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Nutrition and Hydration

Current Awareness Bulletin

September 2026

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  30 minutes. Learn about quick and hassle-free ways to seamlessly incorporate evidence into your daily work.
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Feeding tube safety: National guidance is unsafe and must change.

Taylor, Stephen J The International journal of risk & safety in medicine

National guidance advises post-procedure pH or X-ray checks to prevent use of tubes misplaced in the respiratory tract; this occurs in 0.017% of placements. However, post-procedure checks cannot prevent the in-procedure pneumothorax in 0.43% or pneumonia from contamination in 0.20%. Extrapolated for annual Europe + USA tube placements there would be ~ 71,500 complications.

Mid-procedure CO2 checks or guided tube placement can prevent 96–100% of these complications whilst pre-emptive bridle securement reduces risk by 40% by obviating the need for most tube replacements. Together these methods would radically reduce holistic risk and cost.

National guidance is obsolete and disincentivises improvements in patient safety. In-procedure tube position checks, pre-emptive bridling and evidence-based training should be recommended.

An expanded breakfast buffet increases daily energy and protein intakes in hospitalised patients: A prospective crossover quality improvement study.

Clinical nutrition (Edinburgh, Scotland), 2026 Sep, volume 64

Background & Aims Inadequate dietary intake remains common during hospitalisation. Ordinary hospital meals are central to nutritional intake, but their contribution depends on what is offered and what patients are able and willing to eat. We evaluated whether a preference-informed, limited expansion of the hospital breakfast buffet could increase total daily energy and protein intakes. Methods This prospectively structured, ward-based crossover quality-improvement study was conducted in seven inpatient wards at a tertiary university hospital. Each ward was observed for four consecutive days and randomly allocated to begin with standard or expanded breakfast, after which conditions alternated daily. The expanded buffet consisted of standard breakfast supplemented with familiar energy- and protein-rich foods selected from previous patient-choice data. Twenty-four-hour intake was registered using component-level weighed food records during the day and nursing registration overnight. Primary outcomes were total daily energy and protein intakes. Linear mixed-effects models adjusted for observation day and ward-level starting sequence and accounted for repeated patient observations and ward-level clustering. Analyses used data from patients who consumed breakfast and contributed analysable observations under both breakfast conditions. Results The primary crossover population included 71 patients contributing 188 analysable patient-days. Compared with standard breakfast, the expanded breakfast increased total daily energy intake by +198 kcal/day (95% CI 44 to 352) and protein intake by +6.8 g/day (95% CI 1.0 to 12.5), without a statistically significant increase in total food weight. Daily energy and protein adequacy increased by +8.7 and + 6.8 percentage points, respectively. The increase was driven mainly by breakfast intake, with no measurable reduction in non-breakfast intake. Conclusions A limited expansion of the ordinary hospital breakfast buffet increased total daily energy and protein intakes in the primary crossover population of hospitalised adults who consumed breakfast. This increase occurred without a statistically significant increase in total food weight or a measurable reduction in non-breakfast intake. Small, preference-informed additions of familiar energy- and protein-rich foods at breakfast may improve daily intake by increasing the nutrient yield of foods patients are able or willing to eat.

Read online at https://www.clinicalnutritionjournal.com/article/S0261-5614(26)00180-9/fulltext

Double Burden of Malnutrition Prevalence in Pregnant Women: Systematic Review and Meta-Analysis.

Biete A. Journal of Human Nutrition and Dietetics 2026;39(5)

The coexistence of undernutrition and overweight, obesity, or diet-related noncommunicable diseases and micronutrient deficiency in pregnant women is defined by the WHO as a double burden of malnutrition (DBM). results emphasize the need for stronger public policies to ensure equitable access to healthy diets, evidence-based supplementation, and continuous nutritional monitoring during pregnancy.

Read online at https://onlinelibrary.wiley.com/doi/10.1111/jhn.70347

1. **Acute Care Dietitians' Impact on Reducing Readmission for the Home Enteral Nutrition Population**

Authors: Bryant, J.;Salas, C.;Terry, L. and Loverkamp, J.

