



Evidence-Based RUA

Student Name

NR452:

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## Evidence-Based RUA

### **Introduction**

Advocating for patients' need for basic care and comfort is pivotal in nursing practice. Healthcare professionals should ensure that patients are not harmed in the healthcare setting as it is supposed to provide healing and comfort. To achieve it, nurses should ensure that nursing care is holistic and multidimensionally. Comfort is defined by patients' quality of life and experiences. In the healthcare setting, unwarranted variability in care should be reduced because comfort is a vital aspect of patient-centered care (Wensley et al., 2020). From the NCLEX examination blueprint, a nurse is expected to demonstrate nutrition and oral hydration skills and knowledge. They are required to promote patients' physical health by providing basic care and comfort. They can thus provide assistive devices, nutrition, oral hygiene, rest, and sleep (Capilouto, n.d.). Therefore, this paper addresses basic care and comfort, focusing on nutrition and oral hydration as it promotes how the body works, thus influencing their health as described in the NCLEX nutrition and oral hydration category (Burke et al., n.d.).

### **Importance**

Maintaining nutrition and oral hydration is a vital part of patients' wellbeing. It is important for patients, especially the elderly, to be well hydrated as poor has adverse effects. It can complicate and worsen their medical conditions. It can thus increase morbidities and mortalities. Older patients and children lack adequate nutrition during their stay in hospitals. They rarely achieve their recommended dietary allowances, and it, in turn, leads to poor recovery. Besides, their functional ability is also affected (Roigk, 2018). Therefore, maintaining good nutrition and hydration is vital in maintaining body functions and preventing the contraction of diseases.

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If poor nutrition and oral dehydration are not resolved, the affected population will be weak as the body cells lack basic nutritional requirements for optimal functionality. Malnutrition and dehydration are major contributors to delayed recovery and other associated complications such as renal impairment in the elderly. Besides, poor recovery is associated with prolonged hospitalization, thus making the affected patients incur extra costs for medical attention. The prolonged hospitalization also increases patients' chances of contracting nosocomial infections (Toh et al., 2017).

If malnutrition and dehydration are unresolved, disease burden will increase, and patients' recovery will be hindered. The patient will be hospitalized for longer periods than expected. Therefore, it will be a burden to the healthcare system to take care of patients whose recovery has been delayed; it may also lead to exhaustion of resources made to take care of other patients and is likely to cause a deficit in the resources allocated to the healthcare system. Moreover, it causes nurse burnout as nurses are tasked with taking care of many patients.

### **Healthcare Disparities, Inequalities, and Interventions**

If nutrition and hydration issues of patients are unresolved, they have adverse health impacts on the elderly. They contribute to medical complications, prolonged hospitalization, and poor quality of life. Malnutrition depletes fats and muscle mass, thus affecting its functionality and changes in body composition. Inadequate nutrition also affects the integrity of the patient's gastrointestinal tract. The patients' large intestines lose their ability to absorb water and salts (Ruiz et al., 2019). Therefore, many ions and fluids are secreted into the bowel resulting in diarrhea. In return, it increases mortality rates for the affected patients.

Potential disparities are experienced in addressing malnutrition and dehydration. These disparities are diet-related and influence the availability of adequate nutrition to the affected

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population. Nutritional disparities associated with socioeconomic factors are alarming. Dietary behaviors and differences in dietary intake have potentially contributed to malnutrition and poor oral hydration in diverse populations (Perez-Escamilla et al., 2018). Besides, lack of knowledge on nutrition has also contributed to nutritional disparities as the elderly may lack proper feeding practices.

Consequently, it leads to malnutrition and poor health that adversely affects their quality of life. Moreover, climate change has also been a key factor in influencing nutritious food and water availability. Some regions have plenty of food while others lack sufficient food.

To prevent these disparities from potentially causing malnutrition and dehydration, educate the patients' caretakers on the importance of hydration and proper nutrition for their elderly relatives. Therefore, pamphlets providing educational resources to the affected population would be essential in bypassing the adverse effects of poor nutrition and lack of oral hydration. Besides, establishing community-based nutritional programs would reduce the risks of malnutrition and dehydration among the elderly in society (Smith et al., 2020).

