2018 ASPEN NUTRITION SCIENCE AND PRACTICE CONFERENCE

SESSION

PROPOSAL SUBMISSIONS
Session Information

**ID number:** 258786  
**Session Title:** Reconceptualizing and Redefining Pediatric Feeding Disorder:  
**Session Type:** Education Breakout Session  
**Session Topic:** Pediatrics

**SESSION NOTES:**

Feeding disorders have been increasing in prevalence in infants and young children. Up to 30% of hospitalized children and 90% of children with developmental impairment have feeding disorders. Feeding disorders are a heterogeneous group of problems that may present in various ways. These disorders are often associated with malnutrition and are a common reason for enteral nutrition therapy in children. Until now, the diagnosis of feeding disorders in young children has been approached unilaterally, with each professional discipline (medicine, psychology, feeding specialists) suggesting its own approach. The ICD-10 diagnostic codes, behavioral science codes and feeding skill related codes fail to capture the complexity of children who struggle to feed due to a variety of oral sensorimotor, neurological and/or behavioral issues and have varying degrees of malnutrition. A recent interdisciplinary group of feeding disorder specialists has reconceptualized the diagnosis of feeding disorder. These specialists include pediatric gastroenterologists, dietitians, speech-language pathologists, occupational therapists, and behavioral psychologists. This paper is presently under review and will be published by the time of the 2018 conference. This conference can serve as a venue to unveil this new diagnostic approach to feeding disorders. This new definition will introduce the concept of four important domains (Medical, Nutrition, Feeding skill, and Psychosocial) that are crucial to the understanding of feeding disorders in children. Since the ultimate goal of management of feeding disorders in children is the optimization of growth and nutrition outcomes, such a definition is the first step to setting us on the path to these outcomes. By promoting usage of a consistent, comprehensive, interdisciplinary terminology that encompasses both physiologic impairment and function, this definition has the potential to: facilitate interdisciplinary collaboration; promote educational curricula to train practitioners; promote research investigating best practices, and allow comparison of outcomes between studies and clinical programs; increase advocacy for these patients.  

1. Discuss why a new definition for Pediatric Feeding Disorder is needed and explain the new definition of Pediatric Feeding Disorder  
2. Describe the four integral domains involved: (1) Medical (2) Nutrition (3) Feeding skill (4) Psychosocial  
3. Describe how adoption of this new paradigm will improve growth and nutrition outcomes in children with Pediatric Feeding Disorder  

**Target Audience:** All specialties involved in the care of children with nutrition problems  
**Teaching Level:** Intermediate  
**Teaching Methods:** Case presentations; Lecture;  
**Organization Affiliation:** Pediatrics section  

**Encore Presentation: No**  
**Submitter Disclosure 1:** Yes  
**Submitter Disclosure 2:** Yes  
**Submitter Disclosure 3:** Praveen Goday is on a Data and Safety Monitoring Board for Shire Pharmaceuticals; he serves as a consultant for Nutricia. None of the other speakers has any disclosures to report.  

**Moderator:** Praveen Goday  
**Submitter:** Praveen Goday

<table>
<thead>
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<th>Order</th>
<th>Control ID</th>
<th>Final ID</th>
<th>Title</th>
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### Session Information

**ID number:** 260816  
**Session Title:** Pediatric Basic Skills Lab  
**Session Type:** Lab  
**Session Topic:** Pediatrics

This program addresses a gap in knowledge for those who are new to pediatric nutrition support. It is geared to provide basic information that can be used as a foundation for understanding complex concepts in pediatric nutrition support and help participants integrate the knowledge from the various pediatric sessions at the Nutrition Science and Practice Conference. The lab is designed to be hands-on and interactive. Attendees can choose topics of interest related to pediatric enteral and parenteral nutrition, as well as nutrition assessment. They can feel free to drop in at any three stations during the skills lab. Join us for this interdisciplinary session and meet a diverse group of presenters from different nutrition support teams across North America.

