Identifying Nutritional Deficit Following Enteral Feeding Access and Ensuring Adequate Nutrition in Necrotizing Pancreatitis

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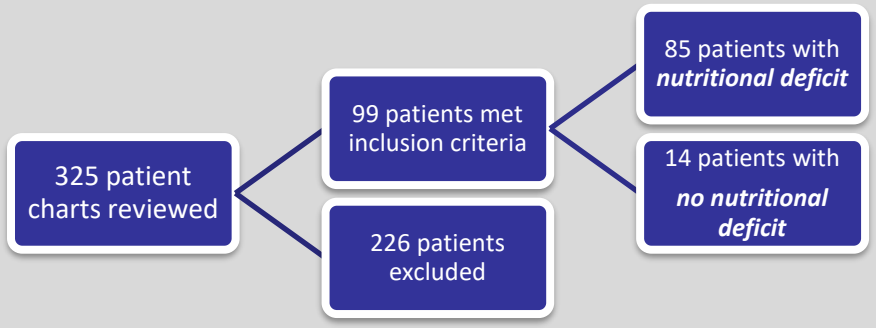
Significance

- About 20% of patients with acute pancreatitis will develop acute necrotizing pancreatitis (ANP), which carries a morbidity and mortality rate as high as 27%
- The high inflammatory and catabolic state of the disease necessitates a high nutritional demand; early initiation of enteral nutrition (EN) within 24 hours of admission is recommended
- Due to varying institutional practices, hospitalized patients with ANP often have nutritional deficits, even after enteral access

Purpose

- To identify the presence of nutritional deficit by comparing the prescribed EN volume vs the actual volume delivered after enteral access
- EN failure was defined as an inability to reach volume goal within 48 hours
- Secondary aims include overall hospital length of stay, ICU length of stay, and mortality

Methodology

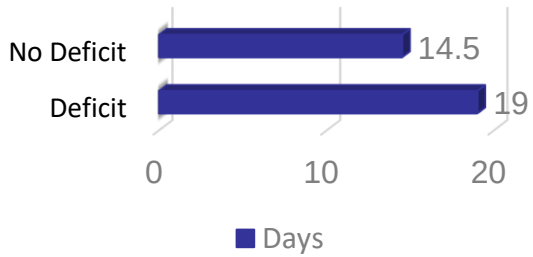


Discussion

- Nutritional management remains a complex and highly variable practice in hospitalized patients with ANP; timing of EN initiation remains inconsistent
- Assessing nutritional needs each shift and automating a process to initiate and escalate feeding rates is essential to more rapidly meet patients' personalized goals, help mitigate the consequences of disease progression, and prevent concomitant malnutrition
- Deliberate interdisciplinary collaboration is needed to more comprehensively and efficiently provide information to ensure adequate nutrition is being delivered

Findings

Hospital Length of Stay



86% of patients are nutritionally deficient (n=85)



Timing of EN and TPN Initiation

