



Therapeutic Nutrition

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➤ ***Therapeutic nutrition*** is based on the modification of the nutrients or other aspects of a normal diet to meet a person's nutritional needs during an illness. This is accomplished by modifying one or more of the following aspects of the diet:

- **Basic nutrient(s)**
- **Caloric contribution**
- **Texture or consistency**
- **Seasonings**

The normal diet may be modified

- to provide change in consistency as in fluid and soft diets.
- to increase or decrease the energy values—reducing diets.
- to include greater or lesser amounts of one or more nutrients—high protein and low fibre diets.
- to increase or decrease bulk—high and low fibre diets.
- to provide foods bland in flavour.
- to include or exclude specific foods as in allergic conditions.
- to modify the intervals of feeding.

Special Enteral Feedings (Tube Feedings)

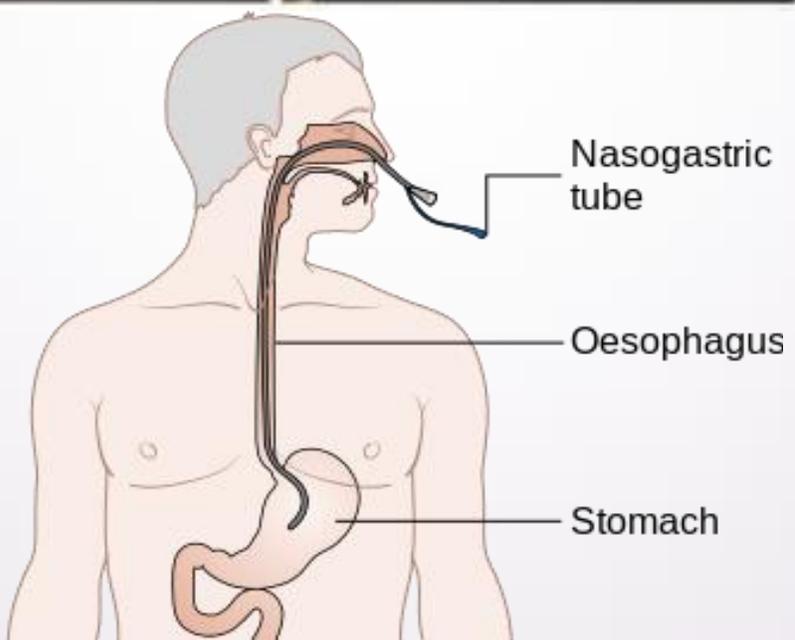
- **Enteral (tube) feedings are used only for patients who have enough functioning of the GI tract to digest and absorb their food. They are also used when the patient cannot eat enough regular food to promote healing, even though the GI tract is functional. Frequently, an oral supplement has been added to the diet before tube feedings are considered, but it has been insufficient**

Enteral feedings advantages

- **It is more economical to feed enterally than intravenously, considering equipment, time, and foods used.**
- **It is safer to feed enterally than intravenously. The risk of fluid and electrolyte imbalances and infection is less than for intravenous feedings.**

Disadvantages of enteral feedings

- **Nutritional inadequacy for certain patients (not enough protein and calories)**
- **Overnutrition for certain patients (excess calories and formula)**
- **Diarrhea or constipation**
- **Vomiting**
- **Problems of preparation and safety. Bacterial contamination can be a factor if preparation is not carefully controlled.**
- **Home-prepared tube feedings are not recommended.**



Parenteral Feedings via Peripheral Vein

- **Nutrient fluids entering a peripheral vein can be saline with 5%–10% dextrose, amino acids, electrolytes, vitamins, and medications. Intravenous fluids may be either isotonic, hypotonic, or hypertonic. Both hypotonic and hypertonic solutions create a shift in body fluids. Hypotonic solutions draw fluid from the blood vessels into the interstitial spaces and cells. Hypertonic solutions create the opposite effect; they draw fluids out of interstitial spaces into the blood.**

Parenteral Feeding via Central Vein (Total Parenteral Nutrition [TPN])

- **When a patient is severely depleted nutritionally or if the GI tract cannot be used, parenteral feeding via a catheter inserted into a central vein (usually the subclavian to the superior vena cava) can provide adequate nutrition. The solution for TPN is a sterile mixture of glucose, amino acids, and micronutrients**

Nursing Implications

- **Discard all unused, cloudy, or sedimented fluids.**
- **Do not add drugs and other mixtures to a solution containing protein.**
- **Refrigerate solutions until they are used.**
- **Be aware that dates should be on tube feedings, and that they should not be given past 24 hours of date.**
- **Be alert for signs of gas, regurgitation, cramping, and diarrhea, and be prepared to intervene.**

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- Take necessary precautions when using nutrient solutions because they are excellent sources for bacterial growth.
 - Be especially alert for signs of hypo- or hyperglycemia when TPN is used and intervene if necessary.
 - Assist the patient in adjusting to an alternate feeding method. Many patients experience stress due to fear and concern of unfamiliar feeding methods.
 - Encourage and practice good oral hygiene measures with the patient, even though he or she is not eating by mouth.
 - Encourage early ambulation, which makes use of the muscles and increases the use of calcium and protein. Physical activity also raises morale