

PARENTERAL NUTRITION

Indications

- Severe malnutrition with a non-functional GIT
- Severe catabolism and a non-functional GIT for 3-5 days (earlier if malnourished)
- GI route not available or inability to obtain enteral access for 3-5 days
- Documented inability to absorb adequate nutrients from the GI tract:
 - Short bowel syndrome.
 - Radiation enteritis/mucositis from chemotherapy.
- Bowel obstruction
- Perforation of the gut
- Inability to provide sufficient nutrients enterally.
- Persistent GI haemorrhage
- Vascular insufficiency of the gut
- Abdominal compartment syndrome (intra-abdominal pressure > 20mmHg)
- High output enterocutaneous fistula (> 500ml) with inability to gain enteral access distal to fistula site or if enteral feeding worsens fistula output
- Surgery requiring repeat surgical procedures and lengthy periods without enteral feeds
- Hyperemesis gravidarum > 5 – 7 days and enteral feeding not possible
- Chylous ascites or chylothorax when low fat or fat free enteral nutrition does not reduce output adequately