Publication Date: 2026

Journal: Journal of the Academy of Nutrition & Dietetics 126(10), pp. N.PAG

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2. **Environmental sustainability of nutrition support in a hospital setting: An observational study of waste reduction and management**

Authors: Carey, Sharon and Ferrie, Suzie

Publication Date: 2026

Journal: Nutrition & Dietetics , pp. 1

Abstract: Aims Methods Results Conclusion Healthcare systems contribute significantly to the global environmental footprint, and hospital food services have been identified as having a significant impact. However, existing sustainability studies auditing the food supply chain in the hospital setting have excluded nutrition support. This study aims to quantify the waste associated with oral, enteral, and parenteral nutrition support in a major tertiary-referral hospital and to identify ways to improve waste management.This observational audit investigated the types of waste and waste disposal methods associated with nutrition support, to quantify the amount of waste and the cost of waste disposal and associated emissions, and to identify barriers to improved waste management practices. A draft audit checklist was developed as a tool to assist hospitals in nutrition support waste management quality improvement. Calculations and descriptive statistics were used to identify total waste weights, disposal costs and carbon dioxide equivalent emissions for nutrition support products used on the audit day.Nutrition support generated 45.89 kg of waste per day or median 0.19 kg per patient, approximately half of which was discarded formula. Other than the cardboard cartons, a negligible proportion of the waste was recycled; the cost of disposal was approximately $7400 per year. Improving waste management could save $900 per year and reduce total hospital emissions by 7 tonnes of carbon dioxide equivalents.Patients receiving nutrition support in hospital generate waste from packaging, containers and discarded formula and this is commonly sent to landfill. Improvements in waste management could benefit environmental sustainability and reduce costs in the healthcare system.

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3. **Registered Dietitians' perspectives on nutrition management of persons living with amyotrophic lateral sclerosis**

Authors: Ellis, Amy C.;Dobak, Stephanie;Pearson, Keith;McGuire, Rebekah and Sutton, Tyler

Publication Date: 2026

Journal: Neurodegenerative Disease Management 16(5), pp. 545–553

Abstract: Aim: Persons with amyotrophic lateral sclerosis (PALS) are at high risk for malnutrition, which is a negative prognostic factor for disease progression and survival. This study explored the perspectives of Registered Dietitians (RDs) providing nutrition care to PALS, focusing on barriers and facilitators to optimal patient care. Methods: RDs from U.S. multidisciplinary ALS clinics participated in six virtual focus groups. Recordings were transcribed verbatim and independently coded by two researchers for deductive content analysis. Results: RDs highlighted the importance of using clinical judgment to assess nutrition status and individualizing recommendations to respect patient autonomy. The multidisciplinary team model was identified as a strong facilitator to optimal patient care, while insurance coverage for nutrition-related supplies was a common barrier. RDs reported having little prior knowledge of ALS before assuming their current roles and described the need to upskill through self-teaching and on-the-job experience. Conclusions: Results emphasize the importance of clinical judgment with respect to patient autonomy in providing nutrition care to PALS. The barriers and facilitators identified across multiple levels provide insight for future interventions to improve patient care. Plain Language Summary: What is this article about? º Persons with amyotrophic lateral sclerosis (PALS) are at high risk for becoming malnourished, and poor nutrition can accelerate disease progression and shorten survival. This study examined the experiences and perspectives of Registered Dietitians (RDs) who work with PALS to understand what helps or hinders optimal nutrition care. What were the results? º RDs said it's important to use their professional judgment and tailor nutrition advice to each person's needs and choices. Working as part of a multidisciplinary team of other healthcare professionals made it easier to provide better care. However, insurance coverage for nutrition supplies was often a problem. What do the results of this study mean? º Many RDs said they had little knowledge about ALS before starting their jobs, so they had to learn on their own. The study's results provide insight into how to develop better training and support for dietitians who work with PALS.

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4. **Nutrition Services in Oncology: A Cross-Sectional Survey of Patient Experiences, Needs, and Gaps in Care**

Authors: Foster, Bailey M.;Miller, Melissa F.;Spees, Colleen K.;Thomson, Cynthia A.;Trujillo, Elaine B.;Fortune, Erica E.;Fay, Lauren;Adintori, Peter A.;Stubbins, Renee and Hamilton-Reeves, Jill

