

PROTOCOL FOR: Nutrition, Altered: Less than Body Requirements

SUPPORTIVE DATA: Many factors contribute to an altered nutritional status of a patient with cancer.

Chemotherapy and radiation are very toxic to the rapidly dividing cells lining the GI tract. Consequently, patients often develop nausea, vomiting, diarrhea, mucosal irritation, oral pain, mucositis, dysphagia and esophagitis. Less serious side effects, though still troubling for patients, are anorexia, taste and olfactory changes and xerostomai (dry mouth). Any of these toxicities has the potential to significantly decrease the patient's nutritional intake.

While neutropenic, it is not uncommon for the patient to be febrile due to infection, reactions to drugs and blood products or unknown causes. The increased metabolic requirements during febrile episodes quickly consume calories and can deplete the patient's nutritional status. Anorexia associated with infection and antibiotic therapy contribute to the patient's inability or disinterest in eating, thereby decreasing the nutritional intake.

**DESIRED PATIENT
OUTCOMES:**

1. The patient will identify foods that are tolerated and those that cause discomfort or aversion.
2. The patient will take in an adequate amount of calories and nutrients to maintain an appropriate nutritional status.
3. The patient will identify/demonstrate measures to prevent nutritional deficits (such as use of anti-emetic/sedatives, guided imagery, relaxation exercises to prevent/minimize nausea and vomiting).
4. The patient will experience absence of or minimal complications associated with a poor nutritional intake (weight loss, fluid and electrolyte imbalance, fatigue, weakness, infection).
5. The patient will start on total parenteral nutrition (TPN) when clinically indicated.

**GENERAL
NURSING CARE:**

Weigh patient QD as ordered.

1. Monitor calorie counts per Dietician consult.
2. Monitor fluid and electrolyte status.
3. Assess patient for toxicities associated with chemotherapy or radiotherapy (anorexia, nausea, vomiting, diarrhea, mucositis, esophagitis, dysphagia, fatigue, infection, pain, etc.).
4. Monitor patient on TPN as per JDH Total Parenteral Nutrition and Lipids Procedure.

DOCUMENTATION:

1. Document assessment findings and interventions on the unit flowsheets, MAR and Infusion Record.
2. Document patient response to care in the Progress Notes using focus format.

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APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 9/89

REVISION DATES: 2/91, 1/93, 9/96, 3/99, 10/00, 3/02