

# CLINICAL AUDIT REPORT

## Congenital Hyperinsulinism Feeding Audit

Review by the Endocrine Service

### Aim

- To identify the number of patients with CHI who have associated feeding difficulties.
- To determine the level of parental concern around feeding issues in infants with CHI
- Where possible, to discharge each patient with normal glycaemic control on a normal oral feeding plan of care.
- Where necessary to improve outcomes for patients.

### Standards

- The audit will look at the factors below:
  - Patient feeding issues on admission and on discharge.
  - Parental concerns.
  - Interventions required from Speech and Language Department / Dietetics Department.

## Sample

- A consecutive sample of 15 patients with a diagnosis of CHI who were admitted to Great Ormond Street Hospital between 24th January 2012 and 16th August 2012.

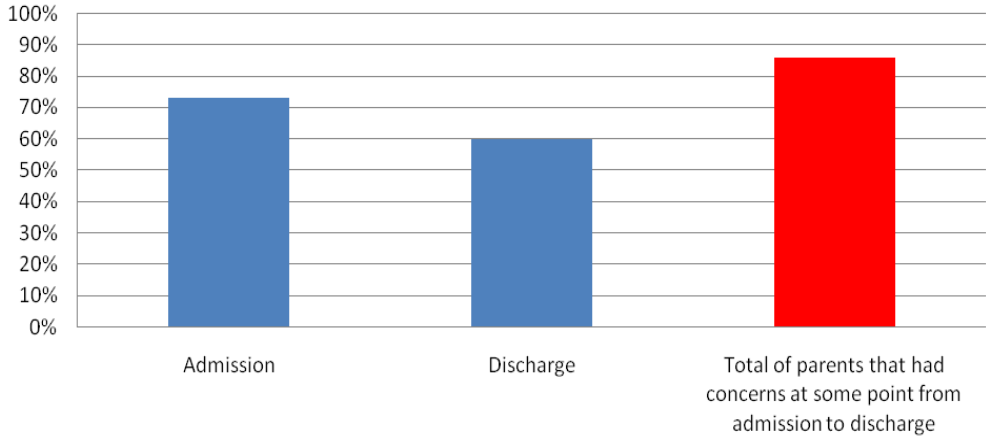
## Methodology

- CNS team designed and completed paper based questionnaires for each patient included in the sample. Information was obtained from medical and nursing notes.

# Parental concern

- Overall, 87% (13/15) of parents had concerns at some point between admission and discharge.
- On admission 73% (11/15) parents had concerns about feeding.
- On discharge 60% (9/15) parents had concerns about feeding

Percentage of parents with concerns about feeding

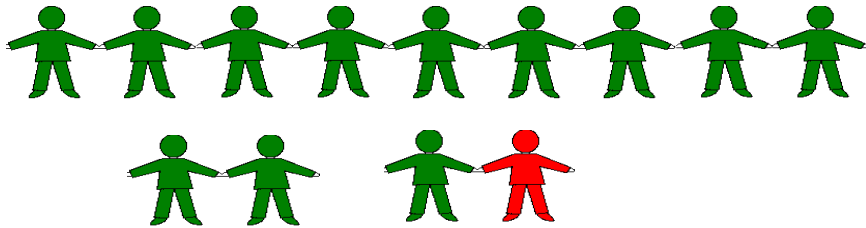


Patient	On admission	On discharge
1	Yes	Yes
2	Yes	No
3	Yes	Yes
4	Yes	Yes
5	Yes	No
6	No	No
7	Yes	Yes
8	Yes	Yes
9	Yes	No
10	No	No
11	No	Yes
12	No	Yes
13	Yes	Yes
14	Yes	Yes
15	Yes	No

# Speech and Language Therapy / Dietetics

## Department

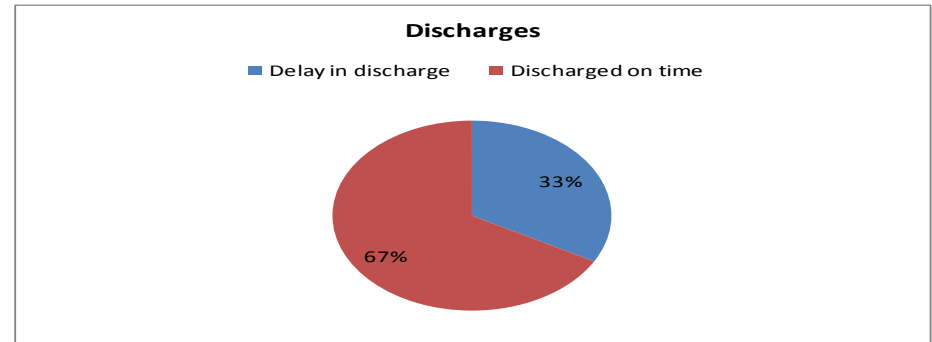
- **92%** (12/13) parents, who were concerned about their child's feeding, were referred to the Speech and Language Therapy / Dietetics Services.



- **8** patients were referred to both Speech and Language and Dietetics Service, **4** patients were referred to the dietetics service only.

# Patient discharge

- Mean length of stay for patients with CHI: **57 days**
- Range of the length of stay for patients with CHI: **309 days (314 days – 5 days)**
- **33% (5/15) patients had a delay in discharge.**
- **Feeding issues were an identified reason for delay for 80% (4/5) of patients.**



Patient	Before admission	On admission	On discharge
1	Enteral	Enteral	Enteral
2	Enteral	Enteral	Enteral & Oral
3	NBM & IV fluids	Oral & IV fluids	Oral
4	Enteral & IV fluids	Enteral & Oral	Oral
5	NBM & IV fluids	Oral & IV fluids	Oral
6	Enteral	Oral	Oral
7	Enteral	Enteral & Oral	Enteral & Oral
8	Enteral	Enteral	Enteral
9	Enteral & IV fluids	Oral & IV fluids	Oral
10	Oral	Oral	Oral
11	Oral & IV fluids	Oral & IV fluids	Oral
12	TPN & NBM	TPN & NBM	TPN & NBM
13	Enteral & IV fluids	Enteral	Enteral
14	Enteral & Oral	Enteral & Oral	Enteral & Oral
15	Enteral & IV fluids	Oral & IV fluids	Oral



# Further discussion 1

Most patients with HI audited had feeding problems.

4 patients had a delay in discharge due to feeding issues.

No patient had a negative change to feeding.

60% had a positive change in feeding

# Further Discussion 2

This audit has been an essential baseline.

This audit highlights the need for dedicated feeding services.

One could assume that parental anxiety is unavoidable when their infant does not feed.

# Recommendations

Follow up audit to be conducted one year after the initial audit:

- nature of any problems,
- parental support provided and overall
- parental satisfaction
- ongoing feeding problems

A further audit to explore how supported parents feel in understanding the nature of their child's feeding problems