

THE CASPEN CONNECTION

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The CASPEN Connection is the quarterly newsletter of The Chicago Area Society for Parenteral and Enteral Nutrition—A Chapter of the American Society for Parenteral and Enteral Nutrition.

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FROM THE PRESIDENT'S DESK

Greetings fellow CASPEN members!

With new changes in health care and stricter coverage, how often do we think about our patient's insurance and coverage of nutrition support for home? What do we change in the nutrition prescription at discharge? Do we know what happens to our patient's once they discharge to a home care company? If we already follow them as an outpatient, how is the communication with hospital staff if our patient is re-admitted?

Our program committee is busy planning our upcoming Fall Seminar on – Nutrition Support: Transition from the Hospital to Home Setting. We have some very knowledgeable speakers set to present and are excited to learn more about this topic! Stay tuned for more program details in the future to include exact date, location, and program details.

As always, we are glad to see such a strong continued membership in the CASPEN organization.

Please continue to get your friends, colleagues, and co-workers more involved. We would love to see more growth in CASPEN which can lead to greater opportunities for all members.

Also, start considering greater involvement within the organization. Coming in the fall we will be doing a call for nominations for CASPEN board and committee chair positions. These positions do not take up a great amount of your time outside of your work schedule and is a great way to connect with other leaders within ASPEN.

Lastly, we are busy fine tuning our chapter microsite to be accessed via nutritioncare.org. It will be a great way to learn about opportunities and events as they come up. Members and non-members will also be able to register for events via the website. Stay tuned!

Sincerely,
Kelly Kinnare MS RD LDN CNSC

kellykinnare@gmail.com

Does Appropriate Nutrition in the Surgical Setting Really Improve Outcomes?

Presenter: Dr. Robert Martindale, *Professor of Surgery, Chief, Division of General Surgery, Medical Director for Hospital Nutrition Support, Oregon Health & Science University*

April 9, 2014 at Pinstripes in North Brook



Thanks to all who came for making the event a success. A special thanks to Nestle for your help sponsoring the event!



Unable to attend? Email caspenboard@gmail.com for presentation highlights and further information.



CHICAGO AREA SOCIETY FOR PARENTERAL AND ENTERAL NUTRITION

A Chapter of the American Society for Parenteral and Enteral Nutrition

REVIEW OF LITERATURE:

ANALYZING NUTRITION SUPPORT IN CRITICALLY ILL CHILDREN

Kyle, U. G., Jaimon, N., & Coss-Bu, J. A. Nutrition Support in Critically Ill Children: Underdelivery of Energy and Protein Compared with Current Recommendations. *Journal of the Academy of Nutrition and Dietetics*, 112, 1987-1992. Retrieved June 1, 2014.

Background:

It is estimated that anywhere between 15 and 30 percent of children are undernourished in the hospital, which increases the risk of both morbidity and mortality. Several theories exist regarding the etiology of malnutrition in hospitalized children. One reason may be that estimating the nutritional needs of these children is not clear cut. Factors such as fluid restrictions, digestive intolerances, and interruption of nutrition support all are common occurrences that could lead to undernutrition in this critical population.

Objectives:

- To determine the prevalence of malnutrition in the PICU of a Texas hospital
- To examine the adequacy of nutrition support in regards to current energy and protein guidelines
- To compare the adequacy of nutrition support amongst various age groups

Participants:

Participants were all patients between the ages of 36 weeks and 18 years admitted to the PICU for longer than 48 hours. Patients were excluded if they met any of the following criteria:

- Admitted to the PICU more than 72 hours after hospital admission
- Had more than one PICU admission
- Medical charts were not available

After exclusion, the final number of subjects was 240.

Study Design:

A retrospective chart review was performed that included demographics, anthropometrics, diagnosis, IV fluids, duration of time on mechanical ventilation, length of hospital stay, and outcomes. The data was collected for 8 days on the following:

- Enteral, total parenteral nutrition, and IV data daily
- Energy and protein intake as prescribed by MD
- Nutrition recommendations by RD
- Estimated energy and protein requirements based on the Schofield prediction equation and ASPEN guidelines, respectively

Acute malnutrition = weight for age greater than -2z scores

Chronic malnutrition or growth stunting = height for age greater than -2z scores.