**Learning Objectives 1:** Integrate the pediatric malnutrition guidelines into pediatric nutrition assessment for children with typical development and those with neurodevelopmental challenges

**Learning Objectives 2:** Develop an appropriate plan of care for a neonate or child requiring enteral nutrition support including consideration of breast milk (if appropriate), enteral formulas and access devices

**Learning Objectives 3:** Formulate a nutrition care plan for a neonate or child receiving parenteral nutrition, including an appropriate parenteral nutrition formulation and access devices

**Target Audience:** Dietitians, Nurses, Pharmacists, Physicians  
**Teaching Level:** Basic  
**Teaching Methods:** Case presentations; Demonstration; Laboratory work/findings;

**Organization:** Pediatric Section ASPEN  
**Encore Presentation:** Yes, presented at CNW 2017 in Orlando

**Submitter Disclosure:**
1. Yes  
2. Yes  
3. NONE

**Moderator:** Gina Rempel  
**Submitter:** Rempel, Gina

### Order Control ID Final ID Title Presenting Author Presenter Institution Start/end time Invitation Status
1 2732675 Neonatal Parenteral Nutrition Order Writing Cober, Mary Petrea Akron Children's Hospital Not Yet Invited
2 2731800 Pediatric Parenteral Nutrition Order Writing Plogsted, Steven Nationwide Childrens Hospital Not Yet Invited
3 2732669 Central Venous Access Devices for Parenteral Nutrition Keeler, David Children's Mercy Hospital Not Yet Invited
4 2732663 Pediatric Enteral Access Devices and Management Rahe, Katina Children's Mercy Hospital Not Yet Invited
5 2731793 Enteral Nutrition Formula Administration and Enteral Tube Location Verification Lyman, Beth Childrens Mercy Hospital Not Yet Invited
6 2732665 Pediatric Enteral Nutrition Formulas Bobo, Elizabeth Nemours Children's Clinic Not Yet Invited
7 2732667 Human Milk and Fortification Wessel, Jackie Cincinnati Childrens Hospital Not Yet Invited
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<td>8</td>
<td>2732671</td>
<td>Neontal and Infant Formulas and High Calorie Preparations</td>
<td>Muskthel, Lucy</td>
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<td>9</td>
<td>2732673</td>
<td>Pediatric Nutrition Assessment</td>
<td>Peters, Sarah</td>
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<td>2731761</td>
<td>Nutritional Assessment in Non-Ambulant Children with Neurodevelopmental Challenges</td>
<td>Rempel, Gina</td>
<td>University of Manitoba</td>
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Intravenous lipid emulsions (IVLE) are an important component of parenteral nutrition (PN) as a source of essential fatty acids and energy. Traditionally, IVLE were derived from soybean oil (SO) which is high in omega 6 polyunsaturated long-chain triglycerides (LCT) but concerns have been expressed that PN with SO may have immunosuppressive and/or proinflammatory effects, thus contributing to an increased risk of complications. To address this potential risk, new IVLE have been developed by replacing a portion of the SO component with medium-chain triglycerides (MCT), olive oil (OO) and/or fish oil (FO). Alternative IVLE have been used in Europe and Latin America for almost 20 years. Consequently, there is considerable clinical experience in countries outside the USA. The programme will provide a global perspective, incorporating current clinical practices, typical adult PN regimens with alternative IVLE and practical guidance with case studies. Key findings and experiences with IVLE from recently published clinical studies co-authored by the presenters will be summarised. Each speaker will present for 20 minutes with a 5 min Q&A followed by a 15-minute interactive moderated panel discussion. The goal is to present guidance for optimising adult PN support with Lipid-containing PN.

The aim of the ICNS of ASPEN is to improve the safety and quality of nutrition therapy internationally in order to optimise patient outcomes in all countries. The aim of ILAS is to disseminate information on nutrition support therapy with the intent of empowering providers with the necessary knowledge to provide better quality patient care for those individuals requiring nutritional support, particularly for Spanish/Portuguese speaking professionals.

The overall goal is to empower health professionals to develop new/improved regimens for managing Lipid-PN for patients who are unable to tolerate nutrition through other routes.

Target Audience: The target audience is national, international and interdisciplinary clinicians, dietitians, educators, and other health professionals in various practice settings.

