ENTERAL NUTRITION by Nick Mark MD

DBJECTIVES:

- Adequate nutrition is essential to maintain normal physiologic functions
- Enteric feeding also helps maintain an important immunological barrier
- 30-50% of ICU gts are malnourished, mainutrition associated w/ yours successed

WHEN TO START ENTERAL FEEDS?

- Early enteral nutrition (<48 hrs after onset of ontical illness) is associated with
- reduced mortality and reduced incidence of infections (particularly pneumonia).
- Celiberate underfeeding is not associated with improved outcomes PERMIT 20151
- No survival advantage with early parenteral nutrition (CPN 2001).
- Enterol nutrition can be safely given while in the prope position or receiving TTM.
- EN can also be given while on neuromuscular blockers or while on ECMO.

WHEN NOT TO START ENTERAL FEEDS?

Early EN may be poorly tolerated in patients in shock (NUTRIFIA, 2): however the
only absolute contraindications to initating enteral nutrition (EN) are bowel
obstruction, perforation, mesenteric ischemia, or major Gi bleeding.

ENTERIC FEED FORMULA:

- Epocadas contain a mixtures of macronutrients (surbohydrates, lipido, & protein) as well as micronutrients (electrolytes, vitamine, & trace elements). Select based upon clinical context.
- Despite theoretical basis, there is little direct evidence for many novel disease specific formula (ARDK, COPO, liver).
- There is also limited evidence for additives like glutaming, etc.
- Controllydrate Upide Probain

 4.0 kcally 9 kcally 4.0 kcally (Invegrenment

 0.7 L/g 1.4 L/g 0.8 L/g 00, produced

 0.9 1.0 0.7 0.8 fergratery quotient

CALCULATING CALORIC NEEDS:

- Energy expenditure depends on mass, metabolism, & lifness.
 - It is not necessary to meet full caloric needs; many benefits of early feeding are realized with any DN. Paradoxically, achieving 200% of caloric needs in the 1" week may be harmful. Thus, while early feeding is preferable the good need not be full colories.

ONE

Simple formula to estimate basal energy expenditure (BEE) BEE kcal/day = 25 × weight (kg)

For most people use actual weight. If volume overloaded, use dry weight. If obese (BM) > 30 kg/m2) use 120% of BW.

- Disease can modify caloric needs:
- Fever 10% more calories per degree C
- Peritonitis 20-50% more, Sepsis 40-80% more
- Treuma: 20-40% more Burns: +50-100% depends on BSA
- Higher protein may be beneficial in select population(1ANGLT 2018) Most critically ill patients require 1.2-1.5 g/kg/day of protein
- more recognition becomes authorized and the first first and the become
- Patient with burns may require high protein 2 g/kg/day (add supplements if needed)
- Consider branched chain amine acids (BCAA) in patients with heavily encephalosophy.



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Indirect calorimetry measures VO2 & VCC2 to calculate EE

RC(x) suggests overfeeding -9 decrease carbs or lipids

- RQ +0.8 suggest underfeeding -9 increase calories

 $EE kcel/day = 1440 \times [(3.94 \times VO_{\bullet}) + (1.11 \times VCO_{\bullet})]$

Respiratory quotient can identify problems or fine-tune feeding:

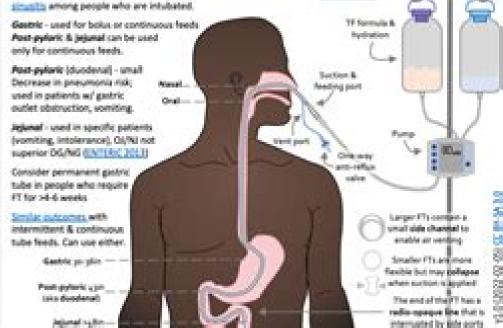
Indirect calorimetry results in more calories & protein administered.

Only possible to obtain accurate measurements if FiG2 is < 0.6

RESIDUALS:

- Residuals are contents that remain in the stomach, after tube feeding is paused.
- At least 500ml of residuals can be safely tolerated without intervention (NEGAIN 2010)
- If TV are poorly tolerated (residuals >500, vomiting, gastric distension), consider the following:
 - Maintain head up >30 degrees (good practice to prevent VAF)
 - Administer pro-kinetic agents (erythromycin is superior to metaclopramide)
 - Consider advancing FT post-pylonic or into jejunum (expecially if vomiting)
- increasingly, there is evidence for NOT checking residuals at all (less RN work, no improvement in outcomes)







Pediatric Enteral Nutrition Guidelines

Anupam Sibal, Sarath Gopalan, Akshay Kapoor, Vidyut Bhatia

Pediatric Enteral Nutrition Guidelines:

