


THE WORK OF THE MULTIDISCIPLINARY TEAM IN HOME NUTRITIONAL THERAPY FROM THE PERSPECTIVE OF THE UNIFIED HEALTH SYSTEM: A LITERATURE REVIEW

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Shellda Azevedo Alencar¹

ABSTRACT

Home care is considered a health care modality that should offer care to patients at home, involving health promotion and disease prevention actions, long-term and palliative care. The objective of this study is to discuss the contributions of multidisciplinary teamwork and its performance in home nutritional therapy. A search for articles was carried out based on the analysis of data available in *MEDLINE*, *LILACS*, *Google Scholar*, and *CAPES Journals*, using a comprehensive search strategy to identify studies published between January 2013 and September 2023. Nutritional care is a primordial factor, extremely important in home care, given that home nutritional therapy is defined as an effective care method for recovering the nutritional intake of sick individuals, home nutrition is described in the literature as an economical and safe treatment. Based on the reviewed studies, it is perceived that Home Nutritional Therapy becomes effective when there is a prepared multidisciplinary team, adequate training for the team and caregivers, as well as interactions between them, making it possible to minimize errors in the application and adherence to diets. The studies also highlight challenges and gaps to be overcome. It is crucial to promote a more integrated approach among health professionals, invest in continuing education, develop effective protocols, and strengthen interdisciplinary communication to ensure more efficient, safe, and patient-centered home nutrition therapy.

Keywords: Nutrition. Nutritional Therapy. Home Nutrition.

¹ Degree of Education: Higher education
Institution: Federal University of Acre



INTRODUCTION

The 8th National Health Conference, held in 1986, and the Federal Constitution of 1988 are considered milestones in the conquest of several rights for the population in the democratic regime. Health was transformed into a right of citizenship and a duty of the State, giving rise to the process of creating a public, universal and decentralized health system, the SUS. Subsequently, there were debates about collective health and primary care, with a view to improving the living conditions of citizens (Souza *et al.*, 2020).

The Unified Health System (SUS) is the result of decades of struggle for an egalitarian and universal health system. This system is always undergoing intense advances, seeking to ensure the guarantee of care and treatment for individual and collective health, covering procedures from primary care to high complexity, despite the difficulties and obstacles faced in the management of services (Souza; Fernandes, 2020).

Based on the different experiences, the Ministry of Health adopted the Family Health Program (FHP) model, advancing in the reorganization of health care in the SUS, and becoming the Family Health Strategy (FHS) in subsequent years. The increased importance of primary care has brought to the municipalities challenges of reorganizing the teams, in order to guarantee users the operation through pedagogical technical support methodologies and clinical care (Mattos *et al.*, 2022).

With the creation of the Family Health Strategy (FHS), the systemic character of the SUS became more evident and necessary, the program implemented as a strategy to guide health practices, and for the consolidation of primary care in Brazil, requires associative and interactive processes, aiming to meet health needs from a singular and multidimensional point of view, that is, from multiple determinants (Backes *et al.*, 2014).

From this perspective, it can be stated that the multiprofessional team is central in the FHS, teamwork and/or interdisciplinary action presupposes significant exchanges of concepts, theories, methods, practices, so that each individual who has a certain specific knowledge works in an integrated and articulated way (Almeida, 2014; Backes *et al.*, 2014).

Changes in the demographic and epidemiological profile in Brazil and in the world have made it necessary to adapt the health care model, leading several countries to adopt Home Care (HC) as a form of strategic care for health care, making it possible to rationalize hospital beds, reduce costs and organize patient-centered care (Rajão, Martins, 2020).

Home care is considered a health care modality that should offer care to users at home, involving health promotion and disease prevention actions, long-term and palliative care. Home care has a multidisciplinary team with the presence of: nurse, doctor, physiotherapist, speech therapist, psychologist, nutritionist, nursing assistants and



technicians, among others. Home care processes should be standardized, with dynamic review, and modified according to quality indicators (Franca, 2018).

According to the literature, AD concentrates a large number of patients with chronic diseases, who need adequate follow-up for their evolution, maintenance or recovery of their functional status. Nutritional monitoring is necessary to prevent readmissions, since nutritional status directly influences clinical evolution (Leindecker *et al.*, 2023).

Nutritional therapy aims to maintain or recover the nutritional and functional status of patients. It can be performed orally, through the use of supplements and nutritional supplements, enteral in patients who for some reason cannot or cannot feed orally, using tubes or ostomies when the gastrointestinal tract is fit, or even through the intravenous route when the digestive tract cannot be used (Aanholt *et al.*, 2017).

Nutritional therapy has expanded in the home environment, given that home care aims to continue hospital care, minimizing clinical complications and early readmissions, providing clinical and nutritional recovery through the monitoring of the multiprofessional team (Aanholt *et al.*, 2017).

Together with the multidisciplinary team, the nutritionist is responsible for adapting the supply of food through the dietary prescription of each patient, respecting the limitations imposed by each disease, as well as the personal and financial availability of the service. When applied correctly, nutritional therapy promotes improvements in nutritional indicators, reducing morbidity rates and the risk of complications, as well as shorter hospitalization time and cost reduction (Moreira, 2010). The objective of this study is to discuss the contributions of multidisciplinary teamwork and its performance in home nutritional therapy.

Communication is a complex, dynamic and flexible process, which has structured elements, which can produce positive or negative effects. It is a structural basis of health literacy, and allows the construction of relationships between people. Multidisciplinary teamwork in health is a practice in which communication between professionals is part of the daily work, and the agents operate the articulation of technical interventions through the symbolic mediation of language (Bezerra; Alves 2019; Valladão *et al.*, 2022).

