

Enteral Feeding Starter Regime for Patients at Risk of Refeeding Syndrome

Introduction

- ➔ Please refer all patients requiring enteral feeding to the Dietitian (Extn 2747, Pager 43)
- ➔ This Guide is designed to assist when a Dietitian is not available to provide an individualised feeding regime and the standard regime cannot be used because they are at risk of Refeeding Syndrome.

Definition

Severe and potentially fatal fluid and electrolyte shifts and related metabolic implications that may occur in malnourished patients undergoing refeeding (whether enteral or parental feeding is used).

Consequences

- Hypophosphataemia
- Fluid balance abnormalities
- Hypokalaemia
- Vitamin deficiency
- Hypomagnesaemia
- Altered glucose metabolism

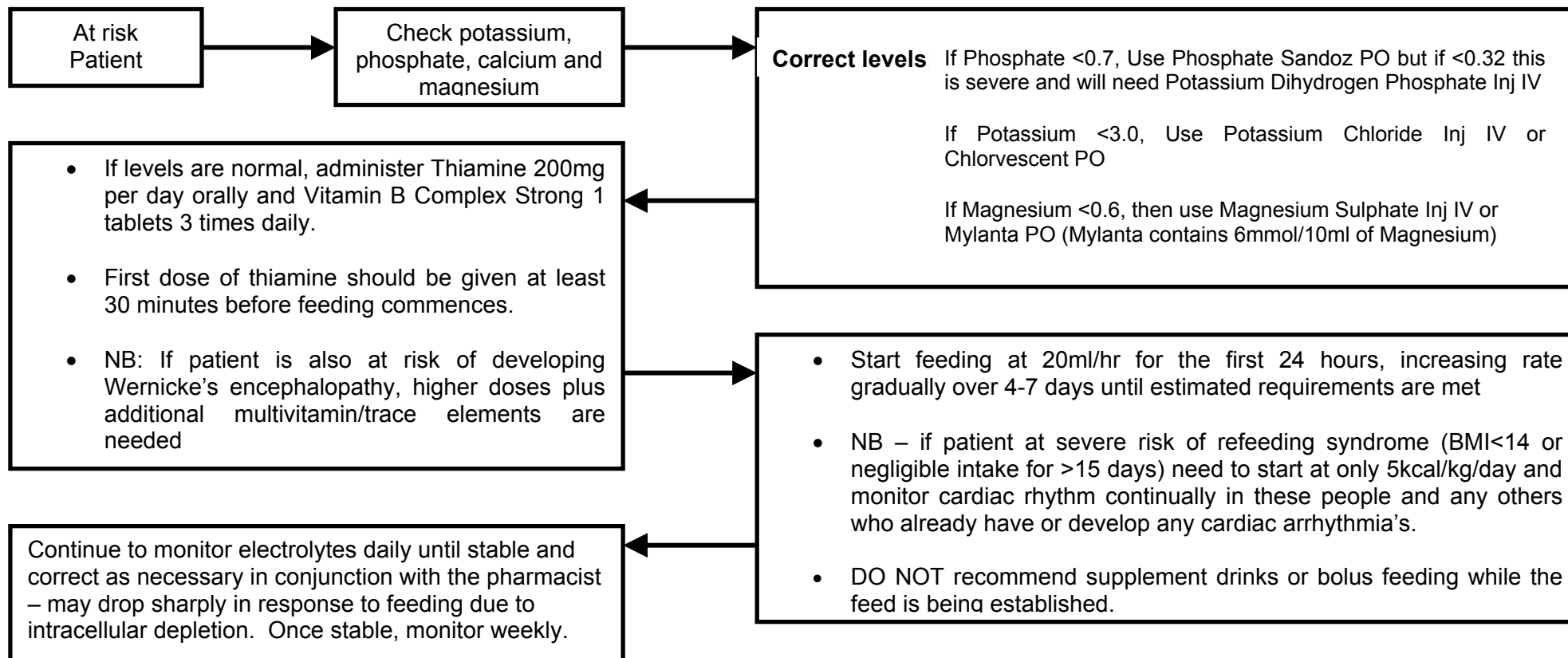
These can lead to cardiac, respiratory, neuromuscular, renal, metabolic, haematologic, hepatic and gastrointestinal problems.

Process

1. Assess the patient's risk of refeeding syndrome. Patients are at risk of developing refeeding syndrome if:

Patients has 1 or more of the following:	OR	Patient has 2 or more of the following:
<ul style="list-style-type: none"> • BMI less than 16kg/m² • Unintentional weight loss of more than 15% within the previous 3-6 months • Very little or no nutritional intake for more than 10 days • Low levels of potassium, phosphate or magnesium prior to feeding (see below) 		<ul style="list-style-type: none"> • BMI less than 18.5kg/m² • Unintentional weight loss of more than 10% within the previous 3-6 months • Very little or no nutritional intake for more than 5 days • A history of alcohol abuse or some drugs including insulin, chemotherapy, antacids or diuretics

2. Is the patient at risk of refeeding syndrome?



3. Fluid requirements

- Total fluid input: = volume of feed + total volume of flushes + IV fluids + medication + oral intake
- As a guide, maintenance requirements per 24 hours can be estimated as: 18-60 years = 35ml/kg or over 60 years = 30ml/kg
- NB – Certain clinical conditions may increase fluid requirements or necessitate a fluid restriction. Fluid requirements will not be met by the enteral feed for at least the first 4-7 days while the rate is gradually being increased.

4. To minimise risk of tube blockage, flush feeding tube with:

- 50ml water before and after each bottle of feed
- 50ml water before and after administering medication via the feeding tube.
- Flush with 20ml water between each different medication.

References

Nice guideline 32 – Nutrition support in adults: oral nutrition support, enteral tube feeding and parenteral nutrition. Feb 2006.
The Parenteral and Enteral Nutrition Group of The British Dietetic Association. A pocket guide to clinical nutrition – 3rd edition. 2004; 13.1 – 13.12.