Publication Date: 2026

Journal: Journal of the Academy of Nutrition and Dietetics 126(10), pp. 156395

Abstract: Background Nutrition influences cancer outcomes, yet access to registered dietitian nutritionists (RDNs) remains inconsistent. Patient-centered data can reveal gaps in care, unmet needs, and disparities, providing real-world insight into oncology nutrition services. Objective The objective of this study was to characterize cancer survivors' experiences with professional nutrition care since diagnosis, including sources, met and unmet needs, timing, and priority areas, and to examine variation by sociodemographic and clinical characteristics. Design The cross-sectional study analyzed online surveys from the Cancer Experience Registry, an online patient-reported outcomes registry of cancer survivors in the United States and Canada, collected between November 2022 and November 2024; analyses of this study were restricted to US participants. Participants/setting Participants included 1427 cancer

survivors, predominantly women (76.5%), older adults (45.5% aged ≥65 years), and non-Hispanic White survivors (85.5%); smaller proportions identified as non-Hispanic Black (5.6%), Hispanic (3.2%), and non-Hispanic other race (4.3%); and 1.5% were missing. The most common cancers were breast (32.6%), blood (29.6%), and gastrointestinal (10.5%). Main Outcomes Measures Primary outcomes included receipt of nutrition care since cancer diagnosis (ie, any nutrition care and care from an RDN and patient-reported nutrition care need), categorized as met (ie, wanted and received support), unmet (ie, wanted but did not receive support), no perceived need (ie, did not want support), or unsure. Statistical Analyses Performed Descriptive statistics summarized receipt of nutrition services, expressed need, timing, and priority areas. Bivariate and multivariable regression analyses examined differences in nutrition care need and RDN engagement across patient characteristics. Results Since diagnosis, 53.6% reported receiving nutrition care, with 39.3% from an RDN. Need was met in 41.0%, unmet in 13.4%, no perceived need in 33.2%, and unsure in 12.5%. Among participants desiring nutrition care, demand peaked during treatment and post-treatment. Unmet need was more common after treatment and was linked to increasing energy level ($P = .002$), emotional health ($P < .001$), intentional weight loss ($P < .001$), and cancer worry ($P < .001$). Endorsement of symptom management ($P = .008$) and intentional weight gain ($P = .001$) as reasons for nutrition support was higher among participants who saw a provider (RDN or non-RDN) compared with those who did not. Participants with unmet needs were more often younger, women, food-insecure, lacking caregiving support, and had higher symptom burden, and no perceived need was associated with rural residence, lower education, lacking caregiver support, and private practice care (all, $P < .05$). Conclusions Unmet nutrition care needs were observed among cancer survivors and varied by sociodemographic and clinical characteristics. Future research should evaluate the impact of systematic malnutrition screening and referral pathways on access to RDN services and examine how nutrition care needs and engagement evolve from diagnosis through survivorship. Additional work is needed to understand and address disparities across population subgroups and care settings.

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5. **Feasibility of Using an Escape Room Activity to Enhance Clinical Nutrition Skills in Dietetic Interns**

Authors: Hoover, C.;Swartz, M.;Brown, B.;Messenger, C.;Lyons, E.;Hashmi, A. and Arentson-Lantz, E.

Publication Date: 2026

Journal: Journal of the Academy of Nutrition & Dietetics 126(10), pp. N.PAG

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6. **Closing the Loop in Nutrition Care: Linking Food Intake to Individualized Physiological Response Using Smartphone-based Monitoring**

Authors: LeBoeuf, S. and Aumer, M.

Publication Date: 2026

Journal: Journal of the Academy of Nutrition & Dietetics 126(10), pp. N.PAG

7. **Individualizing post-ICU nutrition: from guideline intent to bedside practice**

Authors: Leemans, Oona;Rosseel, Zenzi;Pichard, Claude;Waitzberg, Dan;Chapple, Lee-Anne S.;Haines, Krista;Ke, Lu;Wischmeyer, Paul;van Zanten, Arthur,R.H. and De Waele, Elisabeth

Publication Date: 2026

Journal: Current Opinion in Critical Care 32(5), pp. 528–535

Abstract: Purpose of Review Survivorship of critical illness has increased, shifting attention toward recovery and long-term outcomes. Post-ICU nutrition is emerging as a clinically relevant, yet underperforming contributor to functional recovery and quality of life. Persistent nutritional inadequacy reflects insufficiently defined physiological requirements and limited implementable evidence-based guidance during ICU recovery. Recent Findings Energy and protein delivery sharply decline after ICU discharge, despite persistent metabolic demands. Underfeeding can result from the absence of recovery-specific targets, patient-level barriers (e.g. appetite loss, dysphagia, fatigue), and fragmented care transitions, including premature feeding-tube removal and suboptimal monitoring of oral intake. Structured patient and family engagement can help operationalize individualized nutritional strategies and improve feasibility without substantial resource burden, acting as continuity agents. Summary Post-ICU nutritional failure reflects combined physiological and implementation challenges. Clinicians should recognize the post-ICU hospitalization period as a potential 'metabolic danger zone', requiring a shift from acute-phase restrictive feeding toward strategies prioritizing functional recovery and lean mass preservation. Improving outcomes requires standardized, yet adaptable, care pathways that bridge ICU-to-ward transitions, operationalize individualization, and integrate patient and family input as clinical instruments. Future research should prioritize multicenter implementation studies centered on 'disability-free survival' to inform adaptive, evidence-based nutritional protocols.

