

Type: Assignments

Subject: Acute Care Nurse Practitioner

Subject area: Nursing

Education Level: Masters Program

Length: 4 pages

Referencing style: Harvard - standard

Preferred English: AU English

Spacing Option: Double

Title: Gastro Nutrition

Instructions: Hi There, This assignment I have done it but unfortunately, i failed it. I have attached all details. Please note that this is my last chance.so follow the rubric marking
Focus: focus on appropriate macro/micronutrient delivery glycaemic control Further discussion regarding structural integrity and intestinal contractility.

Introduction

The digestive system performs a vital role in the human body. It provides the body with the elements needed for its survival and the further development. Digesting products which a person consumes, the system preserves the balance crucial for its functioning. Therefore, the gastrointestinal tract is one of the elements of this system that is responsible for nutrition as traditionally food enters the stomach via the tract. However, there are several cases when this method of nutrition turns out to be inefficient because of a disease or a patient's temporary or permanent inability to feed. Under these conditions, the delivery of nutritional substances to the body should be organized in another way to support a patient during his/her recovery. In such cases, enteral nutrition becomes one of the most efficient approaches to performing this task and avoiding undernourishment.

Definition

In general, enteral nutrition could be defined as a way to provide food through a special tube that could be placed in the patient's nose, stomach, or the small intestine (Adler 2013). Regarding the method chosen for the insertion, the percutaneous endoscopic gastrostomy or percutaneous endoscopic jejunostomy could be applied (Adler 2013). The first one suggests placing the tube through the skin into the stomach or gastrostomy (Adler 2013). The second approach presupposes that a tube is inserted into the small intestine (Klingensmith & Coopersmith 2016). The choice of the method depends on the state of a patient, his/her disease, and peculiarities of the health problem that should be solved at the moment. Therefore, if a situation is crucial and a

patient demonstrates poor voluntary intake, the early enteral nutrition (EEN) should be recommended. It is feeding within 24 to 48 hours from admission (Blumenstein, Shastri & Stein 2014).

Prescription

The use of EEN at early stages could be justified by several factors. First, metabolic support through the gastroenteric tube is provided when patients are not able to take the needed amount of nutritional substances orally; however, it is crucial to avoid progressive lean tissue catabolism due to starvation (Greenberger, Blumberg & Burakoff 2015). There are numerous pieces of evidence admitting that the use of a tube to deliver nutrients via the gut is more efficient and improves outcomes (Taylor 2016). Additionally, EEN plays an essential role in treating patients with chronic neurological or mechanical dysphagia, and gut dysfunction (Kozeniecki & Fritzshall 2015). The critical state of a person also becomes one of the factors that precondition the use of the tube to preserve the needed balance. Finally, prescribing the surgical interference, specialists might use EEN as the a to prepare a patient for the procedure.

Benefits.

Nevertheless, the application of EEN in critical situations demonstrates its beneficial character compared to the parenteral way of nutrients delivery. First, using the gastroenteric tube, a specialist can reduce catabolism and avoid starvation (Seres, Valcarcel & Guillaume 2013). The given method shows better results comparing to intravenous injection of nutrients or substances that might be needed for a patient (Seres, Valcarcel & Guillaume 2013). Moreover, if a person has a trauma of experiences

a significant blood loss, the use of parenteral ways could be complicated. In such situations, specialists tend to administer EEN to avoid severe complications and support a patient (Seres, Valcarcel & Guillaume 2013). In the majority of cases, substances delivered via the tube are better absorbed and less allergic. Furthermore, tube feeding could improve the intestinal blood flow and preserve GALT at the appropriate level (Seres, Valcarcel & Guillaume 2013). It results in the decreased probability of infectious complications among patients who are prescribed a surgery. Finally, the use of EEN to feed a patient in the critical state demonstrates the essential reduction of septic complications (Patel & Codner 2016). For this reason, the gastroenteric tube remains one of the most efficient ways to deliver nutrients to patients with poor voluntary intake (Feldman, Friedman & Brandt 2015).

