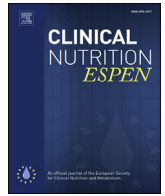




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Original article

## Advanced practice nursing: Nutrition Nurse Specialist role and function

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## SUMMARY

**Background:** Different disciplines should be represented in Nutritional Support Teams, e.g. a physician, dietician, pharmacist and a nurse. The latter one can function as an Advanced Practice Nurse, which implicates that he or she must have sufficiently thorough knowledge, attitudes and competences to fulfill the profile of a nutritional expert in the field of clinical nutrition.

**Methods:** Description of the scope of practice, education and added value related to a Nutrition Support Nurse, based on detailed published competency profiles.

**Results:** The described competencies reflect the advanced role and clinical expertise of a Nutrition Support Nurse. She can make a significant contribution to the overall quality of nutritional care, uncover the multidimensional aspects of nutrition, monitor effectiveness/ appropriateness of nutrition therapy and improve clinical outcomes.

**Conclusions:** A Nutrition Support Nurse can incorporate nutrition nursing in the overall nutrition support, acting as an important player for users, carers and the healthcare organization in general.

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### 1. Introduction

Important transformations in the health care and patient groups and the increasing requirement for evidence-based care imply necessary changes to nursing practice and nursing care organization. Besides the requirement for specialized expertise, there is a need to develop evidence-based nursing innovations for specific patient groups or fields of specialization. To fulfill these requirements, it is essential to give consideration to “Advanced Practice Nursing” (APN) and achieve that by integrating nursing specialists into care.

Advanced Practice Nursing is one of the most important developments in the nursing profession in the twentieth century [1]. Even though APN developed in the USA, Europe is not trailing behind [2,3]. However, development and implementation of APN in Belgian health care is progressing rather more slowly. The International Council of Nursing defines an APN as ‘a registered nurse who has acquired the expert knowledge base, complex decision-

making skills and clinical competencies for expanded practice, the characteristics of which are shaped by the context and/or country in which she is credentialed to practice. A degree at Master's level is recommended for entry level’. [4].

Based on international literature, it seems that APN is actually difficult to define [5,6]. Differing terms are used, Clinical Nurse Specialist (CNS) and Nurse Practitioner (NP) being the most common. Clinical nurse specialists are characterized by their ability to introduce profundity and innovation in care and nursing through evidence-based, clinical specialist knowledge, skills and competences. They take on duties that broaden the scope of nursing tasks that were traditionally the responsibility of other professionals, e.g. physicians (*expansion*). They also have an important role in enhancing professionalization of the nursing profession (*advancement*). Clinical Nurse Specialists have their primary focus on *care*. Nurse Practitioners focus on both care and cure. They provide expert clinical care, including medical assessment, diagnosis and treatment of simple medical problems and prescribing medications (e.g. in countries including the Netherlands, UK, Sweden, and Australia). In the USA, CNSs have often been replaced with NPs during recent years. Sometimes a NPs role is actually controversial. The

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controversy primarily concerns 'role expansion', which involves questions about crossing traditional lines of demarcation in the medical world, and what are the current boundaries for nursing [7,8]. This creates the risk that medical tasks gain priority over nursing tasks, resulting in *expansion* without more depth in clinical nursing.

Clinical nurse specialists are deployed in different areas of specialization. In this article, we focus on the roles/tasks that a nutrition CNS performs, the benefit of the function and importance of certification and training for nutrition CNSs. To conclude, we will set out future challenges and formulate a conclusion.

## 2. The Nutrition Support Nurse as an advanced practice nurse

One can certainly consider a nurse specialized in (complex) nutrition support as a prototype of an APN. Currently, there are different titles referring to this role in this specialized nursing field. Frequently used titles are "Nutrition Nurse Specialist (NNS) and" Nutrition Support Nurse" (NSN), but others are used commonly in practice, e.g. "Nutrition Nurse Practitioner" (advanced or associated), or "Nutrition Support Consultant Nurse". In this article, we will not elaborate what exactly each title covers (these are often conceived on a national or local basis) but we will give an overview of the possible job content, role model and competencies of a NNS. In this article, we will simply use NSN from here onwards.

