygun DA, Whitmore BL, Doig CJ, Hameed SM

Journal of Parenteral and Enteral Nutrition (2005) 29 (2): 74-80

Abstract

Background: Despite the evidence that enteral feeding reduces morbidity in critically ill patients and is preferred to parenteral nutrition, the delivery of enteral nutrition (EN) is often inadequate. The purpose of this study was to determine whether implementation of an evidence-based nutrition support (NS) protocol could improve EN delivery.

Methods: An NS protocol incorporating available scientific evidence; data from a retrospective survey of 30 intensive care unit (ICU) patients; and input from dietitians, intensive care physicians, surgeons, nurses, and pharmacists was developed. The impact of this protocol was evaluated prospectively in 123 consecutive adult patients admitted to a multisystem ICU who were eligible for EN.

Results: The percentage of patients who received at least 80% of their estimated energy requirements during their ICU stay increased from 20% before implementation of the NS protocol to 60% after implementation ($p < .001$). After adjusting for confounders, those in the post-implementation group received significantly more kcal/kg/d than the pre-implementation group (3.71 kcal/kg/d; 95% confidence interval, 1.64 to 5.78; $p = .001$). Parenteral nutrition kcal/kg/d use was reduced in the post-implementation group (1.6 vs 13%, $p = .02$). There was no difference in time to initiation of enteral nutrition between groups (1.76 days pre-protocol vs

1.44 days post-protocol implementation, $p = .9$).
Conclusions: The development and use of an evidence-based NS protocol improved the proportion of enterally fed ICU patients meeting their calculated nutrition requirements.

PERCUTANEOUS RADIOLOGIC GASTROSTOMY VERSUS NASOGASTRIC TUBE IN CRITICALLY ILL PATIENTS

Roy PM, Person B, Souday V, Kerkeni N, Dib N, Asfar P
Clinical Nutrition (2005) 24 (2): 321-325

Abstract

Aims: To examine the feasibility of percutaneous radiologic gastrostomy in critically ill patients and to assess the rates of complications, esophagitis and gastroesophageal reflux when compared with nasogastric tube.

Method: Sixty patients admitted to a medical intensive care unit and who were supposed to require gastric tubing for at least 14 days were randomized to have a nasogastric tube or a percutaneous radiologic gastrostomy. Patients with gastrostomy contraindication or gastric tubing for more than 2 days were excluded.

Results: No major complication requiring invasive treatment was observed. The nasogastric tube was more prone to failure as defined by the impossibility to place or to replace the allocated tube ($P=0.04$) and to tube dysfunction ($P<0.001$), whereas gastrostomy was associated with increased incidence of minor local complications ($P<0.001$). Ten days after allocation, the rates of esophagitis (15%) and gastroesophageal reflux (24%) were not significantly different between the two groups.

Conclusion: In selected critically ill patients, percutaneous radiologic gastrostomy carried a low risk of severe complication but we found no benefit

in terms of esophagitis and gastroesophageal reflux between early performed gastrostomy and the nasogastric tube.

HOME ENTERAL NUTRITION IN CHILDREN: AN 11-YEAR EXPERIENCE WITH 416 PATIENTS

Daveluy W, Guimber D, Mention K, Lescut D, Michaud L, Turck D, Gottrand F

Clinical Nutrition (2005) 24 (1): 48-54

Abstract

Background & aims: We report our experience of paediatric home enteral nutrition, as there is little detailed evidence published.

Methods: All patients younger than 18 years commencing treatment between January 1990 and December 2000 were included in this retrospective study.