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8. **Dietitian-led, Digitally Enabled Nutrition Care Is Associated with Clinically Meaningful and Sustained Weight Loss: A Retrospective Cohort Study**

Authors: Ligeti, A.;Goddard, F.;Garay, J.;Zhaunova, L. and Abreu, M.

Publication Date: 2026

Journal: Journal of the Academy of Nutrition & Dietetics 126(10), pp. N.PAG

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9. **Development of a Hospital-wide Bowel Management Guideline for Critically Ill Patients on Enteral Nutrition Across Multidisciplinary Critical Care Units at the University of Michigan Health System**

Authors: Mazinga, G.;Lai, Y.;Kocan, M.;Hensler, D.;Van Harn, A. and Rajajee, V.

Publication Date: 2026

Journal: Journal of the Academy of Nutrition & Dietetics 126(10), pp. N.PAG

10. **Having a Seat at the Table: The Critical Role of the Dietitian in the Interdisciplinary Team Caring for Older Adults with Cancer...Food & Nutrition Conference & Expo (FNCE 2026), October 24-27, 2026, San Antonio, Texas**

Authors: Meditz, E. and Stella, C.

Publication Date: 2026

Journal: Journal of the Academy of Nutrition & Dietetics 126(10), pp. N.PAG

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11. **Sustained Volunteer Mealtime Assistance Is Associated with Lower Food Waste and Improved Nutritional Intake**

Authors: Muradyan, E.;Ramezani, F.;Prince, M.;Hain, P.;Burke, E. and Zhang, A.

Publication Date: 2026

Journal: Journal of the Academy of Nutrition & Dietetics 126(10), pp. N.PAG

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12. **Mealtime satisfaction in public nursing homes: Associations with sensory, foodservice, and dining-room environment factors**

Authors: Piedrafita-Páez, Nicolás;Romero-Rodríguez, Ma Angeles;Vázquez-Odériz, Ma Lourdes and NUTRIAGE, Study Group

Publication Date: 2026

Journal: Appetite 226, pp. 108692

Abstract: Satisfaction with meals is commonly used to assess how meals are experienced in nursing homes (NH), although limited evidence compares breakfast, lunch, and dinner within a unified analytical framework. This study examined the sensory and contextual factors associated with satisfaction across meals in public NH. A cross-sectional observational study was conducted using structured interviews with 290 residents aged ≥60 years (median 85 years; Q1-Q3: 81-88; 63.1% women) from 19 facilities in Galicia, Spain. Overall satisfaction and 12 factors related to sensory attributes of the food, foodservice characteristics, and dining-room environment were assessed using a 5-point Likert scale. Descriptive analyses used medians and quartiles, and group comparisons were performed using nonparametric tests. Three multivariable linear regression models, one per meal, were estimated including all factors simultaneously. In adjusted models, the largest standardized coefficients were observed for taste (lunch: $\beta = 0.366$; $P < 0.001$), food temperature at serving (dinner: $\beta = 0.319$; $P < 0.001$), and menu variety (breakfast: $\beta = 0.301$; $P < 0.001$). Taste, food temperature at serving, menu variety, and meal schedule showed statistically significant coefficients in all models. Overall satisfaction was lower at dinner (29.0% ≥ 4) than at breakfast (34.8%) and lunch (34.5%) ($P = 0.003$). Selected dining-room environment factors showed significant coefficients in meal-specific models. Mealtime satisfaction was mainly associated with sensory and contextual factors related to how meals are perceived. Lower satisfaction at dinner

suggests this mealtime as a relevant context for understanding variations in meal perception in NH residents.