Therefore, there is a need to consider two dimensions inherent to teamwork: the articulation of actions and the interaction of professionals. Contact with the patient in home care, as it takes place outside a health facility, requires networked care, where the development of knowledge and skills of the professionals who are part of the team will be imposed to facilitate the care of the patient's needs (Bezerra; Alves, 2019).

Home care is a potential strategy for reducing costs through dehospitalization, in addition to reducing the risk of secondary infections and repetitions. Home care promotes



humanized care, as it is provided in the safety of the home and favors the autonomy and trust of the patient and family (Cavalcante *et al.*, 2022).

Nutritional care is a primordial factor, extremely important in home care, given that home nutritional therapy is defined as an effective care method for the recovery of sick individuals, home nutrition is described in the literature as an economical and safe treatment (Bolognese *et al.*, 2022).

Despite this, there is a lack of studies that analyze the performance of the multidisciplinary team of nutritional therapy in the home environment. There is also a limited number of authors who discuss the effectiveness of home nutritional therapy. As it is a relevant topic, it is extremely important to discuss the team's performance, care protocols and the effectiveness of therapy in the patient's evolution.

THEORETICAL FRAMEWORK

HOME NUTRITIONAL THERAPY

Home care initiatives linked to hospitals are generally aimed at dehospitalization and contributing to the reduction of operational costs of services, providing a decrease in the average length of stay in hospitalization institutions, and reducing the interoccurrence of infectious complications related to prolonged hospitalizations (Franca, 2018).

Nutritional therapy can be defined as the provision of oral, enteral, or parenteral nutrients in formulas aimed at maintaining or restoring nutritional status. Enteral nutrition refers to nutrition delivered through the gastrointestinal system through a catheter, tube, or stoma that delivers nutrients at a point distal to the oral cavity. Parenteral nutrition refers to the supply of nutrients through the intravenous route. Nutritional therapy should be considered as part of the integrated care plan when patients are unable or will not eat enough to sustain their nutritional needs (Mahan; Raymond, 2018).

In the home context, enteral and parenteral nutritional therapy has a similar indication to hospital indication, and the care already started in the hospital is continued at home. For the approval of home nutritional therapy (NTD), some requirements are necessary, such as: patient in clinical conditions that allow the continuity of treatment at home, tolerance to TND, environment in adequate conditions, patient, caregiver or family member with intellectual capacity to understand the recommendations, in addition to the presence of a multidisciplinary team (SBNPE, 2012).

The Resolution of the Collegiate Board (RDC) 63 of July 2000 and Ordinance 272 of 1998, provides for the technical regulation with minimum requirements for the practice of enteral and parenteral nutritional therapy, respectively. These legislations define the



multidisciplinary nutritional therapy team (EMTN) as "a formal group, mandatorily constituted of at least one professional from each category, namely: doctor, nutritionist, nurse and pharmacist, and may also include professionals from other categories, qualified and with specific training".

NT is considered safe and has a satisfactory cost-benefit ratio, when well indicated, planned and monitored by the specialized team. The success of home nutritional support depends on careful therapeutic planning and coordinated actions together with the multidisciplinary team, the patient, the family, and the caregiver (Cuppari, 2019).

In Brazil, the practice of NTD has been regulated since 2011, with the most recent legislation being Ordinance 825 of the Ministry of Health (2016), establishing the guidelines for home care represented by the Better at Home program (Franca, 2018). Ordinance 825 divides home care into three modalities, facilitating the understanding of the patient's care profile, enabling the adequacy of the management of human resources, necessary materials, and intersectoral flows. In addition, the ordinance highlights the need for the multidisciplinary team to act as educators, guiding and training the caregivers of users in care, involving them in the performance of care, respecting their limits and potentialities and making them subjects of the process.

The home care booklet "Better at home", published in 2013 by the Ministry of Health, highlights that the professional dimension is the core of care management, the moment of encounter between the worker/team and the user, an intercessory space between those who bear the health needs and those who are willing to care. It is a space of great creative power that permeates external determinants (beliefs, education, etc.), which influences both staff and users, and is also marked by a degree of freedom and responsibility in the action of workers.

Despite the whole scenario regarding the growth of TND, clinical benefits and the involvement of the health team in the follow-up of patients in home care, there is a gap in the literature regarding data related to home nutritional care in the country (Aanholt, 2017). The scarcity of studies related to the theme makes it difficult to compare the characteristics of patients who use the service, as well as to analyze the effectiveness of the care provided in this modality of therapy. Aanholt (2017) points out that this issue may be related to the lack of criteria in registering these patients in a single system for a systematic and permanent analysis.



THE MULTIDISCIPLINARY HOME CARE TEAM

The attributions of the multiprofessional team in the care of patients in home care, according to the Ministry of Health, are: help in body care, stimulation and help in feeding, getting out and returning to bed, sitting at the table, help in locomotion, changes in decubitus, serving as a link between the user, the family and the health team, administering medications, among others. The multidisciplinary health team needs to integrate care in a broad way, covering all aspects (biological, physical and social), with care being provided to the patient as well as to the family and community. Care must be elaborated through new methods of acting, in order to integrate with practice and respond to the health needs of people in different situations (Hilzendeger *et al.*, 2014).

Araujo *et al.* (2018), highlight the role of the nursing team in patient care in home care, the team performs several activities, acting in care, management, education, and other priority activities both in individual and team care, such as team coordination and routine procedures in home visits.

