# Refeeding syndrome: Identification of those at risk –

#### **Decision Tree**



#### 1. Who is at risk?

Establish BMI, degree of unintentional weight loss in the last 3-6 months, period of little or no nutritional intake, potassium magnesium and phosphate levels and any history of excess alcohol or drugs such as insulin, chemotherapy antacids and diuretics

Any one of the following1:

BMI<16kg/m2
Weight loss of >15% over 3-6/12
Poor intake for 10 days
Low electrolytes

Any two of the following<sup>1</sup>:

BMI<18.5kg/m2
Weight loss >10% over 3-6/12
Poor intake for 5 days
Drug history as above

Patient is at risk of refeeding syndrome: refer immediately to the dietitian and/or nutrition team

Ensure adequate thiamine and B vitamins before and during the first 10 days of feeding: consider IV vitamin B preparation (eg pabrinex), or high dose thiamine (200-300mg/day) and Vit B Co strong 1-2 tablets/day. Seek assistance from dietitians or pharmacists

Include a balanced multivitamin and trace element supplement daily

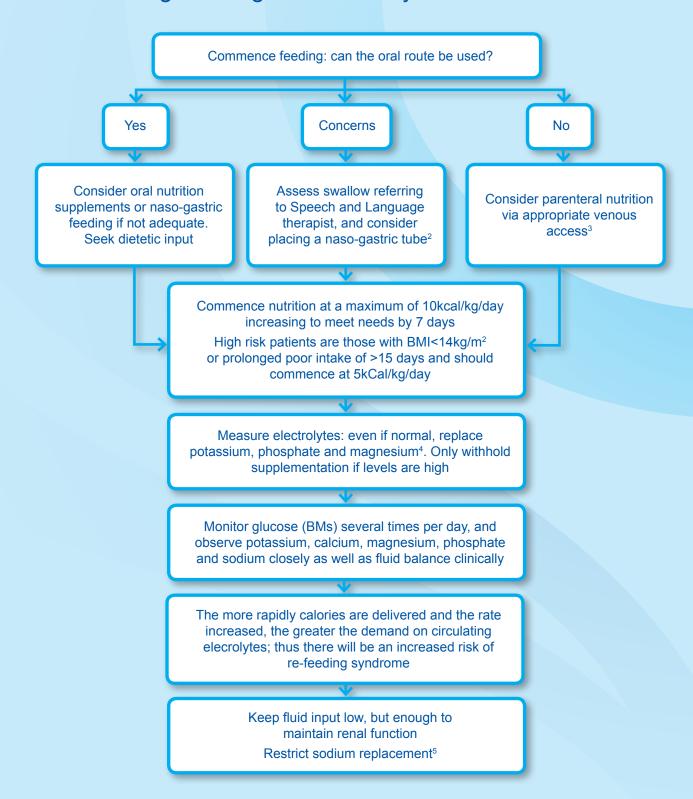
see 2 for feeding and electrolyte recommendations, and monitoring

The BAPEN Principles of Good Nutritional Practice (Decision Trees) have been prepared to assist health care professionals in the decision making processes surrounding nutritional care. Users of these materials may only do so on the condition that they exercise their own professional knowledge and skills. BAPEN does not owe a duty of care and cannot accept liability to anyone using these Decision Trees.

## Refeeding syndrome: Identification of those at risk –

#### **Decision Tree**

### 2. Refeeding: starting to feed safely



#### Refeeding syndrome: Identification of those at risk -

#### References

- 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.
- Safe placement and use of NG tube principles. Please refer to NPSA guidance too
- Access for PN and choice of lines provided in further decision tree
- 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
- 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/

#### **Further Reading**

- NICE guidelines on enteral feeding
- NPSA guidelines on safety with NG feeding
- NNNG 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