Results: The study covered 416 children and adolescents, corresponding to a total of 243,844 days of home enteral nutrition (HEN). The mean (\pm SD) age of patients commencing treatment was 5.4 ± 5.3 years (range 0.1–17.8). Indications were digestive disorders in 35% of patients, neurological and muscular disorders in 35%, malignancy in 11%, failure to thrive in 8%, and miscellaneous ailments in 9%. Enteral feeding comprised commercially available paediatric industrial diets in 36%, adult-type diet in 35% and infant formulas in 29%. Children received enteral feeding by nasogastric tube (53%), or gastrostomy (41%). A mechanical pump was used in 98% of the patients. The mean duration of treatment was 595 ± 719 days.

Conclusions: HEN can be used while treating a large group of chronic diseases of children. It can be started very early in life and is often prolonged over several years.

WEBSITEREVIEW

www.nurse-prescriber.co.uk

It feels like everyone's is doing it...and if you're not, you may feel enormous pressure that you really should be doing it. Many are cautious and rightly so, because what we're talking about and potentially entering in to is...
NURSE PRESCRIBING!



This site is a free online educational service and information resource devoted to all nurse prescribers and healthcare professionals in related fields. The site is recommended by the Royal College of Nursing, is endorsed by the Association for Nurse Prescribing and is published and managed by Cambridge University Press. It's very simple to use, clear and really self-explanatory.

The site, which is regularly updated, consists of a basic front page, which clearly shows the contents of the site. The various sections can be easily accessed by the click of a button, with no need for additional software to view items. Information within the site includes news and letters from the editor, an up to date journal scan of recently published material relating to nurse prescribing, a 'Focus On' section, which is a new section that claims to focus on interesting, controversial or contentious issues. The site also includes educational information for independent and supplementary prescribers, a CMP toolkit, concise case studies that promote reflective practice, multiple choice questions to self-test and updates from current and ongoing research projects and notices of interest. There is a forum in which to share views and discuss topics of interest and there are also useful links to other websites for nurse prescribers.

This site will undoubtedly be of interest to prescribers and non-prescribers alike. There is a wealth of up-to-date information that is accessible to support the individual, plus archived material from previous issues. Check it out.



ANDREA CARTWRIGHT

Nutrition Nurse Specialist, Basildon Hospital

How did you come to be a Nutrition Nurse Specialist?

I have worked in Basildon University Hospitals NHS Foundation Trust for 6 years. Prior to that I was at Old Church Hospital in Romford as a Nutrition Sister, where I received an excellent grounding in nutrition support. Presently, I look after in-hospital and community enteral and parenteral nutrition patients.

Why nutrition?

My interest commenced when my stepfather died of malnutrition in hospital in 1993, following a partial gastrectomy for a bleeding GU.

Have you ever regretted it?

Most of the time no, I really enjoy my job, however, my inability to say no to any committee workload has become a burden.

So, what is it that you are doing for the NNNG?

Currently I am Group Secretary and in the absence of a membership secretary I'm doing that as well. I also represent the NNNG on: NICE Nutrition Guidelines, BAPEN Council and BAPEN communications, so as you can see a lot of my time is taken up. If anyone is interested in the role of membership secretary they are very welcome to contact me!

What specialist qualifications do you have?

Well, I have the RGN, BSc Honors in nutrition support and a specialist practitioner qualification in adult care. I'm currently undertaking the nurse prescribing course. I've also got the other bits like the 998, TV N49 and N04 gastroenterology and nutrition course.

Tell me about your work with NICE?

I think I underestimated the amount of work 18 months ago, when I agreed to do this. As time has passed, and I read more, the more confused I become with what constitutes top grade evidence in nutritional support! I'm presently working with the National Collaborating Centre for Acute Care (NCC-AC) undertaking a systematic review, which has been accepted by Cochrane.

Are you feeling positive about the NNNG?

I think the NNNG has moved on in the last 3-4 years. The committee works very hard trying to make up imaginative and innovative ways to disseminate information to the group. Yes, I do feel positive about the NNNG at the moment, but we do need to try to encourage nurses from the membership to become engaged in the work of the NNNG. We couldn't recruit a membership secretary this year so there will be trouble in 2 years when the committee stands down again.

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