Teaching Level: Advanced

Teaching Methods: Case presentations; Lecture; Panel discussions;

Organization: International Clinical Nutrition Section (ICNS) and Ibero Latin American Section (ILAS)

Submitter Disclosure 1: Yes
Submitter Disclosure 2: Yes
Submitter Disclosure 3: NONE

Moderator: Diego Arenas Moya
Moderator: Teresa Pounds
Submitter: Hardy, Gil

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<td>Fish Oil-containing IVLE in Adult PN: What current evidence shows*</td>
<td>MANZANARES, WILLIAM</td>
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<td>Practical Aspects of prescribing alternative IVLE for Adult PN</td>
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https://aspen2018.abstractcentral.com/s1agxt/com.scholarone.s1agxt.s1ag...
Background and Motivation: Critically ill patients suffer large lean body mass losses especially in the first week to ten days following ICU admission. Muscle is the primary reservoir of protein storage and is rapidly lost without repletion of protein. Muscle is also a secretory organ that with contraction produces anti-inflammatory mediators that may modulate ICU outcomes. Methods or approach: We will provide theory and data to support the concepts that muscle mass preservation and anabolism are important for ventilator weaning, functional status, and the ability to participate in physical therapy to allow for recovery. We will show through studies that nutrient delivery plays a very important role in limiting muscle mass loss. Additionally we will present data to show that Nutrition status modulates the response to physical therapy and the ability of patients to regain strength. Finally we will highlight emerging therapies such as electromagnetic therapy in combination with nutrition delivery and physical therapy that may alter the trajectory of muscle mass loss during critical illness. We aim to have five 15 minute presentations from highly respected, innovative and engaging multi-disciplinary speakers from the US, Australia, Europe, the UK followed by a 15 minute panel discussion. Results or product: We will highlight the results from published physiological studies, observational and trial data in emerging techniques and theories to limit muscle mass loss in the ICU. We will specifically discuss new data on the importance of nutritional status and nutrient delivery on the potential improvement in physical function with physical therapy and how this may be enhanced with electromagnetic therapy. Conclusions and/or Implications: Muscle mass preservation is an unappreciated but central tenant to enhancing the ICU survivor physical recovery process with nutrition delivery being essential to allow for muscle anabolism to occur.

Learning Objectives 1: 1. Upon conclusion of this program, the participant will be able to understand the importance of nutrient delivery in the preservation of muscle mass in the ICU.
Learning Objectives 2: 2. Upon conclusion of this program, the participant will be able to understand the biology of how lipids and protein are responsible for muscle mass preservation and muscle anabolism.
3. Upon conclusion of this program, the participant will be able to understand how nutrient delivery complements the efficacy of established and emerging therapies to preserve and enhance muscle mass in ICU survivors.

Target Audience: Dietitians, Pharmacists, Physiotherapists, Physicians, Surgeons, Intensivists
Teaching Level: Intermediate
Teaching Methods: Case presentations; Lecture; Panel discussions;
Organization: 
Affiliation: 
Encore Presentation: No
Submitter Disclosure 1: Yes
Submitter Disclosure 2: Yes
Submitter Disclosure 3: NONE
Moderator: Kenneth Christopher
Submitter: Christopher, Kenneth

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### Session Information

ID number: 261691  
Session Title: Enteral Access Management- A Refresher Course on Enteral Access Devices.  
Session Type: Lab  
Session Topic:  
- ASPEN defines a standard as a "benchmark representing a range of performance of competent care that should be provided to assure safe and efficacious nutrition care"; imperative for a Nutrition Support Clinician to be able to assess, select and identify Enteral Nutrition Access Devices to provide an optimal and safe care for adults and children receiving Enteral Nutrition. -Identifying the various Enteral Nutrition Devices available and providing the appropriate care is crucial to minimize enteral access complications such as misconnections, dislodgments, injury, or death among Enteral Nutrition supported patients. -This section provides hands on experience to the novice and seasoned Enteral Nutrition Clinician on new trends, ENFIT, management and how to recognize and prevent complications related to Enteral Nutrition Access Devices for adults and children.

### SESSION NOTES: Enteral Nutrition Devices available and providing the appropriate care is crucial to minimize enteral access complications such as misconnections, dislodgments, injury, or death among Enteral Nutrition supported patients. This section provides hands on experience to the novice and seasoned Enteral Nutrition Clinician on new trends, ENFIT, management and how to recognize and prevent complications related to Enteral Nutrition Access Devices for adults and children.

#### Learning Objectives 1: Recognize adult and pediatric Enteral Access complications and management.  
#### Learning Objectives 3: Discuss updates on issues related to ENFIT.