Manual of Pediatric Cardiac Care Talât Mesud Yelbuz, Mohammed Abdullah Bin-Moallim, Wael Jasim Mohamed Husain, Yousif Saleh Alakeel, Mohamed Salim Kabbani, Abdullah Ali Alghamdi, 2024-07-29 This two volume manual covers the most relevant protocols in pediatric cardiac care to serve as a practical guide that matches and reflects the high level of accumulated knowledge and expertise in this clinical field It includes 179 chapters and offers comprehensive precise and up to date practical tips with specific care protocols to provide the most efficient strategies for high quality care in patients with congenital heart disease CHD This book simplifies learning with many tables flowcharts graphs and algorithms for easy access and fast action Volume II covers many vital sections such as ethical considerations in pediatric cardiac patients pediatric cardiac surgery pediatric cardiac intensive care unit PCICU guidelines clinical pharmacy guidelines adults with congenital heart disease appendix with normal values reference tables graphs scores and various calculated indexes used and needed for proper pediatric cardiac care This manual is a must have resource for pediatricians neonatologists clinical pharmacy specialists pediatric intensive care physicians pediatric cardiologists pediatric cardiac intensive care physicians pediatric cardiac surgeons and or surgeons interested in pediatric cardiac surgery Therapeutic Pediatric Nutrition Sharma Madhu, 2011-06 This book covers dietetic management of common as well as uncommon diseases of childhood Each chapter is complete in itself and delineates in detail every aspect of therapeutic dietetics covering physiological background pathogenesis of factors leading to nutritional disorders nutritional requirements in the particular disease entity The scientific basis of the menu planning and development of recipes to provide the calculated amounts of nutrients in a palatable form are explained The chapters on diabetes mellitus kidney disorders celiac disease and enteral feeing need special mention as examples of sound instructions Rare disorders like inborn errors of metabolism are also covered This book is useful guide for all trainers involved in the teaching of nutrition in colleges and other health care institutions **Handbook of Pediatric** Nutrition Patricia Queen Samour, Kathy King (RD.), 2005 Handbook of Pediatric Nutrition Third Edition provides cutting edge research and resources on the most important pediatric issues and therapies such as prenatal nutrition weight management vegetarian diets diabetes guidelines and transplant nutrition concerns Commonly used by dietetic practitioners studying for their Pediatric Specialty exams registered dietitians dietetic technicians nutritionists pediatricians nurses and dietetic students this book is considered the last word in pediatric nutrition Samour & King's Pediatric Nutrition in Clinical Care Susan H Konek, Patricia J Becker, 2019-03-12 Samour King's Pediatric Nutrition in Clinical Care Fifth Edition provides comprehensive coverage of the nutritional aspects of pediatric clinical care A widely trusted resource for more than twenty years this text combines coverage of nutrition assessment and care with detailed coverage of normal growth relevant disease states and medical nutrition therapy Essentials of Pediatric Nutrition Kathy King (RD.), 2011-07 Abridged version of Pediatric nutrition edited by Patricia Queen Samour Kathy King 4th ed c2012 **Pediatric Gastrointestinal and Liver**

Disease E-Book Robert Wyllie, Jeffrey S. Hyams, Marsha Kay, 2020-09-24 Now with full color illustrations throughout dozens of new review questions and state of the art coverage of this fast changing area Pediatric Gastrointestinal and Liver Disease 6th Edition remains the leading text in the field You Il find definitive guidance on diagnosis and treatment from experienced editors Drs Robert Wyllie Jeffrey S Hyams and Marsha Kay as well as globally renowned contributors who share their knowledge and expertise on complex issues Features an enhanced art program with full color anatomical figures clinical photos and other illustrations throughout the text Includes a new chapter on fecal transplantation FCT covering donor and recipient screening preparation delivery follow up and safety considerations as well as investigative uses for FCT for disorders such as IBD IBS and D lactic acidosis Prepares you for certification and recertification with more than 400 board review style questions answers and rationales 30% new to this edition Includes detailed diagrams that accurately illustrate complex concepts and provide at a glance recognition of disease processes Contains numerous algorithms that provide quick and easy retrieval of diagnostic screening and treatment information Provides up to date information on indigenous flora and the gut microbiome and clinical correlations to treatment as well as advancements in liver transplantation including split liver transplantation SLT and living donor liver transplantation LDLT Details key procedures such as esophagogastroduodenoscopy and related techniques colonoscopy and polypectomy endoscopic retrograde cholangiopancreatography capsule endoscopy and small bowel enteroscopy gastrointestinal pathology and more

Pediatric Trauma Care Alfred P. Kennedy Jr, Romeo C. Ignacio, Robert Ricca, 2023-01-01 This book meets the need for a detailed resource that focuses on the unique challenges encountered in pediatric trauma and its clinical management Short practically oriented chapters describe how to successfully treat a range of injuries across a variety of anatomical areas Emphasis is placed on accounting for the injury mechanism providing recommendations on rapid assessment initial stabilization and management strategies Pediatric Trauma Care A Practical Guide comprehensively covers how to approach treating pediatric trauma patients suffering with a variety of injuries Therefore it is an ideal resource for all medical **Textbook of Pediatric Gastroenterology**, professionals who encounter these patients in their day to day practice Hepatology and Nutrition Anupam Sibal, Sarath Gopalan, Akshay Kapoor, Vidyut Bhatia, 2015-04-30 Textbook of Pediatric Gastroenterology Hepatology and Nutrition is a comprehensive and up to date resource covering disorders of the liver and digestive system This book is divided into three sections on gastroenterology nutrition and hepatology respectively encompassing 37 chapters The book describes the pathophysiology of a range of paediatric disorders from diseases of the oesophagus and malnutrition to chronic liver disease as well as new genetic metabolic and biochemical tests Novel therapies are discussed for treatment of diseases such as tyrosinemia and neonatal haemochromtosis and the hepatology section describes improved treatment for Hepatitis B and C in relation to liver transplantation New modalities in endoscopy such as endoscopic ultrasound and capsule endoscopy in gastrointestinal disorders are also covered in detail Enhanced by over 100

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