

Implementation of a brief intervention or individual nutritional care plan for patients commencing systemic anti-cancer therapy (SACT) in the Oncology Unit at Cavan General Hospital (CGH)



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Introduction

Timely and appropriate referral to a dietitian is essential for all oncology patients. Without this, many patients have established malnutrition and multiple barriers to adequate nutrition (1).

Aims and objectives

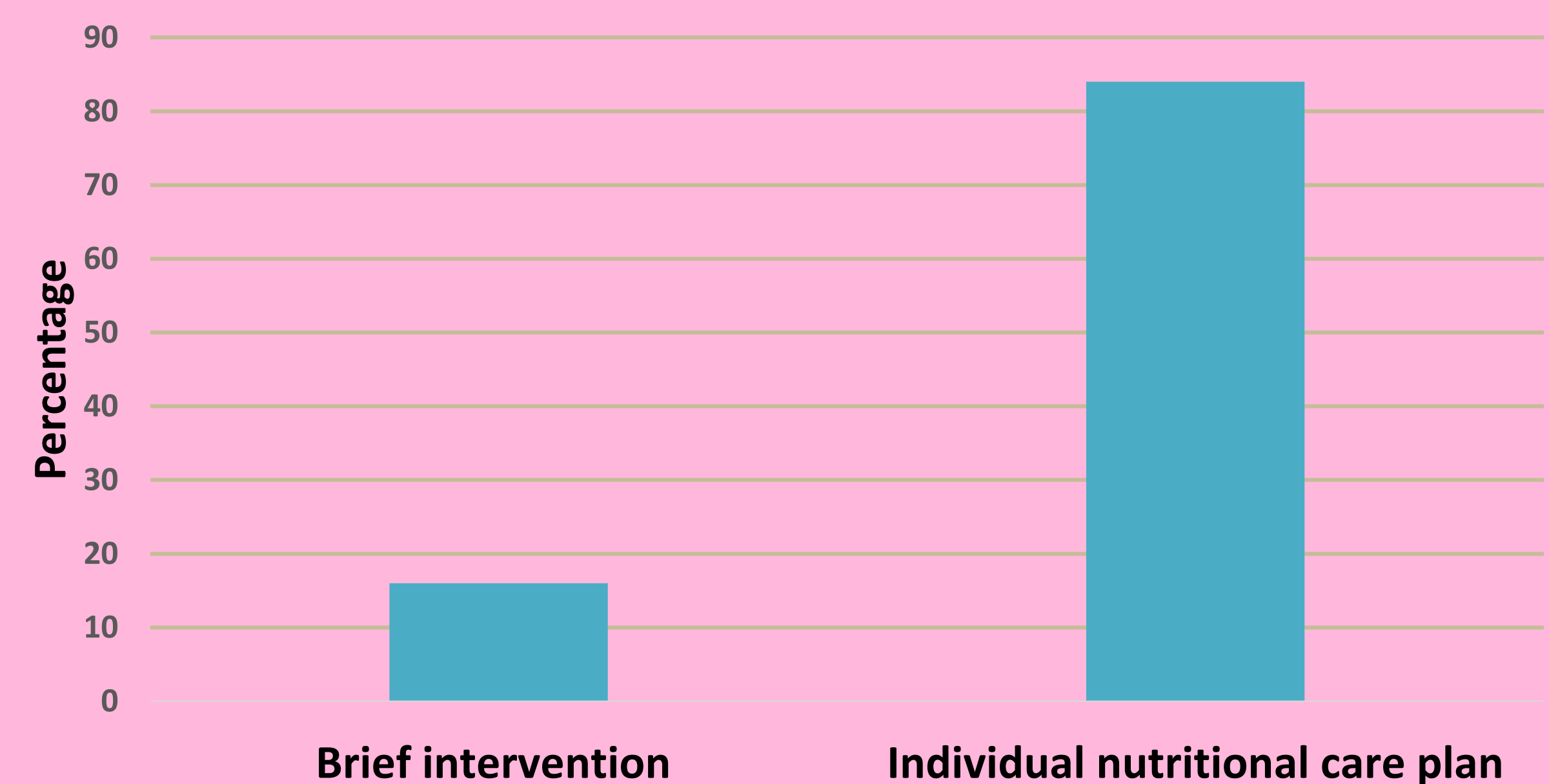
Provide timely and appropriate dietetic service to patients undergoing SACT.

