Home nutrition therapy (HNT) update

WANDERLEY M. BERNARDO AND ALESSANDRA BORGES

©2012 Elsevier Editora Ltda. All rights reserved.

1. When is HNT indicated?

- a. It is contraindicated in inflammatory bowel disease
- b. It is indicated in burn patients
- c. The indications are different from those of hospital-based therapy
- d. It must be given concomitantly with enteral nutrition

2. All of the following are selection criteria for HNT approval, except:

- a. Adequate light and refrigeration
- b. Adequate home environment
- c. Intellectually capable family member or caregiver
- d. Periodic visits by a pharmacist

3. Regarding HNT costs, which one of the following is true:

- a. It can be 2.7 times lower than in-hospital costs
- b. It is similar to in-hospital costs in cases of cerebrovascular accident
- c. It is similar to the costs of nursing homes
- d. Although lower when compared to in-hospital costs, it does not decrease hospitalization time

4. Does HNT interfere with hospitalization?

- a. It does not reduce re-hospitalizations
- b. Catheter-related infection is the major cause of hospitalizations
- c. It is responsible for approximately 50% of hospitalizations
- d. Although it decreases hospitalization time, it is the main cause of re-hospitalizations

5. Is it possible for trained family members to administer HNT?

- a. It should never be administered by family members
- b. Yes, and the work of healthcare professionals can be dismissed
- c. The family members must be trained before the patient is discharged
- d. In spite of the training, the tension generated by the necessity of careful handling (e.g., the tube) prevents the patient from getting proper care

RESPONSES TO CLINICAL SCENARIO: UPDATE ON ENDOMETRIAL CARCINOMA REATMENT [PUBLISHED AT RAMB 2012; 58(4)]

- 1. It is not indicated for patients in early-stage disease. (Alternative D).
- 2. Adjuvant radiotherapy is indicated when there is risk of metastasis. (Alternative C).
- 3. There is no difference in survival between laparoscopy and laparotomy. (Alternative A).
- 4. No alteration in survival. (Alternative B).
- 5. Consultations every three months in the first three years. (Alternative D).

526 Rev Assoc Med Bras 2012; 58(5):526