

## Nutritional Assessment of Patients Hospitalized in a General Surgery Clinic

Alex John\*

Department of Biomedical Experimental and Clinical Sciences, Florence University, Mario Serio, Italy

**Received:** September 07, 2021; **Accepted:** September 16, 2021; **Published:** September 23, 2021

\*Corresponding author: Alex John

### Commentary

The essential rule of healthy living is to have adequate and balanced amounts of nutrients in the body, as well as proper utilisation of these nutrients by the body. Starvation is a medical condition that causes organs to shrink in size or function as a result of malnutrition or excessive demand. It is easier for numerous health problems to emerge as an individual becomes more prone to malnutrition in the event of illness. Malnutrition is a significant issue that has a negative impact on mental and physical health.

Malnutrition has been linked to an increase in complications, morbidity, and death, which leads to a longer healing period and higher costs. Non-disease variables such as change of environment and inability of health workers to provide enough nutritional assistance cause malnutrition to occur or proceed to current malnutrition in inpatients, in addition to disease-related causes such as loss of appetite and digestion.

The nutritional state of a patient, which is sometimes ignored and unrecognised, is a significant determinant in morbidity and mortality. The nutritional condition of the patient should be assessed during normal follow-up, as early detection of malnutrition will have a significant impact on the patient's health. All health staff should have appropriate knowledge and abilities on this issue in order to evaluate the nutritional state of the patient on a continuous and regular basis. It was discovered that health care teams deficient in general clinical nutritional knowledge were unable to recognise current malnutrition and, as a result, were unable to give necessary nutritional support.

We looked at patients who were admitted to the general surgery outpatient clinic in 2009 and 2010 and were either hospitalised and followed up on or admitted to the emergency department. Our work was designed as a descriptive study, and it was approved by the local ethics committee. Each patient gave written informed consent, and the study was carried out in conformity with the Helsinki Declaration. We gathered information on the patients' age, gender, co-morbidities, nutritional condition, scheduled procedure, and any post-operative problems. Anamnesis was used to acquire information from patients.

Anamnesis was used to acquire information from patients. We looked at the patient's pre-admission paperwork and prescriptions to get objective information about further disorders. The total

✉ alexjohn@gmail.com

Department of Biomedical Experimental and Clinical Sciences Florence University, Mario Serio, Italy.

**Citation:** John A (2021) Nutritional Assessment of Patients Hospitalized in a General Surgery Clinic. Open access Biochem Mol Biol Vol.7 No.9:42

number of patients admitted to the trial 568 persons). was 1119, with males accounting for 49.2% (551 people) and females accounting for 50.8 percent (508 people) (Men were on average 46.0 years old, while women were on average 48.15 years old. Table 1 shows the gender distribution of surgeries performed in our clinic throughout this time period. Hernia interventions have the biggest percentage (18.1%) of all surgical procedures, according to the data. Acute abdomen requiring emergency surgery is categorised into one category, with a prevalence of 23.7 percent. 1115 of the 1119 patients in the study were discharged from the hospital, however four of them died. The discharge rate was discovered to be 99.6%.

Four patients died as a result of disease-related complications. A total of 24 individuals (2.1%) had disease-related problems. A total of 72 patients (6.4%) received dietary assistance, with 17 (23.6%) suffering from disease-related consequences. In accordance with age distribution, the status of complications developed as a result of the disease. Complications are most common in people aged 60 to 80, accounting for 66.7 percent of all occurrences. For 590 patients out of 1119, the NRS score was zero (52.7%); one for 282 patients (25.2%); two for 191 patients (17.1%); three for 45 patients (4.0%); four for 6 patients (0.5%); five for 2 patients (0.2%); six for 3 patients (0.6%). The status of receiving nutritional assistance in connection to the NRS score is depicted in Figure 3. Patients with a high NRS score received the majority of nutritional care, while only one patient with an NRS score between 5 and 6 did not require a feeding regimen. Nutritional supplementation was initiated in 11 of the NRS score 0 patients. Nutritional problems occurred in 4 of the 1119 participants who took part in the trial.