Methods

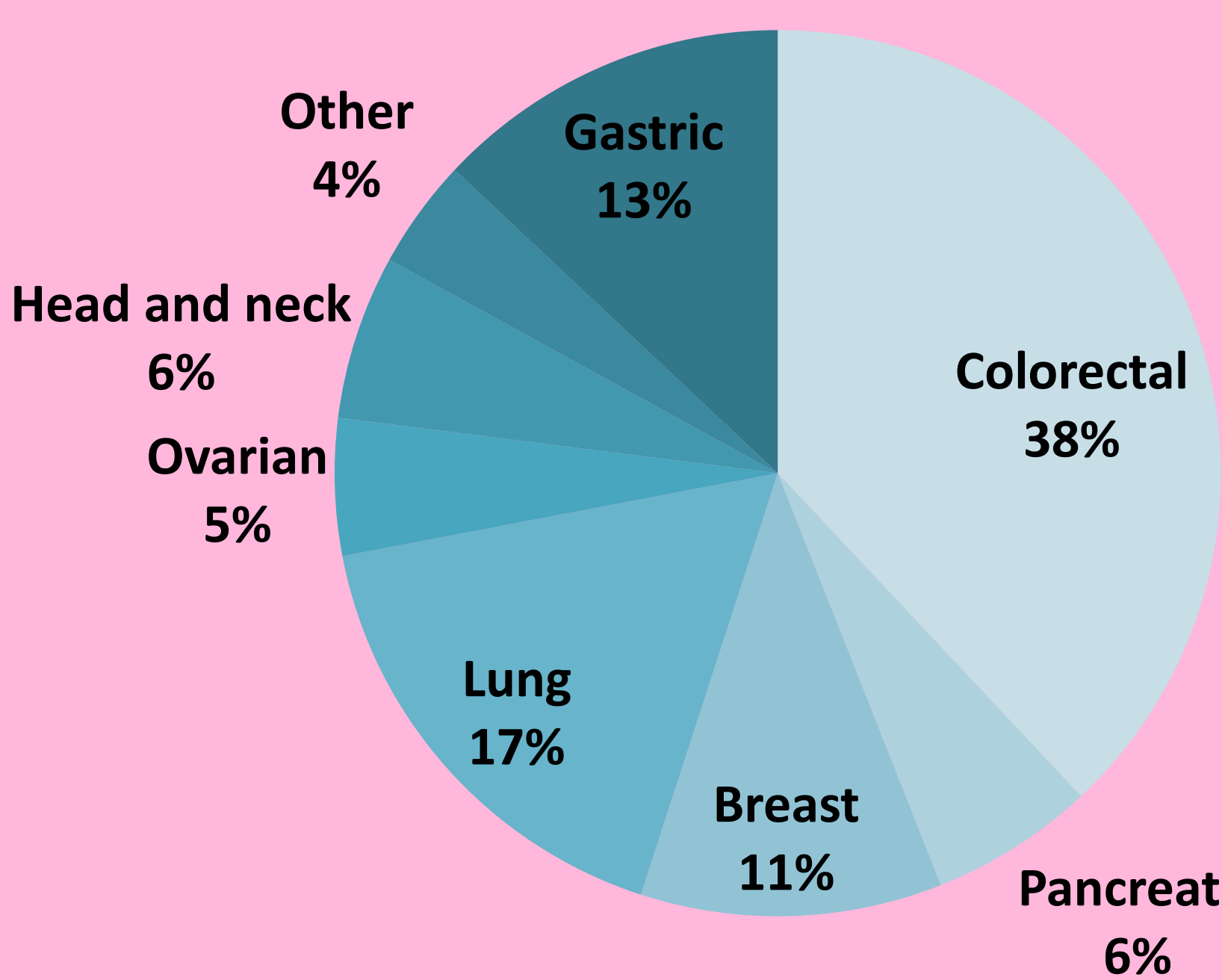
- Over 6 months, those commencing SACT were divided into two cohorts.
- One cohort being those who required individualised nutrition care plans ie. patients with cancer of the upper GI, hepatobiliary, head and neck, lung and those with weight loss or uncontrolled symptoms or MST ≥ 2 . The other being those that required brief intervention and had none of the aforementioned.
- Patients requiring dietetic assessment were met and assessment completed with individualised nutritional care plans set in place. If required, prescriptions for oral nutritional supplements were given. Patient were provided with written information. Review of these patients were based on clinical need.
- Those requiring brief intervention were met by the dietitian and given written information.
- Both cohorts were given the dietitian contact details.

Results

Brief intervention vs individual nutritional care plan



Cancer type requiring individual nutritional care plan



- 84% of patients required individualised nutritional case plans, while 16% required brief intervention.
- 100% of patients requiring brief interventions had a diagnosis of breast cancer while those requiring individualised nutritional care plans included various cancers

Conclusion

This service development allows for access of information and dietetic services as appropriate for oncology patients. All patients were given autonomy to contact the oncology dietitian directly if required during their oncology treatment. This has allowed for appropriate use of dietetic resources at CGH.

(1)Late referral of cancer patients with malnutrition to dietitians: a prospective study of clinical practice, Lortan et al.