


Sample

Hospital Nutrition and Overall Patient Outcomes

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Additionally, studies have shown that prolonged stays in the hospital in younger children can trigger depressive symptoms, especially when combined with the burden of medications, surgeries, and other treatments. Alternative mental stimulation may serve to relieve pain and boredom, which ultimately serve to shorten hospitalization times.

Although pediatric patients in the first decade of life are very susceptible to influences around them and these circumstances may impact their adult development, it is equally important to evaluate the role of prolonged hospital stays on pre-teens and teenagers. During these years, the complex hormonal interactions combined with physical growth make it a very difficult time to be confined to the hospital with minimal interaction and stimulation.

Additionally, studies have shown that for many young patients who are hospitalized for longer than three months, about 54% report having difficulties reintegrating into the life they previously had, due to missed school and social events. Essentially, they feel as though they are “left behind”, and many develop depressive symptoms which may manifest through violence or self-harm (Pony, 2014). Additionally, many psychiatric medications commonly prescribed for depression or anxiety may interact negatively with maintenance medications used to treat disease, for example chemotherapeutic agents or anticoagulants. The effects of many of these combinations are still unknown. For older pediatric patients, it is very important to allow them to interact with their peers as much as possible and to provide educational coursework so that they can easily integrate back into their previous mode of life after their procedures (Swing, 2012). Mental stimulation during hospitalization is essential for both younger and older patients in a pediatric clinic. Chronic diseases are difficult to treat in children due to physical considerations as well as mental and emotional. Assessments for physical effects of medication in younger patients has made great strides over the past two decades; however, those concerning the mental and emotional wellbeing of younger patients is still rudimentary. Children are actively growing in all aspects regardless of whether they are hospitalized or leading normal lives. As such, it is the responsibility of an institution of healing to provide not only adequate physical treatment and care, but engage children in developing their mental and emotional psyches as well during their stay.

Works Cited:

- Thatcher C, Jewel D, Crabs TK. Leukemia treatments across 30 years: a landscape. *J Cancer Care*. 2017;22:523-745.
- Jones K, Claire T, Johnson LT. Childhood development and adult psyche: findings in a five decade cohort. *J Psychology*. 2015;52:777-834.
- Pony Y, Chen K, Shu KY. Depression in a clinical setting. *J Int Psychology*. 2014;82:253-663.
- Swing TC, Fairland TW, Smith RW. Educational programs in a clinical setting. *J Ped Dev*. 2012;75:87-99.

some autonomy to select their own choices in hospital food can greatly help alleviate the burden of emergency procedures needed for unintentional drug interactions or complications. (Marcos, 2014). Companies which specialize in packaging hospital meals often set their own guidelines for their meals, and the information is not readily available to the hospital. A list of

ingredients can be obtained through calling companies as mandated by federal law, but otherwise, nutritional information is very difficult to obtain. One recent news article highlighted how for diabetic patients, hospital meals were identical to those given to nondiabetic patients, with the exception that the nurses were instructed to remove the bread and small dessert on the meal tray. As a result, many of the patients began to suffer from malnutrition characterized by fatigue and sometimes unresponsiveness. As the source of the complication was not discovered until later on, the patient was treated for post-operational complications, which included a feeding tube and additional steroids, when in reality the complication was caused by a decrease in blood sugar followed by restriction on all carbohydrates in meals (Meroni, 2012). This type of procedure is very alarming for medical professionals, as it shows a lack of communication and education between the hospital itself and the companies where it sources much of its material. In the future, all efforts should be made to standardize meals in terms of nutrition across all hospitals, and for different types of diets. Although this may be challenging, having a registered dietician on medical teams may be extremely helpful for those on special diets, and these individuals can help to plan and direct meals for patients. Additionally, it is important to open up new avenues of oversight and communication with companies that provide hospital meals, ensuring that patients are eating quality food which will provide them the energy and nutrition that they will need to heal without interfering with their medication or treatment.

Works Cited:

Ring C, Guard FL, Yu C. Nutrition in the hospital environment. *J Hospital Wellness*. 2017;52:773-789.

Rangos D, Frederick J, Jones DC. Causes of preventable loss in hospital settings. *J Clinical Proceedings*. 2015;68:121-132.

Marcos JK, Delaware R, Ross CW. Signs of nutritional deficit in patients with type II diabetes. *J Clinical Med*. 2014;38:152-174.

Meroni M, Stevens CK, Dover T. Frontline therapy for cancer starts with proper nutrition. *J Nutrition Res*. 2012;63:123-132.