"Nutrition Support Nursing" developed in the mid-sixties with the advent of parenteral nutrition. This sophisticated method of providing nutrition also brought specialized nursing care along with it, e.g. venous access options, care for intravenous catheters/lines and monitoring possible complications (infectious, metabolic, mechanical, allergic). There was also a need to train other health care workers and patients in this method. With the development of Nutrition Support Teams (NSTs) in many hospitals, NSNs also gained an important role in them [9,10].

An NSN is not an occasional assistant for patient nutritional care; she is a health care professional who invests a significant part of her activity in all aspects of (complex) nutritional care. A NSN is therefore not bound to a single department, she can work on behalf of all departments and outpatient clinics [11].

## 3. A nutrition support team

If healthcare staff are not skilled and experienced in giving artificial nutritional support (ANS), serious and sometimes life

threatening complications can occur e.g. inadequate nutritional assessment, enteral nutrition aspiration pneumonia, misplacement of nasogastric feeding tubes, local gastrostomy problems, total parenteral nutrition (TPN) related catheter sepsis, metabolic and mechanical complications [9]. It is considered best practice that patients on ANS are managed by a specialist multidisciplinary team: the NST [12–19]. The British Association for Parenteral and Enteral Nutrition (B.A.P.E.N) defines a NST as a team 'which is required to provide safe and cost-effective artificial nutritional support in the minority of patients who need it. The NST supports the dietetic and nursing teams by providing specialist nutrition nursing, dietetic and pharmacist input and medical liaison, in order to optimize metabolic care of some of the sickest patients in the hospital, employing the parenteral route when necessary'. [20].

The structure and design of nutrition support activities will vary from organization to organization. These activities may be structured in various ways: a primary nutrition support team taking responsibility for the care for all patients receiving ANS e.g. assessing the nutritional and fluid requirements of the patient, establishing the access for feeding, writing the prescription, monitoring progress and managing any complications. Other models are a consultative (ad hoc) team or a pure administrative nutrition committee dealing with overall nutritional policy e.g. writing protocols, translating/implementing guidelines, providing education and assuring quality [9,21,22].

## 4. Core membership of a nutrition support team and individual roles

In most cases core membership of a NST consists of the following members: a clinician, a nurse, a dietician and a pharmacist [9,18]. To provide specialized and coordinated nutrition support, regularly communication and clear role definition and responsibilities are important to ensure the team's success. But is it also important that the team is flexible and can strengthen each other in developing knowledge and skills and avoid confrontation and discontent [22]. The potential role(s) of the core members are briefly described in Table 1.

## 5. Role of the nutrition support nurse

As stated in the previous paragraphs; to overcome barriers for role introduction and preventing role confusion, describing the

**Table 1**  
The potential role(s) of the core members of the Nutrition Support Team [9,18,21,22].

Clinician/physician	<ul style="list-style-type: none"> <li>• In-depth understanding of nutrient metabolism, digestion, and absorption</li> <li>• Devotes a significant part of his or her professional activities to nutrition support</li> <li>• Leadership role in coordinating and delegating interdisciplinary clinical nutrition services and facilitating the nutrition care implementation structure in the health care facility</li> </ul>
Dietician	<ul style="list-style-type: none"> <li>• Ensures that standards for nutrition support provided by other team members are met</li> <li>• Individualized nutritional assessment with implementation and follow-up of a (transitional) feeding care plan</li> <li>• Monitors patient's response to the nutrition care delivered</li> <li>• Discussing with other team members the need for ANS</li> </ul>
Pharmacist	<ul style="list-style-type: none"> <li>• Education of patients, relatives, nursing staff, medical staff and students</li> <li>• Can assist in prescribing parenteral nutrition</li> <li>• Preparation of safe and aseptic parenteral nutrition solutions (including compounding)</li> <li>• Optimizes composition and advises on compatibility/stability issues and drug/nutrient interactions</li> <li>• Quality improvement, education of pharmacists, other health care professionals, patients and students</li> <li>• Conducts nutrition-related research or participates in research activities</li> </ul>
Nutrition Support Nurse	<ul style="list-style-type: none"> <li>• Participates in the assessment of nutritional status, nutrition requirements and in the development and monitoring of a specialized nutrition care plan</li> <li>• (Assists in) placement of enteral and parenteral feeding access</li> <li>• Prevention, management and problem-solving of complications with access devices</li> <li>• Acts as the patient's advocate, who also trains patients/carers to manage artificial nutrition at home</li> <li>• Provision of education to different health care workers</li> </ul>

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