The nutritionist is part of the home care team and has a central role in the effectiveness of home nutritional therapy, performing the instrumentalization of the nutritional diagnosis, meeting the needs of the patient by observing their specificities and sociocultural values. It proposes appropriate and necessary dietary guidelines, adapting them to the habits of the family unit, culture, physiological conditions, and food availability (Araujo *et al.*, 2018).

The work of Araujo *et al.* (2018) also highlights the service of the physiotherapist professional, who works in home care in the aggravations of chronic degenerative and traumatic diseases, as a rehabilitator. And in order to prevent and promote mental health, the work of the psychologist is necessary for the maintenance of healthy aspects, always considering the resources available in the community and its potential.

Care is a sum of decisions regarding the use of technologies, articulations of professionals and environments in a given time and space that tries to be as appropriate as possible to the patient's needs. The complexity of the individual makes multidisciplinary care necessary, considering the environment in which he is inserted and his clinical, social and affective condition. The team's work must respect ethical and human values, as well as individual autonomy, in addition to establishing bonds so that the center of their attention is comprehensive care (Brasil, 2015).



THE COMMUNICATIVE PROCESS AND MULTIPROFESSIONAL TEAMWORK IN HEALTH

The theories discussed by Ciamponi and Peduzzi (2000) highlight that the term "team" in the context of health refers to obtaining goods and products to meet human needs. It is the team's responsibility to obtain results that express the purpose of the work it produces. There is a relationship between complementary dimensions: work and interaction, characterizing teamwork. In this context, the team constitutes a practice in which communication between professionals is part of the daily work and the agents operate the articulation of their different works through the mediation of language (Ciamponni; Peduzzi, 2000).

The multidisciplinary health team can also be defined as the involvement of several professionals with different backgrounds and specialties. The articulation of different perspectives of the professionals who make up the multidisciplinary health team enables the development of actions that go beyond the rationality of curative care, centered on the immediate resolution of individual problems. The interaction between this team and the exchange of various technical knowledge, as well as the planning, cooperation and discipline among the professionals that compose it can enhance the achievement of positive results, impacting the patient's improvement, results that would not be produced by any professional alone (Bezerra; Alves, 2019).

Failure in communication between health professionals, and between them and patients and companions, has been one of the main factors that contribute to the occurrence of adverse events during treatment. Ineffective communication is among the causes of 70% of errors made in health care. The process of effective communication requires a great deal of social interaction, which demands the active participation of professionals, managers and patients. The process of interactivity of the multiprofessional team directly reflects on the provision of care, well-being, and patient safety (Santos *et al.*, 2021).

Valadão (2022) highlighted that communication problems can produce unsafe behaviors, and fall into three categories: communication channel failure, system failures (not used or used infrequently), and failure to send messages (the receiver is misunderstood or delayed). Fragile communication, both in Brazil and in other countries, is considered one of the main factors responsible for adverse events and safety incidents that affect patients.

With regard to home nutritional therapy, the importance of follow-up and monitoring by the multidisciplinary team is relevant in order to prevent complications and favor the adherence of patients and their families to treatment. When home nutritional therapy is



prescribed, the team is able to provide all the necessary support in relation to assistance, care and guidance. In this sense, it can be stated that there is a greater need for interaction between the team, given that in home care not all professionals are always present at the same time. The training and formation of the team transforms professional practice, and can be understood as learning-work (Guimarães, 2022).

Backes *et al.* (2014), highlighted in their studies that failures in the interaction of the multiprofessional team may be related to failures in the academic training of health professionals, and is also based on the biomedical model, whose consequences are the reproduction, fragmentation and linearity of interventions related to the health-disease process. The study highlights that in the curricular guidelines of undergraduate health courses, two courses do not mention teamwork, they are: nursing and nutrition. Professionals who are protagonists when it comes to nutritional therapy, both in hospital and at home. Thus, it can be said that this educational deficiency can harm the practice of multidisciplinary interaction, as it is necessary to have the formation of organizing thinking, the understanding of processes and theories to then make it possible.

METHODOLOGY

The present work was carried out in terms of qualitative research, in this type of research, there is an interpretative and naturalistic approach to the world. In the clinical field, the scenario of health experiences is highlighted, defining the qualitative clinical method, and seeking to interpret the meanings of a psychological and sociocultural nature brought by individuals (patients, health professionals, etc.), about the phenomena pertinent to the field of health and disease problems. The complexity of qualitative research comes from the fact that there is no unique strategy for its methodological and interpretative conduction. The qualitative approach is recommended when there is little knowledge about the phenomenon or when it is necessary to describe it according to the subject's point of view (Lopes; Fracolli, 2008).

