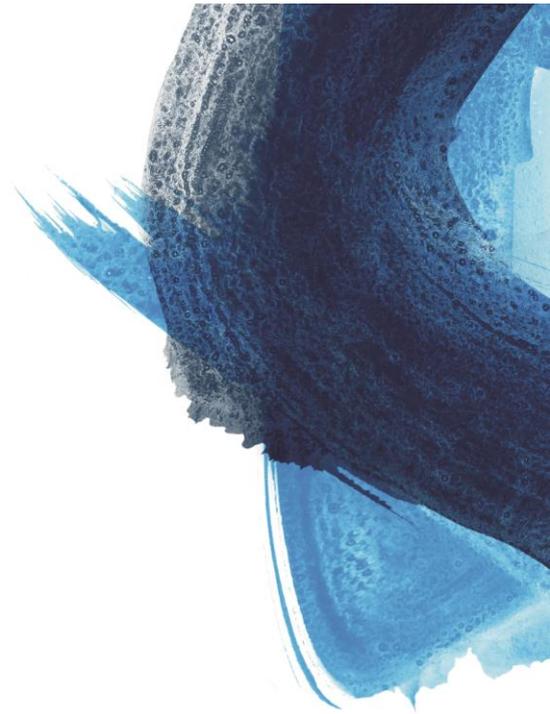




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COVID 19 Journey – From A Dietitian’s Perspective

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At the beginning of 2020 I was working as a Specialist Dietitian within the Community Nutrition Support Team in the Belfast Trust. I have been a member of this team for the past 5 years. My main roles include; providing oral and enteral nutrition support for patients living in their own home or in care home settings, providing training programmes and support for staff whilst helping to ensure that optimum nutritional care was being provided for all patients. As a team we are constantly working to adapt and improve our service, but nothing could have prepared us for the effect COVID-19 would have on the service, our team and the lives of our patients.

At the beginning of March, as a team we were becoming increasingly aware of the significant effect COVID-19 was having throughout the world, particularly as it began to spread through Europe. As the first cases were being reported in Northern Ireland the decision was made to cancel domiciliary visits to patients; in their own home /care homes settings. The aim was to try to minimise the risk of spreading the virus to the most vulnerable patients and to protect staff as much as possible. Although this was essential, I found one of the initial challenges was not being able to communicate with patients in person as this now had to be done via the telephone. This was difficult as much of our assessment is based on non-verbal communication and observation of surrounding environmental and social factors. It was evident patients were becoming increasingly anxious at the uncertainty ahead and feeling frightened and vulnerable. We tried to predict some of the difficulties which may arise for individuals and alongside other members of the multidisciplinary team minimise these risks e.g. ensuring shopping would be provided regularly if family were shielding, ensuring correct nutritional supplements were being delivered from the pharmacy, checking patients had access to essentials such as; gas, electricity and heating oil. As day centres began to close the demand for these household necessities and additional caring support was also increasing.

As the situation continued to develop and planning was underway for the predicted surge in cases of COVID-19 it became obvious our team role was going to change. I was redeployed to the Royal Victoria Hospital to be trained as one of the members of the critical care team. Although I had previously worked in the acute setting, I had no experience working in an intensive care or high dependency unit, the idea of which was initially quite daunting.

To safely provide care for patients in a critical care setting there were many different nutritional issues which I had not previously encountered. It was evident I had a lot to learn and I was aware this needed to be done in a relatively short period of time. There were different medical conditions which I had not previously had experience with, different types of enteral feed/nutrition available, differences in estimating nutritional requirements depending on treatment plan e.g. ventilated vs non ventilated patients, medications which need to be factored in as they were providing additional calories and the delivery of parenteral nutrition. I attended training updates, completed shadowing at ward level and took part in online seminars to help improve my knowledge as quickly as possible.

There were also the practicalities of working in a new clinical setting; learning the departmental processes, using new computer systems and getting to know staff at ward level. As a dietitian I had no previous experience in the donning and doffing of PPE and how time consuming and claustrophobic this would be. Communicating with both staff and patients through a mask was also challenging and it was difficult to build a rapport. Processes within the hospital were changing daily in line with the government and medical guidelines meaning it was important to keep up to date to ensure both staff and patients were kept safe and the correct level of PPE was worn in the different clinical areas.

Changing job roles at any time can be challenging but one of the things I found most challenging was the implications of lock down outside of work. The usual social activities that I would have used to relax, and de-stress were no longer available, and I was unable to get the same personal level of support from family and friends.

Following 7 weeks of working as part of the critical care team it was apparent there was an increasing demand on community, care home and step-down services. It was evident the importance of long-term nutritional care was vital for the recovery of patients post COVID-19. At this time, I was further redeployed to the COVID-19 stepdown centre. The longer term impact COVID-19 was having on patients was evident both physically and emotionally. The issues included; reduced appetite, swallowing difficulties, loss of muscle mass and significant weight loss. Another factor impacting recovery was social isolation and the separation of patients from their families. Patients could communicate with relatives virtually however they were not able to attend the unit for visiting.

While working in the stepdown unit I was able to complete assessments and care plans with patients individually. Additional foods and fortification methods were difficult to implement as this unit was a temporary facility and there were a limited variety of meals and snacks available. Education for family members, particularly for those patients on newly modified diets, had to be completed over the telephone with written information posted to family.

It was important to minimise unnecessary foot fall through the units therefore virtual multi-disciplinary meetings took place daily via skype. The opportunity arose to provide nutritional education to staff in the units, but this proved difficult as staff needed to be released off the floor and only limited numbers could attend training due to social distancing restrictions.

When the COVID-19 step down centre closed I returned to my role within the community nutrition support team. There continues to be many changes and new challenges arising. Remote working continues due to a lack of desk space in the community office to enable safe social distancing, domiciliary visits remain on hold meaning patients are being assessed over the telephone and virtual multidisciplinary meetings are ongoing in care homes.

I feel we are unfortunately missing important aspects of our assessment; obtaining accurate weights, ability to assess social situations, visualising food available in the house and ability to communicate effectively with patients face to face. As time progresses patients and families are welcoming the idea of reintroducing domiciliary visits however understand this will need to be done in a safe and controlled way. Within the department there will be a new mobile weighing service to try and improve individualised care planning. Completing domiciliary visits will only be able to go ahead now for those where telephone clinics would not be suitable. Although it may be further down the line, I look forward to being able to return to completing domiciliary visits and communicating face to face with all my patients, their families and care home staff.

Although these are uncertain times with unique challenges, through the help and support of both the dietetic and multidisciplinary teams I can provide patients with the most appropriate nutritional care. As a clinician I have; increased my knowledge, had the opportunity to experience new clinical areas and improved my ability to adapt to different working environments. It is however apparent remote working and virtual clinics are going to become our new normal for quite some time.

