



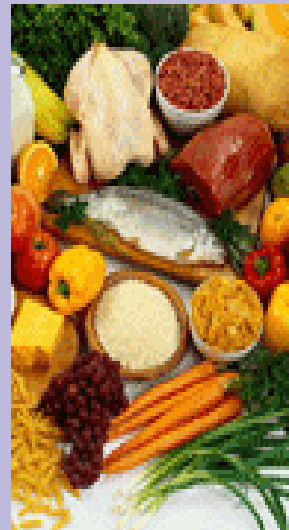
ESPEN Congress Glasgow 2002

New Strategies for Managing Parenteral Nutrition

The Transition from PN to EN

Marisel Klos

The transition from parenteral to enteral nutrition



September 2nd 2002

Mariël Klos, nutrition support nurse
VU University Medical Center, Amsterdam

Hospital nutrition support



Right moment for transition

Gastro-intestinal tract is functional¹:

- Bowel sounds
- Passage of flatus and stools
- Returning appetite

Specific reasons:

- Surgical correction
- Secretions from gastric tube diminish
- X-ray shows good condition of intestines

1. DeChicco RS, Matarese LE. Selection of nutrition support regimens. Nutrition in Clinical Practice 1992; 7: 239-245



Procedure: consultation and continuity

Consultation

- Patient
- Nutrition team
- Nurse
- Doctor

Continuity

Transfer nutritional care to dietician:
hospital and/or home

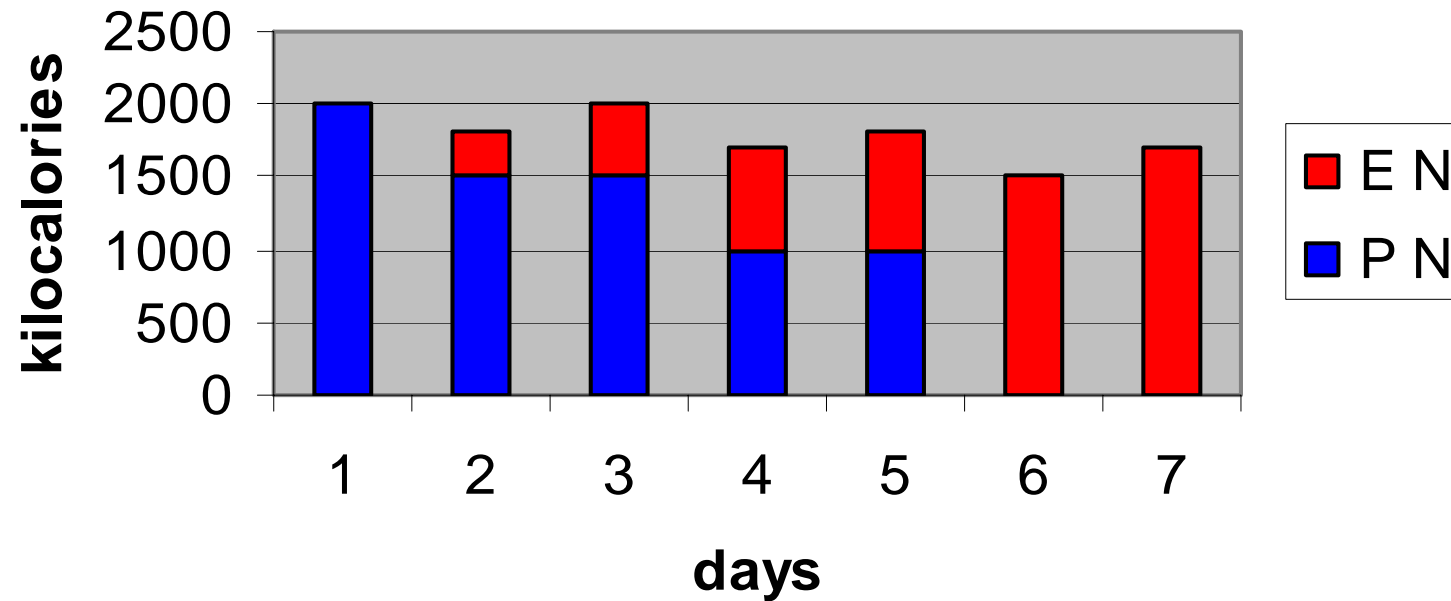


Procedure: phases

- Start with clear fluids
 - maintain level of PN
 - Proceed to full liquid diet
 - reduce PN
 - Proceed to solid food
 - reduce PN
 - (Almost) sufficient oral intake
 - stop PN
-
- Start tube feeding if oral diet is impossible



PN decreases as EN increases





Problems: physical

- Feel full up quickly
 - Too tired or weak to eat
 - Muscle pain in mouth
 - Food tastes different
 - Stomach or intestinal pain when eating
-
- **Psychological**
 - **Conditions in hospital**



Problems: psychological

- Fear of pain or failing GI tract
 - Sadness
 - Anger
-
- **Physical**
 - **Conditions in hospital**

Problems: conditions in hospital

- Smells
- Noise
- Other patients
- Uncomfortable position in bed
- No attention for oral food:
the more 'medical', the more attention

- Physical
- Psychological





Transition PN to EN demands time and effort



Main problems

- Feeling full up quickly
- Complete lack of appetite
- Too tired or weak to eat
- Fear of pain caused by eating

Nurse role is essential

- Physical and moral support
- Monitor the process
- Communication with other disciplines

