

Refeeding syndrome: Identification of those at risk – Decision Tree

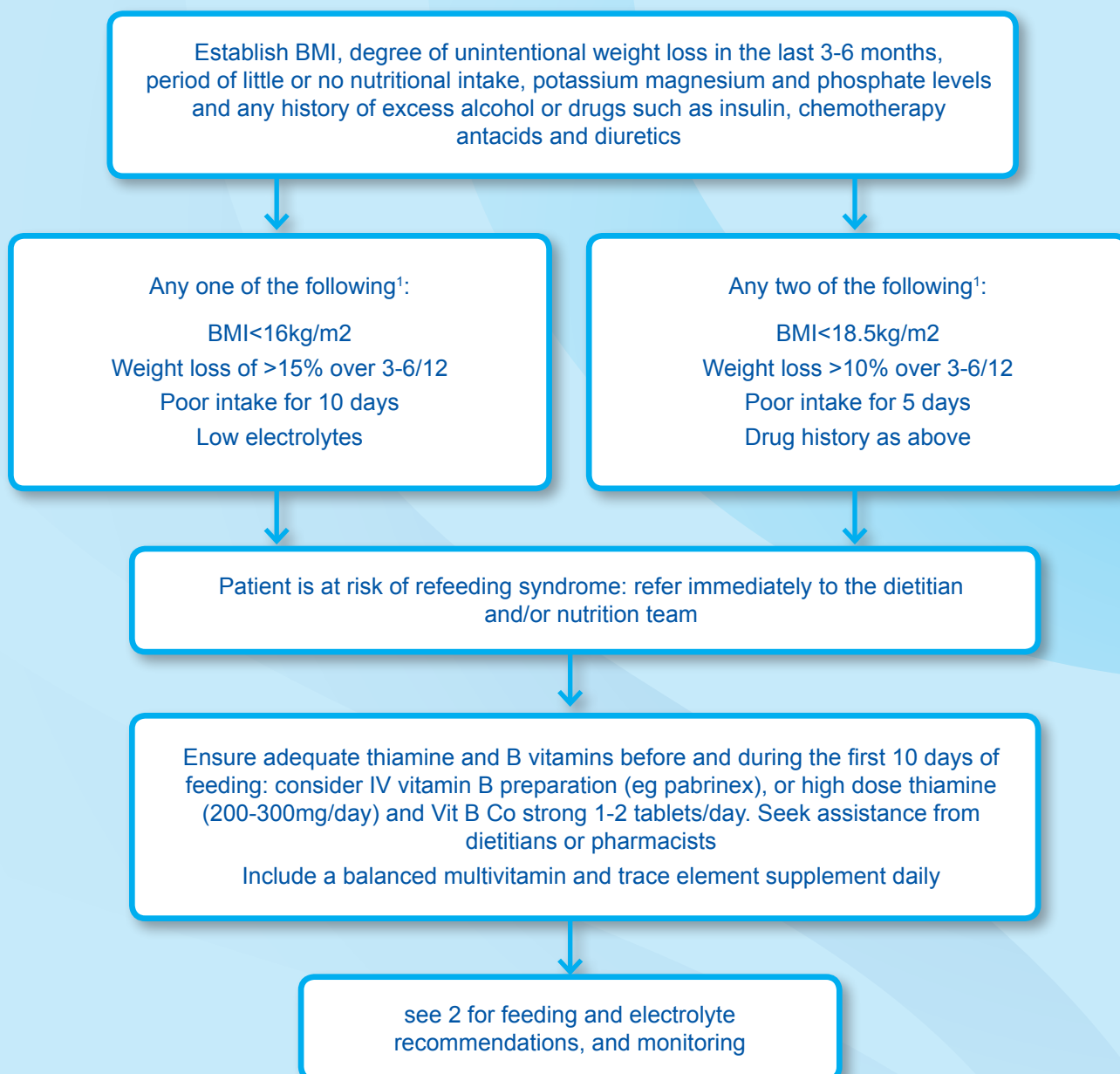


BAPEN

Putting patients at the centre
of good nutritional care

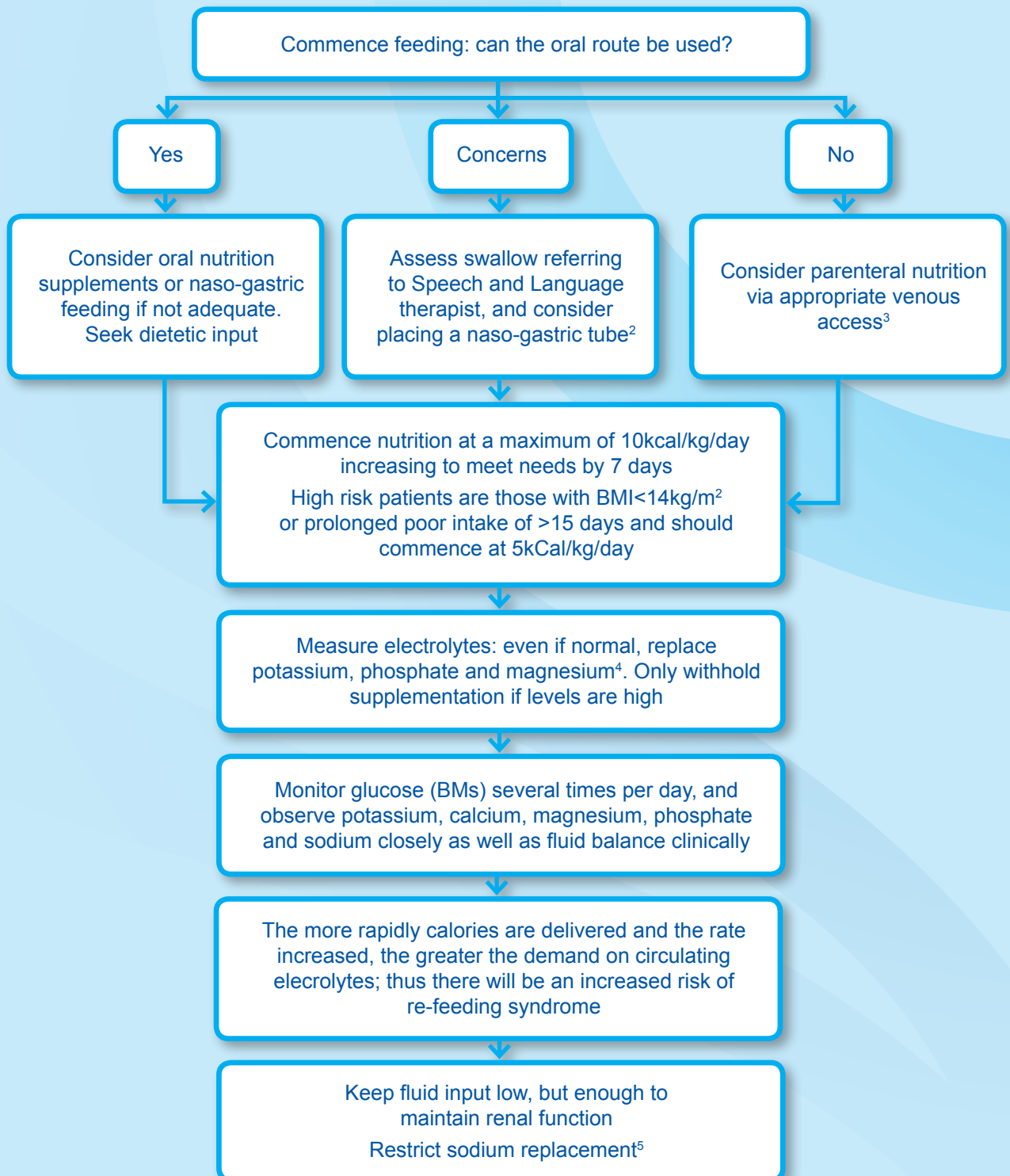
Registered Charity No.1023927

1. Who is at risk?



Refeeding syndrome:
Identification of those at risk –
Decision Tree

2. Refeeding: starting to feed safely



Refeeding syndrome: Identification of those at risk –

References

1. National Collaborating Centre for Acute Care, February 2006. Nutrition Support in adults. Oral nutrition support, enteral tube feeding and parenteral nutrition. Methods, evidence and guidance.
2. Safe placement and use of NG tube principles. Please refer to NPSA guidance too
3. Access for PN and choice of lines provided in further decision tree
4. Prefeeding replacement is not required. Potassium requirements likely 2-4mmol/kg/day and phosphate requirements likely 0.3-0.6mmol/kg/day orally, enterally or intravenously. Magnesium is poorly absorbed orally and can precipitate diarrhoea: oral replacement 0.4mmol/kg/day or 0.2mmol/kg/day intravenously
5. Upon commencement of feeding renal sodium losses stop, leading to both sodium and water retention. Aim for fluid replacement 20-30ml/kg/day and restrict sodium <1mmol/kg/day

Further Reading

- NICE guidelines on enteral feeding
- NPSA guidelines on safety with NG feeding
- NNG NG feeding guidance
- Stanga Z, Brunner A, Leuenberger M, Grimble RF, Shenkin A, Allison SP, Lobo DN. Nutrition in clinical practice - the referring syndrome: illustrative cases and guidelines for prevention and treatment. European Journal of Clinical Nutrition 2008; 62(6): 687-694
- BSG enteral feeding guidelines: <http://www.bsg.org.uk/images/stories/docs/clinical/guidelines/sbn/enteral.pdf>
- ESPEN guidelines on enteral feeding: <http://www.espen.org/espenguidelines>
- ASPEN guidelines on enteral feeding <http://www.nutritioncare.org/library.aspx>