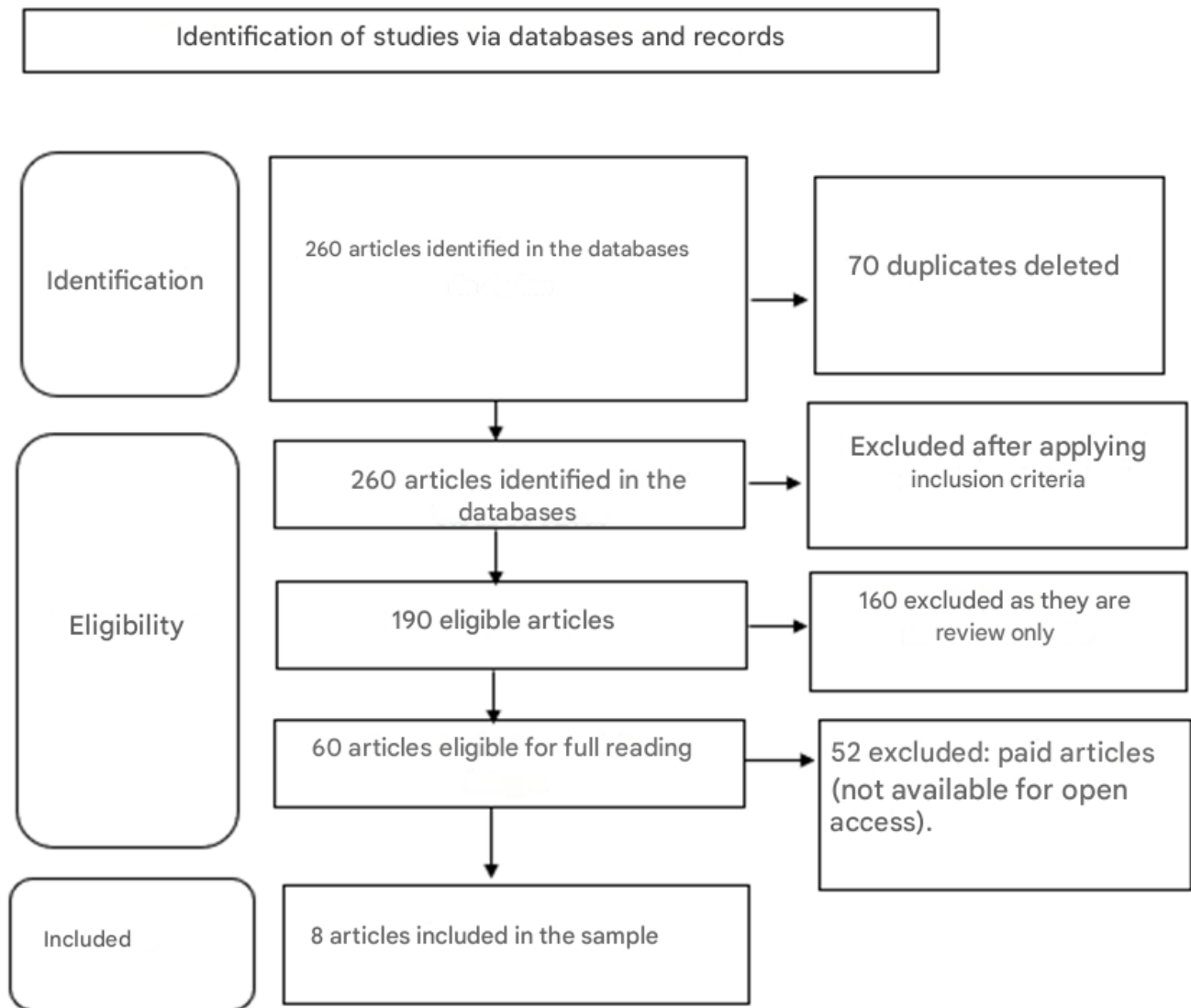
A literature review was carried out, defined by Moreira (2004) as a type of study that analyzes the bibliographic production in a given thematic area, within a time frame, providing an overview or state of the art report on a topic, making it possible to highlight new ideas, methods, sub-themes that have received greater or lesser emphasis in the selected literature.

A search for articles was carried out based on the analysis of data available in *MEDLINE*, *LILACS*, *Google Scholar*, *PubMed*, and *CAPES Journals*, using a comprehensive search strategy to identify studies published between January 2013 and

September 2023 in Portuguese, English, and Spanish. The following descriptors were used: multidisciplinary health team; nutritional therapy, home nutritional therapy. Priority was given to works published in the last 10 years, including complete texts that are directly or indirectly related to the theme addressed, texts in Portuguese, English or Spanish. Studies in languages other than those mentioned, articles that are not related to the theme, and studies unavailable for download were excluded.

With the application of the search methods described, 260 articles were found. Next, the inclusion criteria were applied, in the following order: from the selection of articles with full text available, 190 articles were found; When clinical trials and treatment were selected, 160 articles were found. Finally, when searching for articles published in the last 10 years (2013-2023), 60 articles were found (Figure 1).

Figure 1 – Selection of articles – Prepared by the author



RESULTS AND DISCUSSION

After the critical evaluation of titles and abstracts, based on the exclusion criteria, 08 articles were selected, as outlined in figure 1 of the methodology. The articles are described in chart 1, organized by categories: Author, title, objective and results, respectively.

Chart 1 – Articles organized by categories: Author, title, objective and results. Source: Prepared by the author.

