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Abstract Title:	**Nursing Nutrition Documentation**
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Objective:	Identify strategies for improving nutrition documentation in the burn population.
Abstract:	**Introduction/Background:** Burns put the body into a hypermetabolic state that requires higher calorie and protein dense nutrition to promote wound healing. Underfeeding acutely ill burn patients leads to adverse events such as decreased wound healing, hospital acquired infections, increased mortality, and increased length of stay. Holding of feeds is highly variable and based on nursing preference. Elpern et al. describe, "a mean of 5.2 hours per patient, per day, of feedings being held means that patients receive overall only 64% of daily caloric requirements." Currently there is no good way to measure nutrition status in burn patients. Prealbumin and albumin are not accurate, with regards to nutritional markers. The most accurate measure of nutrition in the burn patient is the metabolic cart study. This method requires patients to be ventilated for >24hrs, which is not always indicated. Regardless, the metabolic cart our machine that we have has been out of service for 2 years. Dieticians rely heavily on the nursing documentation of feeds to measure calories in vs calculated caloric requirements based on ideal body weight and TBSA. Janelle ,our dietician, goes off of tube feeds and meals charted; thus our first step is to make sure that nursing charting is accurate. At Vanderbilt University Medical Center there is no policy that directly addresses holding tube feeds in a supine position or guidelines for charting tube feeds. The goal is to define a way in which to clearly monitor nutritional status in burn patients to ensure adequate caloric intake. **Methods/Design:** A thorough review of the literature on tube feedings and when to hold them was examined. We looked at what the practices were of the nursing staff in regards to pausing tube feeds. There are several reasons that feeds are held by staff throughout the day including but not limited to medication administration, checking gastric residual volume, nausea/vomiting, medical procedures, instability of patient, repositioning, and hygiene.

	Patients were reviewed for four months recording actual tube feeding intake versus charted intake on both days and nights. **Results/Findings:** In 36 patients there was a calorie loss of over 5300 calories. That's approximately 150 calories lost per shift In 3 patients there were almost 1000 calories not accounted for in 12 hours. Less than 5 percent of patients were within 30 calories of their daily goal. Most of the interruptions are while turning, repositioning, wound care, transition to chair, procedures, etc. Attendings do not typically care about enteral intake with regards to I&Os. **Conclusions/Implications:** Pass along info regarding post pyloric vs gastric?? Clear the volume once a shift for more accurate intake and outputs Screen shots of kangaroo pump When to clear the volume is staff preference to be voted on in staff meetings. 0600 and 1800 vs 0700 and 1900 Less charting for RNs More accurate assessments of calorie intake for dietary Less convolution of I&O for MDs