Date: 26 March 2020

To Whom It May Concern

RE: MOTIVATION FOR ESSENTIAL CLINICAL NUTRITION SERVICES DURING THE COVID-19 PANDEMIC

This letter is in addition to the accompanying motivation letter shared by both the Association for Dietetics in South Africa (ADSA) and South African Society for Parenteral and Enteral Nutrition (SASPEN) that forms part of the same communication. In light of our President's speech Monday, 23 March 2020 and the nationwide lockdown that is to commence from Thursday, 26 March midnight, herewith a word on the services of clinical dietitians working in both government and private hospitals / institutions.

For all healthcare professionals the end goal is saving lives, but one should not forget the impact of nutritional status and nutrition care on the outcomes of our patients, and the role that dietitians as members of the multidisciplinary team has to play. The patients most at risk to major threats and risks arising from related malnutrition during the COVID-19 pandemic are the elderly, those with comorbidities (e.g. Diabetes Mellitus) and those with compromised immune systems (e.g. HIV, TB, cancer). The average time of mechanical ventilation in COVID-19 patients is expected to be around 14 days, further increasing the risk for a decline in nutritional status. Malnutrition is independently associated with increased ICU length of stay (LOS), ICU readmission, incidence of infection (IOI), and the risk of hospital mortality. We also know that patients surviving acute complications through long ICU stays will face further worsening nutritional status or new onset of malnutrition and wasting.

During the next weeks we will face a difficult time that will affect both healthcare professionals and patients alike. To ensure that all patients, including those diagnosed with COVID-19, are treated optimally and improve outcomes, it is essential that patients receive nutritional support as part of their treatment.

Reports from Europe indicate that critically ill patients diagnosed with COVID-19 seem even more prone to gastrointestinal dysfunction on admission (e.g. diarrhoea, abdominal pain, vomiting) as well to feeding intolerances during their ICU stay. The before-mentioned aspects also have the possibility to further make it more difficult to meet the increased nutritional requirements of these patients, many of whom in the South African context are already malnourished. To manage the frequently encountered feeding intolerances in this population group, will put an additional strain on an already burdened health care system and worker with specific reference to the medical doctors, intensivists and nursing staff. This additional burden can lead to a neglect in the management of a patient's nutritional care, which can and should be considered an essential part of treatment in the intensive care unit.

Thus the need for another team member of the multidisciplinary team is highlighted, namely the clinical dietitian who is the only health care professional with the knowledge and skills to plan, implement and monitor the most appropriate nutrition regime for the critically ill patient to ensure outcome benefit and patient safety. As one can guess, the responsibility of a patient cannot fall solely on one multidisciplinary team member but should be the responsibility of the whole team. The clinical dietitian can work together with the multidisciplinary team to ensure all the essential information is taken into consideration when feeding. This can include. identifying problems with delivery (e.g. frequent fasting) and to assist with appropriate measures to address any identified problems; to consider propofol dose that influences fat requirements (amount and type) allowed from feeds; to consider very high insulin doses where enteral / parenteral feeding regimens are required to feed a patient; to assess safety of feeding when a patient has to lie prone, and

to consider fluid restriction to name but a few. The clinical dietitian can also assist with selecting a feed (i.e. type of feed and feed name), rate of feed, and the volume delivered in 24 hours as to ensure the requirements of patients are met.

The European Society for Clinical Nutrition and Metabolism (ESPEN) is currently putting the finishing touches to a document, entitled ESPEN PRACTICAL GUIDANCE FOR NUTRITIONAL MANAGEMENT OF INDIVIDUALS WITH SARS-CoV-2 INFECTION. Although there are obviously no studies yet available on nutritional treatment of COVID-19 patients, ESPEN has decided to provide suggestions for nutritional management in this setting based on extrapolation from available evidence and recommendations. The main sources for this document are the existing ESPEN guidelines with specific reference to the ICU guideline (including guidelines on managing patients with acute respiratory distress syndrome), as well as geriatric and home care guidelines. More information can be found at https://www.espen.org/component/content/article/30-news/283-coronavirus-word-from-the-espen-chairman?Itemid=104

The Critical Care Dietitians Specialist Group (CCSG) of the British Dietetic Association has also published guidelines stating the importance of dietitians as nutrition care specialists and even upscaled the need for clinical dietitians during this pandemic. In addition they have made resources and guidelines available at https://www.bda.uk.com/resource/critical-care-dietetics-guidance-covid-19.html?fbclid=IwAR2PdC6ZZoBzrD5bRj0xqZwaPDJWWaZM44cXtkafKbb6bfjq2o2jHsWoQUU

In light of the critical importance of dietetic and nutrition services in the current circumstances, we strongly urge recognition of clinical dietetic and nutrition professionals as critical and essential services at all health facilities, both private and government alike.

Again, as stated in the accompanying letter, our priority as Societies remains to respect the President's announcement of the 21-day lock-down and all other government directives that will follow. We respect the gravity of the global and the local COVID-19 situations and will take all steps possible to help flatten the curve and improve clinical outcomes.

Regards,

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