##### Target Audience: Registered Dietitians, Nurses, Physicians and Pharmacists.

##### Teaching Level: Basic

##### Teaching Methods: Demonstration; Lecture;

##### Organization: Nutrition Support Nursing Section

Encore Presentation: No  
Submitter Disclosure  
1: Yes  
2: Yes  
3: None

Moderator: Batisda, Rosangela
Submitter: Batisda, Rosangela

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<td>Thomas Jefferson University Hospital</td>
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The emergence of nutritional interventions for complex gastrointestinal (GI) disorders continues to evolve with the greater understanding of diet and gut microbial interactions. Food can elicit GI symptoms via osmotic, chemical, neuroendocrine, probiotic, prebiotic pathways or through changes via the microbiota due to impact on bile acid, pH, and fermentative end products (via metabolites such as bacterial endotoxin, short chain fatty acids and gas.) Gut barrier function, nature of gut flora, prior intestinal resection, gut inflammation, available absorptive area or enterohepatic circulation, impairs normal digestion and requires modification in the nutritional plan. The framework of assessing best nutritional practice for complex GI conditions will be further elucidated during this session via a scientific introduction followed by 4 case studies involving patients with complex GI conditions including short bowel syndrome, small intestinal bacterial overgrowth and inflammatory bowel disease. Role of low FODMAP diet, modification of dietary fats and detailed nutrition interventions will be reviewed to elucidate their impact on gastrointestinal symptom and nutritional status.

Learning Objectives 1: Describe the various pathways in which food can impact GI symptoms

Learning Objectives 2: Review how GI conditions can contribute to maldigestion and malabsorption

Learning Objectives 3: Detail application of diet modification for those with complex GI conditions including the use of low FODMAP diet with short bowel syndrome and small intestinal bacterial overgrowth management.

Target Audience: All disciplines working in GI/nutrition support.

Teaching Level: Intermediate

Teaching Methods: Lecture;

Organization
Affiliation:

Encore Presentation: No

Submitter Disclosure
1: Yes
Submitter Disclosure
2: Yes
Submitter Disclosure
3: Consultant for Nutrishare and Fresenius Kabi

Moderator: Carol Ireton-Jones
Submitter: Ireton-Jones, Carol

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<td>The Complex Interactions of Food and the GI Tract</td>
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<td>Small Intestinal Bacterial Overgrowth - Implications in IBD and IBS</td>
<td>Scarlata, Kate</td>
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**Session Information**

ID number: 261700  
Session Title: Basic Skills in Parenteral Nutrition Management  
Session Type: Education Breakout Session  
Session Topic: Parenteral Nutrition

**SESSION NOTES:**

Background and Motivation: Many clinicians new to nutrition support require vital basic information in order to safely and effectively deliver parenteral nutrition to patients. This skills lab is set up to allow participants to move among stations to hear focused, interactive presentations, or walk through cases to enhance clinical practice skills. Multiple focused learning sessions (FLS) with high attendance (each with > 100 participants) have targeted these areas over the past 4 years. Participants routinely comment on the need for additional instruction and case-based learning. This educational skills lab will be a nice complement to pre-conference workshops which is primarily didactic education. Methods or approach: The speakers will use a case based approach or focused, interactive presentation to present the most current research and guidelines on the following topics: Acid/base assessment both basic and complex, compounding practices (comparison of 3 in 1 vs 2 in 1 and incompatibilities such as Ca/Phos), fluid assessment and sodium homeostasis, PN electrolyte management, and use of IV lipid emulsions. In a format similar to the very popular Pediatric skills lab some areas will be planned to have 2 stations. An example of this would be for PN electrolyte management. Results or Product: The result is the audience will be able to learn and apply the following: - Recognize appropriate patients for parenteral nutrition therapy. - Identify assessment and treatment strategies to manage fluids and electrolytes in parenteral nutrition patients. - Create a safe parenteral nutrition formulation per compound and stability limits. - Explain basic acid-base disorders and how they apply to the patient receiving parenteral nutrition. - Understand the differences between available intravenous lipid emulsions and when use is appropriate. Conclusions and/or implications: As stated in the 2013 A.S.P.E.N. Parenteral Nutrition Safety Consensus recommendations safe prescribing of parenteral nutrition begins with PN-specific interdisciplinary education. At the conclusion of the skills lab participants will gain knowledge in parenteral nutrition appropriateness, fluid homeostasis, acid-base balance, micronutrient requirements, intravenous lipid emulsions, and basics on compounding safety. All are needed competencies for safe and effective parenteral nutrition delivery.

