

Change in tube feeding practice improves nutrition for ICU patients, audit finds

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While the importance of enteral nutrition (EN), or feeding patients through a tube, in an intensive care unit is well understood, underfeeding is still common. A practice of a certain amount of feeding per hour can be interrupted by tests, procedures, or emergencies. Changing to a volume-based system, which calls for a certain nutrition volume per day, could reduce underfeeding.

Such a system was found to be effective in ICU [patients](#) according to a quality improvement audit published in the American Society for Parenteral and Enteral Nutrition's (A.S.P.E.N.) *Nutrition in Clinical Practice* journal.

Mechanically ventilated ICU patients in a hospital in St. Louis were reviewed and it was found that EN volume intake was at 37 percent, well below the accepted goal of 80 percent. Patients were subsequently placed on a volume-based system called the FEED ME (Feed Early Enteral Diet adequately for Maximum Effect) protocol. Results from both patient pools were compared for results.

The EN volume and calories delivered through FEED ME were significantly higher than the prior practice, as were grams of protein and increase in body weight for patients. In addition, only a slight increase in diarrhea was seen.

A volume-based approach to EN could improve [nutrition](#) and healthcare outcomes for ICU patients. However, the researchers suggest further

audits be conducted to ensure compliance, effectiveness, and safety and to find improvements to the protocol as needed.

Provided by American Society for Parenteral and Enteral Nutrition
(A.S.P.E.N.)

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