Results:

Energy

MD: The average MD diet prescription met 94% of estimated energy needs for those younger than 2 years old, but met only 53% of estimated needs for those older than 2 years of age.

Actual: The actual energy intake on average for all ages was 75.7% of estimated energy needs and was significantly lower than BMR.

RD: The RD's recommendations for energy were based on Daily Recommended In-

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take (DRI) values.* Her estimates were 66% higher than BMR in those under 2 years of age and 33% higher than BMR in those older than 2 years old.

Protein

MD: The average MD diet prescription met 49% of estimated protein needs.

Actual: The actual protein intake on average for all ages was 40.4% of estimated protein needs and was significantly lower than A.S.P.E.N. guidelines.

RD: The actual protein intake was significantly lower than the RD’s recommendations for all age groups.

Conclusion:

This study confirms that energy and protein requirements are not met in this defined population, as need in other studies. Overall, within 8 days in the PICU, the actual intake was only 75% of estimated energy needs and 40% of estimated protein needs.

So where does this leave us?

- EN started when patients are hemodynamically stable and advanced aggressively until nutrition goals are met.
- Development of interdisciplinary guidelines for nutrition support in PICU patients
- In-service to all PICU staff regarding nutrition support in the PICU

*DRI values may not meet needs of critically ill children since they are set for long-term growth in healthy children. Current recommendation is to meet the BMR in this population.

Reviewed by:

Bridie Schuld

Recent Dietetic Intern
Graduate-Loyola University Chicago




INTERESTED IN REVIEWING AN ARTICLE?

Are you interested in writing or reviewing an article that you feel may further advance practice of clinicians in the Chicagoland area? If so, please email caspenboard@gmail.com!

Thanks Bridie for sharing your insight and

MUSINGS:

- How does your institution estimate energy and protein requirements in the pediatric population?
- Do MDs or RDs provide recommendations for goal calories and protein?



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CLINICIAN SPOTLIGHT

HEATHER STANNER, RD, LDN, CNSC



Title: Infusion Nutrition Support Dietitian

Place of Employment: Coram/CVS Specialty Infusion Services

Place of Residency: Lincoln Park, Chicago

Hometown: Troy, IL

Where did you receive your undergraduate degree? Eastern Illinois University

If other advanced degrees were obtained, what were they in and where did you receive your degree from? I am currently enrolled in the Master of Science in Clinical Nutrition program at Rutgers.

Did you complete any other additional training or hold any other certifications? I have been a Certified Nutrition Support Clinician (CNSC) since 2008.

How long have you been practicing nutrition support? I have worked with nutrition support patients as an inpatient clinical dietitian since 2006 and recently transitioned to a home care nutrition support position at Coram in February 2014.

Do you practice nutrition support in any specialty areas? As an infusion dietitian I work exclusively with home PN patients. The majority of our population includes those with digestive diseases or cancer.

Are there any other unique job attributes you would like to discuss? If so, please describe. In addition to managing home PN patients, Coram's infusion dietitians also provide continuing education sessions on a variety of nutrition support topics. Another fun fact about Coram is that we occasionally receive referrals from a nearby veterinary clinic for our non-human patients J

What is your favorite book? I don't have one favorite book, but I love to read. Some of my favorite recent books include Unbroken (Laura Hillenbrand), The Book Thief (Markus Zusak) and of course, The Hunger Games series J

What inspired you to work in health care? I have had a personal interest in nutrition since I was a child and I loved my clinical rotations in undergrad. I knew immediately that working in the clinical setting was the right fit for me.

What is your favorite Chicago-land destination/pastime? The Windy City Wine Festival at Buckingham Fountain – check it out in September!

HAVE YOU JOINED OUR LINKEDIN GROUP?



- Join LinkedIn using your preferred professional email address
- Search groups for “Chicago Area Society for Parenteral and Enteral Nutrition”
- Submit a request for membership for the following benefits:
- Excellent networking opportunities with other CASPEN and nutrition support clinician
- Notifications for upcoming events
- Post and comment nutrition support questions and tips
- Discuss, post and search local job openings

Introducing... CASPEN's new Microsite!

Please visit: <http://community.nutritioncare.org/ChicagoChapter/home>

Currently a work in progress...

We hope to provide you with a one stop spot for information on: **CASPEN committee updates, up-**



**CHICAGO AREA SOCIETY FOR PARENTERAL
AND ENTERAL NUTRITION**

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