EEN in the Case

Regarding the suggesting case, the choice of EEN seems justified. Helen, a 55-year old female, has significant health problems which should be given special attention. First, her state remains complicated as she fails to consume nutrients traditionally. Additionally, there is a tendency towards the deterioration of her health status and occurrence of new issues. For this reason, EEN is recommended as the way to avoid complications and preserve her current health status. Using the gastroenteric tube to deliver glutamine, specialists can prevent starvation and the lack of elements required for the efficient functioning of the body. Helen also enters the catabolic state of injury which makes the income of glutamine crucial. The patient should be able to restore energy and respond to external irritants. That is why the use of EEN to deliver glutamine becomes fundamental for Helen`s treatment. Regarding the abdominal surgery and the

need to reduce the increased intestinal permeability, the consumption of glutamine via the gut is considered the best approach.

Consequences

Therefore, the observed enteral nutrition contributes to the preservation of the patient's health status and makes the treatment prescribed for Helen possible. The fact is that the fixed income of nutrients like glutamine promotes the body's ability to support its functioning and resist the illness (Adler 2013). However, it is still crucial to observe the patient and her response to EEN. For instance, Helen might have loose stool due to the peculiarities of the method chosen for nutrients delivery. At the same time, the income of needed elements along with medicines contributes to the gradual improvement of the patient's state and her recovery. The nature of the given health problem presupposes surgery as one of the most efficient treatments. Under these conditions, the introduction of EEN could make the procedure less complicated because of the reduced terms of recovery. As stated above, the beneficial character of EEN presupposes the low probability of septic infections or complications after the surgery comparing to other ways to deliver nutrients (Aitken, Chaboyer & Marshall 2015). For this reason, the adherence to the practice promotes Helen's health and assist the patient in her recovery.

Conclusion

Altogether, early enteral nutrition remains one of the most efficient ways to deliver nutrients to a patient who is not able to feed because of the critical state, traumas, severe illnesses, etc. Using the gastroenteric tube, specialists can avoid starvation and support the body. The suggested practice has several advantages that prove its beneficial character. These are better absorption, tolerance, improved impact on the patient, and decreased probability of allergic reactions. Additionally, in patients with the gastroenteric tube, lower septic infections` rate could be observed. For this reason, in complex cases like the suggested one, the use of EEN is justified by the necessity to support a patient and prepare him/her for surgery. It helps to deliver the elements that could assist a patient in his/her recovery and cultivate his/her health.

Reference List.

Adler, D 2013, *The little gi book: an easily digestible guide to understanding gastroenterology*, 1st edn SLACK Incorporated Thorofare, NJ.

Aitken, L, Chaboyer, W & Marshall, A 2015, 'Scope of critical care practice', *ACCCN's Critical Care Nursing-E-Book*, p. 1.

Blumenstein, I, Shastri, YM & Stein, J 2014, 'Gastroenteric tube feeding: techniques, problems and solutions', *World Journal of Gastroenterology: WJG*, vol. 20, no. 26, p. 8505.

Feldman, M, Friedman, LS & Brandt, LJ 2015, *Sleisenger and Fordtran's Gastrointestinal and Liver Disease 2 volume set: Pathophysiology, Diagnosis, Management*, 10e (gastrointestinal & liver disease (sleisinger/fordtran)), vol. 1, Elsevier Health Sciences, New York, NY.

Greenberger, N, Blumberg, R & Burakoff, R 2015, *Current diagnosis & treatment gastroenterology, hepatology, & endoscopy*, 3rd edn, McGraw-Hill Education, New York, NY.

Klingensmith, NJ & Coopersmith, CM 2016, 'The gut as the motor of multiple organ dysfunction in critical illness', *Critical care clinics*, vol. 32, no. 2, p. 203.

Kozeniecki, M & Fritzshall, R 2015, 'Enteral nutrition for adults in the hospital setting', *Nutrition in Clinical Practice*, vol. 30, no. 5, pp. 634-51.

Patel, JJ & Codner, P 2016, 'Controversies in critical care nutrition support', *Critical care clinics*, vol. 32, no. 2, pp. 173-89.

Seres, DS, Valcarcel, M & Guillaume, A 2013, 'Advantages of enteral nutrition over parenteral nutrition', *Therapeutic advances in gastroenterology*, vol. 6, no. 2, pp. 157-67.

Taylor, RW 2016, 'Gut Motility Issues in Critical Illness', *Critical care clinics*, vol. 32, no. 2, pp. 191-201.