### **Legal & Ethical Considerations and Intervention Challenges**

Ethical-legal issues may occur in addressing nutrition and dehydration in elderly patients. Individuals and healthcare teams have to make decisions about the delivery of nutrients parenteral routes when the patients cannot acquire nutrients through the normal routes. According to the code of ethics, the patient's autonomy, beneficence, justice, and non-maleficence should be respected. Ethical dilemmas occur as to whether the proposed nutritional support implementation will save the patients' lives or cause adverse health complications. Therefore, the patients should decide whether to receive nutrients through enteral, parenteral, or other feeding assistance. If healthcare professionals implement these interventions, they may

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violate ethical principles in exercising their duties. Besides, beneficence implications could also occur (Schwartz et al., 2021). Therefore, strategies to prevent ethical dilemmas should be implemented.

Healthcare professionals should collaborate in ethical decision-making to avoid ethical dilemmas in providing nutrition and hydration in elderly patients. Besides, they should refrain from biasness. Therefore, the patients' autonomy should be pivotal. If the patient is competent, they should be allowed to make informed consent before the interventions are put in place for nutritional replenishment. Moreover, the ethical expectations should be made clear, and the ethical dilemmas discussed with the relevant stakeholders before they may occur. If the patients are terminally ill, the withholding or withdrawal of nutritional support should also be deliberated according to the patient's needs (Cardenas, 2021). To prevent legal implications, healthcare professionals should ensure they administer informed consent forms to seek consent from the patients. It will thus prevent the filing of lawsuits against the professionals holding them accountable for the adverse events associated with the nutritional support interventions.

Despite nutrition and hydration being an important area of concern for the elderly population, prevention of nutrition and hydration-related issues have been a great challenge. There is poor diagnosis and assessment of nutritional status among the elderly. It requires comprehensive approaches to identify the causes of poor health and dehydration among the elderly. Besides, a large team effort is also required to implement the nutritional interventions.

### **Participants and Interdisciplinary Approach**

In implementing proper nutrition and oral hydration among the elderly, several stakeholders are required. For instance, medical doctors, nurses, and social workers can collaborate to ensure the elderly receive better nutrition in clinical and community-based

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settings. Although social workers are not directly involved in nutritional assessment, they play indispensable roles in discussing and translating complex nutrition information, thus aiding the implementation of healthy nutritional principles for the elderly in the community (Findley, 2020).

Besides, medical doctors have an active role in the nutritional assessment of the elderly. Through the assessments, they have an opportunity to recommend the best dietary practices for the elderly. They acknowledge that hydration and nutrition are vital in sustaining healthy living (Adamski et al., 2018). They are thereby actively involved in providing advice relevant to the patients as they have sufficient nutritional knowledge that can help improve nutrition in society.

### **Quality Improvement**

When nutrition and oral hydration are addressed, cognitive abilities, physical health, and overall wellbeing will be improved. Besides, their immunity will be enhanced. They are thus likely to recover quickly from illnesses. Hospitalization periods will also reduce drastically, thus lowering healthcare costs. Good hydration will also improve the functionality of their body organs and organ systems such as the brain and the heart. The risks of contracting various diseases will also be reduced.

Maintaining nutrition and hydration helps improve patient outcomes (Reber et al., 2019). It reduces the chances of rehospitalization, cuts down extra healthcare costs, and lowers the burden caused by an ill population to the healthcare system. The nurses' workload is reduced as more patients are discharged from the nursing facilities. Besides, it improves nurses' job satisfaction as patient outcomes improve. Moreover, fewer hospital admissions associated with proper nutrition and hydration saves the healthcare system resources used in quality

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improvement. Continuous training is also required to increase nurses' professionalism and knowledge in promoting improved clinical practice.

### **Conclusion**

In sum, basic care and comfort are essential aspects of nursing. Nurses are expected to help patients through their daily activities. Through the assistance, the elderly patients can meet their needs. Among the tasks assigned to nurses is maintaining nutrition and oral hydration as stipulated in the NCLEX examination blueprint. In the maintenance of nutrition to the elderly through nutritional support interventions, the patient's autonomy should be maintained. Besides, all the ethical principles should be fulfilled to ensure that legal implications do not occur. Moreover, medical doctors and social workers have vital roles in promoting proper nutrition through nutritional assessments and guidance to the members of society. In conclusion, addressing nutrition and oral hydration as part of basic care and comfort thus matters to both the nursing profession and the patients.

