

# THE ONA INTERVIEW



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## Integrating nursing care with the nutrition support team

**M**aintaining nutritional status in patients undergoing cancer treatment is one of the more challenging aspects of oncology nursing. The side effects of cancer and treatment such as fatigue, nausea and vomiting, and altered taste, to name a few, can make meeting daily nutritional requirements difficult for patients. Some patients may require parenteral or enteral nutrition support to ensure they receive adequate nutrients in the course of their cancer journey.

*Oncology Nurse Advisor (ONA)* talked to **Noreen Luszczyk, RD, MBA, CNSC**, nutrition program director for Walgreens Infusion Services, about how oncology nurses can work with the infusion services clinicians to ensure patients undergoing cancer treatment are receiving adequate nutrition. Every nutrition patient cared for by Walgreens Infusion Services receives their care from a home nutrition support team, which includes registered dietitians and specially trained infusion nurses and pharmacists. These teams work with a patient's physicians and nurses to provide nutrition therapy in the patient's home.

**ONA: Weight and eating habits are sensitive topics for many people. What would be an optimal approach for nurses to use when talking to patients about their weight or eating habits?**

**LUSZCZ:** This topic can be difficult for oncology patients as they may struggle with weight loss, food aversions, loss of appetite, and the inability to meet daily nutritional needs. Some

questions nurses can ask to tailor the discussion are: What is your day-to-day routine like? Do you eat regular meals? What have you had to eat and drink today? How about snacks? Are you able to eat throughout the day?

Nurses should consider weight and eating habits as part of their overall health assessment of the patient. Best practices for discussing nutritional needs include

- Emphasize the importance of nutrition
- Provide suggestions for improving nutrition intake
- Connect the patient with a registered dietitian for further advice

**ONA: How are deficits that indicate a need for nutrition therapy identified?**

**LUSZCZ:** Caloric deficits are identified by overall weight loss. Weight loss includes the breakdown of both fat and muscle tissue. The percent of weight loss over time can be categorized on a range from significant to severe and is a key indicator for the need for calories, protein, and vitamins/minerals via oral, enteral, and parenteral routes. Other physical signs that may be attributed to nutrient deficiencies can be observed during the nurse examination such as dry, scaly skin (vitamin A or essential fatty acid deficiency); spoon-shaped nails (iron deficiency); distorted taste (zinc deficiency), and vertical cracks in the lips (B-vitamin deficiency). Nurses can perform a nutrition screen to determine risk for nutritional deficiencies and follow up with a referral to a dietitian for a comprehensive nutrition assessment, if indicated. Oncology patients

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who cannot eat, will not eat, or cannot eat enough over an extended period of time, in conjunction with significant weight loss, may be candidates for nutritional support.

**ONA:** How does obesity impact nutritional assessment?

**LUSZCZ:** People with cancer, at any size, are at risk of malnourishment. A comprehensive assessment by a dietitian is best to determine nutritional needs. For example, the patient may not be consuming enough protein; therefore, even obese patients should undergo a comprehensive assessment by a dietitian.

**ONA:** How should a nurse prepare the patient with cancer for managing home nutrition therapy?

**LUSZCZ:** An oncology nurse can typically advise patients on what to expect during their home nutrition support therapy and answer questions the patient may have; but after that, the nurse can call in the home infusion experts to handle most of the details. Home infusion nurses who are part of the patient's home nutrition support team can conduct many activities that prepare and train the patient for home nutrition support.

**ONA:** What patient concerns and frequently asked questions should nurses be prepared to answer when discussing home nutrition support for patients with cancer?

**LUSZCZ:** The following are examples of frequently asked nutrition support questions.

- What type of side effects may I encounter with enteral or parenteral nutrition?
- How long will I need to be on nutrition support?
- Who can I call if I have questions, especially at odd hours?
- When should I call my physician?

If the patient's oncology nurse does not have the answers to these questions, the patient can be referred to the home nutrition support team members for help, advice, and education about their home nutrition support therapy process.

**ONA:** For how long would a patient continue home nutrition support therapy?

**LUSZCZ:** The duration of home nutrition support therapy can vary depending on the patient's overall condition, disease state, degree of malnutrition, comorbidities etc. A person may be on short-term nutrition support (up to 6 months) or long-term nutrition support (6 months to lifelong) if they are unable to maintain their nutritional needs by oral route alone.

**ONA:** What are the indicators that a patient no longer needs to continue home nutrition support therapy?

**LUSZCZ:** If a patient reaches a goal weight, has a healthy BMI, is able to tolerate oral intake, and laboratory test results are in order and energy restored, the patient is probably a good candidate to be weaned off nutrition support. During the weaning process, which can take 1 to 3 weeks, the patient will be monitored for weight changes, increases in oral intake, tolerance of oral intake, and the patient's overall condition is assessed.

**ONA:** How is the patient's return to eating solid food managed when home nutrition support therapy is no longer needed?

**LUSZCZ:** Patients may be eating limited amounts of oral food and drinking fluids while receiving nutrition support. During the transition off nutrition support, the patient gradually increases oral intake while decreasing the nutrition support formula. A registered dietitian should be involved to guide the process and assess the patient's progress.

The weaning process can take only a few days if treatment is not severe, if there are no side effects, and the patient is able to tolerate solid foods. However, a slower pace is better, so patients should be encouraged not to rush the weaning process. The patient should keep a daily food diary for the nurse and/or dietitian to review, and the nurse should pay careful attention to the patient's physical appearance.

To read the ONA Interview with Noreen Luszczyk in its entirety, go to [www.OncologyNurseAdvisor.com/ONAInterview-Luszczyk](http://www.OncologyNurseAdvisor.com/ONAInterview-Luszczyk). ■