| Author | Title | Objective | Results |
|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Prado <i>et al.</i> , 2022. | Elaboration of a protocol for the management of parenteral nutritional therapy in a public hospital in southwestern Bahia | Develop a NPT protocol to systematize care and direct the team in flows, conducts and procedures. | Verification of the lack of protocols for NPT; Professionals from the multidisciplinary team work individually; Lack of communication between professionals; Late initiation of nutritional therapy; Errors in the statute of limitations; Difficulties with the evolution and discontinuation of NPT. |
| Aanholt <i>et al.</i> , 2022. | Hispanic American Survey of Nutrition Therapy in Home Care Services | to know how home nutritional therapy (NTD) is performed in the member countries of the Latin American Federation of Parenteral and Enteral Therapy | 77% of discharge orientations occurred on the same day or up to one day before discharge; 71% of the orientations were in writing; Low indication of prescription of exclusive artisanal diet. |
| Almeida <i>et al.</i> , 2021. | Home enteral nutritional therapy: experience of continuing education | OBJECTIVE: To evaluate an educational intervention on home enteral nutrition therapy. | In the evaluation of the activity, the following stood out: Discussion and a multiprofessional view on the subject (20.8%); Collective constructions with other professionals (16.7%); Know and problematize reality (10.4%); Communication among Professionals (8.3%). |
| Tallarico <i>et al.</i> , 2019. | Home parenteral nutritional therapy: epidemiological profile and prevalence of the main complications in a private service in Brasília, DF | OBJECTIVE: To evaluate the epidemiological profile of patients using PDNT and its infectious, metabolic, and hepatic complications at a private Nutritional Therapy service in Brasília, DF, Brazil. | Primary bloodstream infection (BSI) was present in 1.43 per 1,000 catheters/day and the germs isolated in cultures were: Gram-positive coccus (50%); Gram-negative bacillus (25%); fungus (25%); Prophylactic therapy was used in 50% of the patients, hyperglycemia occurred in 31.81% and hepatic dysfunction in 36.36%; The risks of NPT can be reduced when the multidisciplinary team, patients, and caregivers are adequately trained. |
| Matsuda (2019). | Effects Adverses in nutritional therapy: perceptions of professionals from the multidisciplinary team | Effects Adverses in nutritional therapy: perceptions of the professionals of the multiprofessional team. | The theory of vulnerability pointed to the predominance of the individual dimension; Need to strengthen training programs; Lack of protocols that help in the performance of professionals. |
| Cavagnari <i>et al.</i> , 2023. | Factors associated with home nutritional | To analyze home nutritional therapy and identify | Low weight and a classification suggestive of sarcopenia predominated in the participants; |

| Author | Title | Objective | Results |
|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | therapy in patients under palliative care | nutritional status in patients under palliative care at home. | Most of them had a broken wing sign (70.8%), loss of the Bichat ball (66.7%) and loss of mass in the upper and lower limbs; Only one patient was with the value infused according to his caloric needs. |
| Souto (2016). | Effect of multi- or uniprofessional guidance on the adaptation of the diet of patients using home enteral nutrition | OBJECTIVE: To evaluate the effect of uniprofessional and multiprofessional guidance on the adaptation of home enteral nutrition in patients discharged from the Hospital de Clínicas de Porto Alegre. | Discharge guided predominantly by only one professional; none of the interviewees reported difficulties in preparing or administering the diet or even in the hygiene of the tube; a much larger number of caregivers who received multiprofessional guidance; None of the patients who received multi-orientation had tube obstruction as a complication. |
| De Sousa <i>et al.</i> , 2021. | Analysis of the effectiveness of nutritional therapy in patients under palliative care of the Better at Home program in the municipality of Queimadas-PB | OBJECTIVE: To analyze the effectiveness of enteral nutritional therapy in patients in palliative care assisted by the Better at Home Program promoted in the municipality of Queimadas - PB. | Prevalence of underweight (50%), followed by normal weight (40%), overweight (10%); The most commonly present complications were constipation (31%), abdominal distension (28%), and vomiting (22%); 60% of the patients received adequate caloric intake. |

Prado *et al.* (2022) conducted a study where a protocol for parental nutrition was developed, aiming to systematize care and guide the team in procedures, conducts, and flows to minimize complications in hospitalized patients. The authors' study was carried out between May 2019 and February 2021 in medical and surgical sectors, intensive care units, and emergency rooms of a Public Hospital in Southwest Bahia. Gaps in the institution were identified, such as failures in communication between professionals, conflicts in their attributions, delay in the start of parenteral nutrition, errors in the prescription and choice of the access route, lack of laboratory monitoring, difficulties in the evolution and discontinuation of PN.

These deficiencies analyzed by Prado *et al.* (2022), guided the elaboration of the PN management protocol, however, this represents only an initial step. The implementation in the hospital unit and the training of the entire team are steps to be followed. In the work of Prado *et al.* (2022), demonstrated that the multidisciplinary hospital team also has deficiencies in functioning as well as the home team, it can be said that home care is an extension of the hospital, therefore, for home care to become effective, the hospital multiprofessional team must be prepared and follow the care protocols, since it is during hospital discharge that the team carries out home care guidelines.



Aanholt *et al.* (2022), conducted a survey on home nutritional therapy in Latin America, an epidemiological, descriptive and cross-sectional study, with data from a *survey* authored by BRASPEN. The survey sought to know how TND is in Latin America. There was the participation of 17 Latin American countries and Spain. Brazil contributed with the largest number of respondents, with more than half of the participants, corresponding to 57%.

The findings of the survey showed that 77% of the participating health professionals practice hospital guidance for continuity of care at home up to one day before discharge, different from what is recommended in the literature, given that planned discharge is a recommendation of the World Health Organization, being a tool used to guarantee the patient continuity of clinical and nutritional care at home, safely. Therefore, the ideal is that the process starts from the patient's admission, involving the multidisciplinary team, the family, the patient, and the responsible caregiver, which should facilitate the understanding of the therapeutic needs (Aanholt *et al.*, 2022).