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### References

- Adamski, M., Gibson, S., Leech, M., & Truby, H. (2018). Are doctors nutritionists? What is the role of doctors in providing nutrition advice? *Nutrition Bulletin*, 43(2), 147–152. <https://doi.org/10.1111/nbu.12320>
- Burke, A., RN, RN, M. A. B., City, M. is a nationally recognized nursing educator S. began her work career as an elementary school teacher in N. Y., hospital, later attended Q. C. C. for her associate degree in nursing S. worked as a registered nurse in the critical care area of a local community, Time, A. T., College, she was committed to become a nursing educator S. got her bachelor's of science in nursing with E., University, a part of the N. Y. S., Island, immediately upon graduation she began graduate school at A. U. on L., Education, N. Y. S. graduated S. C. L. from A. with a double masters degree in both N., Administration, N., nurses, immediately began the P. in nursing coursework at the same university S. has authored hundreds of courses for healthcare professionals including, Facilities, S. S. as a N. C. for H., Corporations, P., Nurses, S. I. A. an A. P. of C. E. for, Disciplines, O., competency, has also served as a member of the A. N. A. task force on, & Members, E. for the N. T. (n.d.). *Nutrition and Oral Hydration: NCLEX-RN || RegisteredNursing.org*. Retrieved March 25, 2022, from <https://www.registerednursing.org/nclex/nutrition-oral-hydration/>
- Capilouto, I. (n.d.). *LibGuides: NCLEX: Physiological Integrity*. Retrieved March 25, 2022, from <https://guides.westcoastuniversity.edu/c.php?g=77462&p=500376>
- Cardenas, D. (2021). Ethical issues and dilemmas in artificial nutrition and hydration. *Clinical Nutrition ESPEN*, 41, 23–29. <https://doi.org/10.1016/j.clnesp.2020.12.010>

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- Findley, P. A. (2020). Health and nutrition: Social work's role. *Social Work in Health Care*, 59(7), 513–524. <https://doi.org/10.1080/00981389.2020.1804035>
- Perez-Escamilla, R., Bermudez, O., Buccini, G. S., Kumanyika, S., Lutter, C. K., Monsivais, P., & Victora, C. (2018). Nutrition disparities and the global burden of malnutrition. *BMJ*, 361, k2252. <https://doi.org/10.1136/bmj.k2252>
- Reber, E., Gomes, F., Bally, L., Schuetz, P., & Stanga, Z. (2019). Nutritional Management of Medical Inpatients. *Journal of Clinical Medicine*, 8(8), 1130. <https://doi.org/10.3390/jcm8081130>
- Roigk, P. (2018). Nutrition and Hydration. In K. Hertz & J. Santy-Tomlinson (Eds.), *Fragility Fracture Nursing: Holistic Care and Management of the Orthogeriatric Patient*. Springer. <http://www.ncbi.nlm.nih.gov/books/NBK543833/>
- Ruiz, A. J., Buitrago, G., Rodríguez, N., Gómez, G., Sulo, S., Gómez, C., Partridge, J., Misas, J., Dennis, R., Alba, M. J., Chaves-Santiago, W., & Araque, C. (2019). Clinical and economic outcomes associated with malnutrition in hospitalized patients. *Clinical Nutrition*, 38(3), 1310–1316. <https://doi.org/10.1016/j.clnu.2018.05.016>
- Schwartz, D. B., Barrocas, A., Annetta, M. G., Stratton, K., McGinnis, C., Hardy, G., Wong, T., Arenas, D., Turon-Findley, M. P., Kliger, R. G., Corkins, K. G., Mirtallo, J., Amagai, T., Guenter, P., & Workgroup, A. I. C. E. P. P. U. (2021). Ethical Aspects of Artificially Administered Nutrition and Hydration: An ASPEN Position Paper. *Nutrition in Clinical Practice*, 36(2), 254–267. <https://doi.org/10.1002/ncp.10633>
- Smith, M. L., Bergeron, C. D., Lachenmayr, S., Eagle, L. A., & Simon, J. R. (2020). A Brief Intervention for Malnutrition among Older Adults: Stepping Up Your Nutrition.

*JKEssay*  
*VX: Pro Writer-1*

*International Journal of Environmental Research and Public Health*, 17(10), 3590.

<https://doi.org/10.3390/ijerph17103590>

Toh, H. J., Lim, Z. Y., Yap, P., & Tang, T. (2017). Factors associated with prolonged length of stay in older patients. *Singapore Medical Journal*, 58(3), 134–138.

<https://doi.org/10.11622/smedj.2016158>

Wensley, C., Botti, M., McKillop, A., & Merry, A. F. (2020). Maximising comfort: How do patients describe the care that matters? A two-stage qualitative descriptive study to develop a quality improvement framework for comfort-related care in inpatient settings.

*BMJ Open*, 10(5), e033336. <https://doi.org/10.1136/bmjopen-2019-033336>

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