

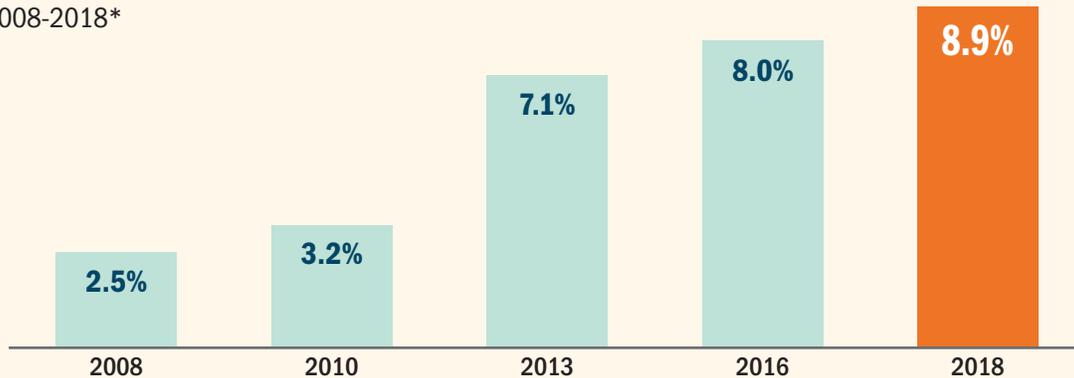
# ENTERAL NUTRITION

## Therapy for Malnutrition

### Malnutrition in Hospitalized Patients: Continues to Rise<sup>1</sup>

Prevalence of Malnutrition Diagnoses in Discharged Patients

United States, 2008-2018\*



\*Years 2008-2010 were all hospital discharges, 2013-2018 were non-maternal, non-neonatal hospital discharges.

### And Leads to Poorer Outcomes<sup>2</sup>

Malnourished Patients Have:



**3.4X HIGHER**  
In-Hospital Deaths



**1.9X LONGER**  
Hospital Stays



**2.0X HIGHER**  
Discharge Rates to Long-Term  
Care or Rehab Facilities

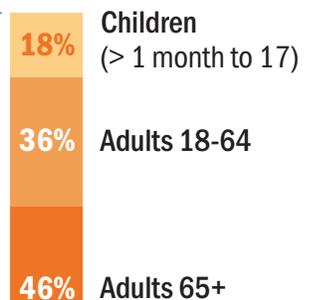


**1.4X HIGHER**  
Need for Home Health  
Care Services

### Yet, Malnourished Patients Often Do Not Receive Enteral Nutrition (EN)



**ONLY 2.7%** of those with coded malnutrition  
received enteral nutrition in the hospital in 2018<sup>2</sup>



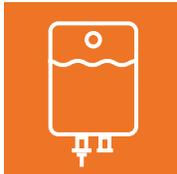
See next page for indications for use of  
EN in addressing malnutrition

**HELP STOP MALNUTRITION: [nutritioncare.org/malnutrition](https://nutritioncare.org/malnutrition)**

# ENTERAL NUTRITION

## Therapy for Malnutrition

### Enteral Nutrition Indications: An ASPEN Consensus Statement<sup>3</sup>



Enteral Nutrition (EN) is a vital component of nutrition therapy. It allows for the delivery of nutrients to patients who cannot maintain adequate nutrition by oral intake alone. ASPEN recently published appropriate indications for EN so that providers understand when patients need this therapy.

#### Optimal time frame to initiate enteral nutrition (EN) in the high-risk nutrition patient, the malnourished patient, and the stable well-nourished patient:\*



Initiate EN within 24–48 hours of admission to the hospital, including the intensive care unit, in the high-risk nutrition or the malnourished patient.



A delay in initiation of EN can be considered in hospitalized patients who are low risk, well nourished, and expected to resume volitional oral intake within 5–7 days of admission.



Advance EN cautiously in patients at risk for refeeding and in patients with symptoms of gastrointestinal (GI) intolerance.

\* *High risk is defined as a serious medical condition that may lead to significant morbidity due to malnutrition.<sup>3</sup> A significant reduction in mortality is associated with an increase in EN from 0% to 100% of goal energy.<sup>4</sup>*

#### References

1. Guenter P, Abdelhadi R, Anthony P, et al. Malnutrition diagnoses and associated outcomes in hospitalized patients: United States, 2018. *Nutr Clin Pract.* 2021 Oct;36(5):957-969.
2. Guenter P, Blackmer A, Malone A, et al. Update on use of enteral and parenteral nutrition in hospitalized patients with a diagnosis of malnutrition in the United States. *Nutr Clin Pract.* 2022 Feb;37(1):94-101.
3. Bechtold ML, Brown PM, Escuro A, et al. When is enteral nutrition indicated? *JPEN J Parenter Enteral Nutr.* 2022 Jul 15. doi: 10.1002/jpen.2364.
4. Heyland DK, Dhaliwal R, Jiang X, Day AG. Identifying critically ill patients who benefit the most from nutrition therapy: the development and initial validation of a novel risk assessment tool. *Crit Care.* 2011;15(6):R628.

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