Aanholt *et al.* (2022) also draw attention to the data found in the study regarding the low indication of prescription of artisanal diet, the study revealed that only 8% of the participants used an exclusive artisanal diet, pointing out that most use industrialized ready-to-eat diets, which may be related to the need for practicality on the part of the team, or caregivers. The authors highlight that the artisanal diet is an interesting option for the elderly, and when combined with the industrialized diet (mixed) offers better prognosis, given that it is easier to provide nutrients to these patients.

In addition, the findings of Aanholt *et al.* (2022), showed that a third of the professionals do not deliver the guidelines in writing, and pass on the techniques of nutritional therapy and home care verbally, an action that generates doubts for the family and patient. The findings of the survey demonstrate a lack of interaction among the multidisciplinary team, as well as a lack of compliance with the protocols that systematize care and guide the team.

Almeida *et al.* (2021) reported an experience through an educational intervention carried out in a public general teaching hospital, focused on care in home enteral nutrition therapy. A 200-minute workshop was conducted, using hermeneutic-dialectical approaches, including theatrical expressions, discussions and the construction of themes for an educational video on guidelines for hospital discharge.

The participants in the discussion carried out in the educational intervention by Almeida *et al.* (2021), pointed out as the main challenges in care in TNED the construction of interdisciplinarity, the organization of health services, the definition of shared know-how,



and even the presentation of health policies. The educational actions presented aimed at the autonomy of the subject in the care process, given that most of the NDT errors can be avoided through guidance given to the caregiver by the multidisciplinary team. The workshop proved to be an effective method for bringing professionals closer to the theme, contributing to the identification of the need for improvements in clinical practice.

In a study of Home Parenteral Nutritional Therapy (NPNT) in a private Nutritional Therapy service in Brasília, retrospective data of 22 patients with a median age of 52 years were analyzed, most of whom were women (54.5%). The leading causes of bowel failure (IF) included gastrointestinal tract neoplasms (44%), short bowel syndrome (12%), and Crohn's disease (8%). Several complications were observed: primary bloodstream infection (BSI) was reported in 1.43 per 1,000 catheters/day, with germs such as Gram-positive coccus (50%), Gram-negative bacillus (25%), and fungi (25%). Prophylactic blockade therapy was used in 50% of the patients, while hyperglycemia occurred in 31.81% and hepatic dysfunction in 36.36%. Bowel rehabilitation was observed in 24% of the patients (Tallarico *et al.*, 2019).

In the study by Tallarico *et al.* (2019) emphasize that NPT offers benefits, but also brings complications. The multidisciplinary team and adequate training of patients and caregivers can reduce these complications. Control of caloric overload, the use of balanced complex lipid emulsions, and cyclic infusion have been suggested to prevent liver disease. This experience proved to be relevant to review practices and discuss new ways for the discharge of patients with enteral tube in home therapy, in addition to opening possibilities for the creation of an educational video (Tallarico *et al.*, 2019).

Matsuda (2019) studied the perception of professionals of multiprofessional nutritional therapy teams about adverbs in this area and their level of national management. The author used the vulnerability theory in her study, it was observed that, in the Individual dimension, the central concerns were focused on the patient, access (routes of administration), prescription and especially administration of solutions. In the Programmatic dimension, protocols for the administration of nutritional therapy and training programs were identified. In the Social dimension, institutional norms and guidelines were mentioned, excluding Ministerial Ordinances, whose content would facilitate the work of professionals. It was evident in the study that there were no significant differences in the reality of multiprofessional teams in Brazil, as well as in the profile of professionals and in the occurrence of adverse events.

Cavagnari *et al.* (2023) conducted a prospective observational study aimed at analyzing home nutritional therapy and identifying the nutritional status of patients in



palliative care at home. The authors highlighted that most of the patients participating in the study had low weight. The predominant formula used in home nutritional care was hyperprotein. Some patients received mixed food, offered by caregivers, even though it was contraindicated by professionals, which can be pointed out as one of the factors for the prevalence of low birth weight in patients.

Souto (2016) conducted a cross-sectional study with adult individuals who were discharged from the hospital using a tube for enteral feeding. The objective of this study was to evaluate the effect of uniprofessional and multiprofessional guidance on NDT guidance. According to the author's results, 94.4% of the times when discharge guidance was given, the caregiver was present. The orientation was predominantly performed by only one professional, 68.5% of the time. The caregiver was responsible for preparing the diets in most cases, and most reported having no previous knowledge of the guidance on these tasks. None of the patients who received multidisciplinary counseling had tube obstruction as a complication, whereas 11.1% of the patients who received uniprofessional counseling had this complication.

De Sousa *et al.* (2021) carried out a qualitative and quantitative descriptive study, using data from patients in the Better at Home program, with the objective of analyzing the effectiveness of ENT in patients in palliative care assisted by the program, in the municipality of Queimadas – PB. Regarding gastrointestinal complications, 40% of the sample had diarrhea, 20% constipation, and 10% abdominal distension. Regarding nutritional status, 50% were underweight. The planned nutritional intake in relation to the actual one proved to be efficient. Despite this, the authors highlight that there are specific cases of inadequacy in the preparation of the diet, made by caregivers and patients, which can be explained by the lack of knowledge, as well as by the lack of attention, and it is up to the team of the Better at Home program to carry out the training for better manipulation and adherence to the diet.

The lack of well-established protocols for the direction of the multiprofessional team, as well as the lack of planning of continuing education actions for professionals and care are points highlighted by most of the studies analyzed. The study by De Sousa *et al.* (2021) demonstrated that the Better at Home program is being effective in home care, adequately offering the necessary caloric intake.