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13. **Nutrition management in critically ill surgical patients: a clinical practice guideline appraisal and synthesis**

Authors: Xin, Chen;Luo, Yuhong;Liu, Yuhua;Xu, Yan;Liu, Guixin;Han, Binru and Lin, Frances

Publication Date: 2026

Journal: Clinical Nutrition 65, pp. N.PAG

Abstract: Critically ill surgical patients are particularly vulnerable to inadequate nutritional intake due to surgery, trauma, treatment-related interruptions, and hypermetabolic stress. Clinical practice guidelines (CPGs) are important for guiding nutritional management in this population, but specific recommendations remain limited. Therefore, this systematic review aimed to evaluate the methodological quality of CPGs related to nutritional management in critically ill surgical patients and to synthesize their recommendations. Comprehensive bibliographic searches were conducted across six literature databases and ten guideline repositories to identify CPGs published between January 2005 and November 2025. Professional society websites and relevant grey literature sources were also searched. Data on guideline characteristics and development methodology were extracted. The methodological quality of included guidelines was appraised using the Appraisal of Guidelines for Research and Evaluation II (AGREE II), and the quality of recommendations using the AGREE-Recommendation Excellence (AGREE-REX). Recommendations relevant to nutritional management in critically ill surgical patients were then synthesized narratively. A total of 17 CPGs were included, comprising 12 critical care CPGs, one surgical CPG, one obesity-specific CPG, and three disease-specific CPGs. Substantial variability was observed across the six AGREE II domains, with mean overall quality ratings ranging from 3.75 ± 0.96 to 6.25 ± 0.50. The AGREE-REX overall scores ranged from 48.15% to 75.93%. In terms of whether the appraisers would recommend the CPGs and their recommendations for use, one CPG was rated as "No" in both AGREE II and AGREE-REX assessments, and the remaining were rated as either "Yes" or "Yes, with modifications." Guideline recommendations were summarized into general nutritional recommendations for critically ill surgical patients and subgroup-specific recommendations. The former covered general principles, nutrition screening and assessment, preoperative and postoperative nutrition, nutritional monitoring, and management of feeding intolerance. The latter addressed 12 conditions, including gastrointestinal surgery and injury, organ transplantation, bariatric surgery, acute pancreatitis, neurocritical illness, cardiac critical illness, burns, trauma, sepsis, respiratory dysfunction, hepatic dysfunction, and renal dysfunction. This systematic review suggests that nutritional therapy for critically ill surgical patients should be tailored based on the type of surgery, stage of critical illness, comorbidities, and individual characteristics. These findings provide evidence-based guidance for clinical practice and highlight the need for dedicated guidelines for this population. CRD420251076919.

14. **Digital technologies in inpatient foodservice and nutrition care: a systematic scoping review of intake, plate waste, measurement, and implementation**

Authors: Yang, Junxiao;Tai, Jingya and Dong, Chunli

Publication Date: 2026

Journal: Frontiers in Nutrition 13, pp. 1951971

Abstract: Background Digital technologies increasingly support inpatient meal ordering, dietary intake recording, automated measurement, decision support, and foodservice workflows, but evidence across technical, service, nutritional, and clinical outcomes remains fragmented. Objective To map digital technologies embedded in hospital foodservice and nutrition care, separate technical-validation, service process, and patient outcomes, and identify implementation and translational gaps. Methods PubMed, Embase, Web of Science Core Collection, and Scopus were searched from inception to 30 June 2026. Two reviewers independently screened records and appraised included reports; one reviewer charted data and a second checked all entries. Findings were synthesized descriptively without meta-analysis or certainty grading. Results Twenty-five reports published between 1996 and 2026 were included; most were single site, nonrandomized, or early stage validation studies. Technical-validation studies reported improved completeness or agreement for some digital measurement tools, but artificial-intelligence performance varied and no artificial-intelligence system had independent external validation. Service-process studies reported favorable signals for ordering flexibility, documentation, selected foodservice costs, and plate waste in some settings. Several nonrandomized comparative studies reported higher energy and/or protein intake, but digital functions were usually bundled with menu, staffing, or delivery redesign, so the independent effect of the digital component remains uncertain. One randomized trial improved nutrition documentation and care planning without changing weight or length of stay. Sustained nutritional recovery, downstream clinical outcomes, formal cost-effectiveness, and equity were rarely evaluated. Conclusion The available evidence is most suitable for mapping technologies and proximal signals, not for firm conclusions about independent clinical effectiveness. Multicenter comparative studies should link validated measurement to documented clinical responses and evaluate generalizability, economics, and equitable access.

Sources Used:

The following databases are used in the creation of this bulletin: Amed, British Nursing Index, Cinahl & Medline.

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