The inadequacies in the NDT found by De Sousa *et al.* (2021) and Cavagnari *et al.* (2023), are pointed out as the result of errors in communication between caregivers and the team, and can be corrected with actions mentioned by other authors, such as Tallarico *et al.* (2019) demonstrated in his study on NPT, where it was possible to minimize complications



through the application of a protocol where the multidisciplinary team received adequate training.

FINAL CONSIDERATIONS

The studies mentioned offer different perspectives on nutritional therapy in varied contexts, from hospitals to home care. Based on the reviewed studies, it is perceived that Home Nutritional Therapy becomes effective when there is a prepared multidisciplinary team, adequate training for the team and caregivers, as well as interactions between them, making it possible to minimize errors in the application and adherence to diets.

The performance of the multidisciplinary team is highlighted as a key point in this process. Effective communication between health professionals is essential to ensure the quality of care, prevent complications, and favor patient adherence to treatment. The interaction between the various team members, each with their own expertise and specific knowledge, is essential to achieve positive results that would not be possible individually.

However, the studies also highlight challenges and gaps to be overcome. Issues such as communication failures between professionals, lack of well-defined protocols, delays in the start of nutritional therapy, errors in the prescription and choice of the access route, as well as difficulties in the evolution and discontinuation of treatment, were identified as areas that require attention and improvement.

The reviewed literature points to the need for greater emphasis on the education and qualification of health professionals, especially in the context of home nutritional therapy. In addition, the implementation of clear protocols and the improvement of interprofessional communication are essential to optimize the effectiveness of this type of treatment.

It is crucial to promote a more integrated approach among health professionals, invest in continuing education, develop effective protocols, and strengthen interdisciplinary communication to ensure more efficient, safe, and patient-centered home nutrition therapy.



REFERENCES

1. Aanholt, D. P. J., van et al. (2022). Inquérito Hispano-americano de terapia nutricional em serviços de Assistência domiciliar. *Revista de Nutrición Clínica y Metabolismo*, 5(3), 6-17.
2. Almeida, I. A. L. V. (2014). *Elementos para a Organização das ações de Alimentação e Nutrição na estratégia Saúde da Família* [Tese de doutorado, Universidade de Brasília]. Faculdade de Ciências da Saúde, Universidade de Brasília.
3. Almeida, J. M., Camargo, F. C., & Ribeiro, A. F. (2021). Terapia nutricional enteral domiciliar: experiência de educação permanente. *REFACS*, 9(4).
4. Backes, D. S., et al. (2014). Trabalho em equipe multiprofissional na saúde: da concepção ao desafio do fazer na prática. *Disciplinarum Scientia: Saúde*, 15(2), 277-289.
5. Bolognese, M. A., et al. (2022). Terapia nutricional domiciliar: uma revisão. *Research, Society and Development*, 11(3), e34011326130.
6. Brasil. Ministério da Saúde. (1998). Portaria nº 272, de 8 de abril de 1998. Regulamento Técnico para Fixar os requisitos mínimos exigidos para a Terapia de Nutrição Parenteral. Disponível em: [https://bvsms.saude.gov.br/bvs/saudelegis/svs/1/1998/prt0272_08_04_1998.html](http://bvsms.saude.gov.br/bvs/saudelegis/svs/1/1998/prt0272_08_04_1998.html). Acesso em: 20 nov. 2023.
7. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. (2015). *Caderno de Atenção domiciliar: Cuidados em terapia nutricional* (Vol. 3, 1. ed., reimpr.). Brasília: Ministério da Saúde. Disponível em: [http://189.28.128.100/dab/docs/portaldab/publicacoes/caderno_atencao_domiciliar_vol3.pdf](http://189.28.128.100/dab/docs/portaldab/publicacoes/caderno_atencao_domiciliar_vol3.pdf). Acesso em: 15 fev. 2024.
8. Bezerra, R. K. C., & Alves, A. M. C. V. (2019). A importância do trabalho em equipe multiprofissional na estratégia de saúde da família e seus principais desafios. *Revista Espaço Católico Saúde*, 4(2), 8-15.
9. Brasil. Agência Nacional de Vigilância Sanitária. (2000). Resolução RDC n. 63, de 6 de julho de 2000: Regulamento técnico para terapia de nutrição enteral. *Diário Oficial da União*.
10. Brasil. Ministério da Saúde. (2016). Portaria nº 825, de 25 de abril de 2016: Redefine a atenção domiciliar no âmbito do Sistema Único de Saúde (SUS) e atualiza as equipes habilitadas. Disponível em: [https://bvsms.saude.gov.br/bvs/saudelegis/gm/2016/prt0825_25_04_2016.html](https://bvsms.saude.gov.br/bvs/saudelegis/gm/2016/prt0825_25_04_2016.html). Acesso em: 4 set. 2023.
11. Cavalcante, M. E. P. L., et al. (2022). Melhor em casa: caracterização dos serviços de atenção domiciliar. *Escola Anna Nery*, 26, e20220001.



12. Cavagnari, M. A. V., et al. (2023). Fatores associados à terapia nutricional domiciliar em pacientes sob cuidados paliativos. *DEMETRA: Alimentação, Nutrição & Saúde*, 18, e67398.
13. Ciampónni, M. H. T., & Peduzzi, M. (2000). Trabalho em equipe e trabalho em grupo no programa de saúde da família. *Revista Brasileira de Enfermagem*, 53(especial), 143-147.
14. Cuppari, L. (2019). *Nutrição clínica no adulto* (4ª ed.). Barueri, São Paulo: Editora Manole.
15. De Araújo, R. C. G., et al. (2028). Programa Melhor em Casa: processo de trabalho da equipe multiprofissional. *Itinerarius Reflectionis*, 14(4), 1-23.
16. De Sousa, J. B., et al. (2021). Análise da efetividade da terapia nutricional em pacientes sob cuidados paliativos do programa Melhor em Casa no município de Queimadas-PB. *Research, Society and Development*, 10(6), e2410615232.
17. França, S. C. (2018). *Orientação multiprofissional e visita domiciliar no cuidado de pacientes com dieta enteral domiciliar* [Dissertação de Mestrado, Universidade Estadual Paulista]. Faculdade de Medicina de Botucatu.
18. Guimarães, K. V. S. (2022). *Judicialização do direito à saúde no âmbito da terapia nutricional domiciliar: Aspectos norteadores para uma discussão sobre o tema* [Dissertação de Mestrado, Fundação Oswaldo Cruz]. Programa de Pós-graduação em Políticas Públicas de Saúde, Brasília, DF.
19. Hilzendeger, A. L., et al. (2014). A atuação da equipe multiprofissional do serviço de atendimento domiciliar (SAD). *RIES*, 3(2), 79-94.
20. Leindecker, V., De Campos, F. C., & Harb, A. B. C. (2023). Perfil nutricional dos usuários acompanhados pelo programa “Melhor em Casa” em um município da região sul do Brasil. *BRASPEN Journal*, 38(2), 181-188.
21. Lopes, A. L. M., & Fracoli, L. A. (2008). Revisão sistemática de literatura e metassíntese qualitativa: considerações sobre sua aplicação na pesquisa em enfermagem. *Texto & Contexto-Enfermagem*, 17, 771-778.
22. Mahan, L. K., & Raymond, J. L. (2018). *Krause Alimentos, Nutrição & Dietoterapia* (14ª ed., pp. 793-794). São Paulo: Editora Roca.
23. Mattos, M. P., Gutiérrez, A. C., & Campos, G. W. S. (2022). Construção do referencial histórico-normativo do Núcleo Ampliado de Saúde da Família. *Ciência & Saúde Coletiva*, 27, 3503-3516.
24. Matsuba, C. S. T. (2019). *Eventos adversos em terapia nutricional: percepção dos profissionais da equipe multiprofissional* [Tese de Doutorado, Universidade de São Paulo]. Escola de Enfermagem.
25. Ministério da Saúde. (2013). *Caderno de atenção domiciliar: Melhor em Casa: A segurança do hospital no conforto do seu lar* (Vol. 2). Brasília: Ministério da Saúde.



26. Moreira, S. P. L., Galvão, N. R. L., & Fortes, R. C. (2011). Terapia de nutrição enteral domiciliar: principais implicações dessa modalidade terapêutica. **Comunicação em Ciências da Saúde**, 21(4), 309-318.
27. Moreira, W. (2004). Revisão de literatura e desenvolvimento científico: conceitos e estratégias para confecção. **Ângulo**, 1(1).
28. Pinto, D. M., et al. (2011). Projeto terapêutico singular na produção do cuidado integral: uma construção coletiva. **Texto & Contexto-Enfermagem**, 20, 493-502.
29. Prado, A. O., França, V. F., Lima, G. B., & Cardoso, L. G. V. (2023). Elaboração de um protocolo para manejo da terapia nutricional parenteral em um hospital público no sudoeste da Bahia. **Acta Elit Salutis**, 7(1), 39.
30. Rajão, F. L., & Martins, M. (2020). Atenção Domiciliar no Brasil: estudo exploratório sobre a consolidação e uso de serviços no Sistema Único de Saúde. **Ciência & Saúde Coletiva**, 25(5), 1863-1877.
31. Santos, T. O., Lima, M. A. C., Alves, V. S., et al. (2021). Comunicação efetiva da equipe multiprofissional na promoção da segurança do paciente em ambiente hospitalar. **Revista Online Multidisciplinar Psicologia**, 15(55), 159-168.
32. Sociedade Brasileira de Nutrição Parenteral e Enteral. (2021). Terapia Nutricional Domiciliar. **Revista da Associação Médica BRASPEN**, 58(4), 408-411.
33. Souto, T. C. (2016). **Efeito da orientação multi ou uniprofissional na adaptação da alimentação do paciente em uso de nutrição enteral domiciliar** [Trabalho de Conclusão de Curso, Universidade Federal do Rio Grande do Sul].
34. Sousa, C., & Fernandes, V. C. (2020). Aspectos históricos da saúde pública no Brasil: revisão integrativa da literatura. **JMPHC | Journal of Management & Primary Health Care**, 12, 1-17.
35. Souza, G. J., Gomes, C., & Zanetti, V. R. (2020). Estratégia da Saúde da Família: a dimensão articuladora do território. **Barbarói**, 56, 141-163.
36. Tallarico, R. T., et al. (2019). Terapia nutricional parenteral domiciliar: perfil epidemiológico e prevalência das principais complicações em um serviço privado de Brasília, DF. **BRASPEN Journal**, 4(34), 408-4013.
37. Valadão, F. S., et al. (2022). Processo de comunicação entre a equipe multidisciplinar no contexto da gestão na atenção básica: revisão integrativa. **Research, Society and Development**, 11(11), e86111133465.
38. Van Aanholt, D. P. J., et al. (2017). Inquérito brasileiro sobre o estado atual da terapia nutricional domiciliar. **BRASPEN Journal**, 32(3), 214-220.