**Learning Objectives 1:** Recognize appropriate candidates for parenteral nutrition therapy.

**Learning Objectives 2:** Identify assessment and treatment strategies to manage fluid, electrolytes, and acid-base disorders in parenteral nutrition patients.

**Learning Objectives 3:** Create a safe parenteral nutrition formulation per compound and stability limits. Understand the differences between and uses of intravenous lipid emulsions.

**Target Audience:** All clinicians involved in the provision of parenteral nutrition.

**Teaching Level:** Basic

**Teaching Methods:** Case presentations;

**Organization**

**Affiliation:**

**Encore Presentation:** No

**Submitter Disclosure 1:** Yes

**Submitter Disclosure 2:** Yes

**Submitter Disclosure 3:** None

**Moderator:** Moderator: Todd Canada

**Submitter:** Tucker, Anne

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<td>To add or not to add: Treatment of potassium and magnesium imbalances in the PN patient.</td>
<td>Monczka, Jessica</td>
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<td>Is parenteral nutrition appropriate? Using evidence-based recommendations to support clinical practice.</td>
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<td>6</td>
<td>2741682</td>
<td>Navigating the intravenous lipid emulsion literature: understanding the types and uses of lipid therapy.</td>
<td>Hall, Jacob</td>
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<td>Compounding strategies and compatibility concerns during parenteral nutrition therapy.</td>
<td>Ybarra, Joseph</td>
<td>JPS Health Network</td>
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<td>My access is compromised, now what!</td>
<td>Neal, Antoinette</td>
<td>Cleveland Clinic</td>
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Competency assessment for professionals working with nutrition support is a dynamic process as is the body of knowledge. How does an institution evaluate the competency of those prescribing PN? How does an institution assure the competency of Nutrition Support Team members when this involves several disciplines who function with great autonomy? How does role delineation and overlap play into this scenario? The issue of initial competency for new residents, APRNs and PAs needs to be addressed by institutions because the literature on this issue makes it clear these professionals did not get this information in their basic professional education. Because PN is a high risk ordering process, those who are guiding individual patient management, i.e., a nutrition support clinician needs to also demonstrate competency. This session will deal with the issues of competency, shared competencies, assessment of competency and demonstration of ongoing competency as it pertains to prescribing PN. No such sessions have been presented at CNW for many years and yet we all deal with this issue on a regular basis.

Learning Objectives 1: 1. Examine the concept of competencies, both shared and unique, as it pertains to interdisciplinary teams and role delineation.

Learning Objectives 2: 2. Describe one institution’s experience with assessing the competency of prescribers including the education process for new prescribers.

Learning Objectives 3: 3. Examine the various methods that can validate ongoing competency of NST members.

Target Audience: Nutrition support clinicians who are members of an interdisciplinary team or those who work with novice prescribers.

Teaching Level: Intermediate
Teaching Methods: Lecture;
Organization: Nursing section
Encore Presentation: No
Submitter Disclosure 1: Yes
Submitter Disclosure 2: Yes
Submitter Disclosure 3: Dale--speaker
Moderator: Moderator: Beth Lyman
Submitter: Lyman, Beth

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<td>The Concept of Competency</td>
<td>Lim, Joel</td>
<td>Childrens Mercy Hospital</td>
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<td>Competency Evaluation for New Prescribers of PN</td>
<td>Hampson, Kyle</td>
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<td>Validation of ongoing competency for NST members</td>
<td>Hensley, Cindy</td>
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Background and Motivation: A compelling clinical question is whether high protein dosing is beneficial or harmful in critically ill patients. Until this question is resolved with strong data from an adequate-sized sample, clinicians are unsure of how to practice.

Methods or Approach: Three speakers will each present information for 30 minutes with 10 minutes for questions. A "case" of an ICU that desires to join the multi-site registry RCT will be used to illustrate how a site would join, how eligible patients would be identified by the site, and finally the important ethical considerations to negotiate.

Results or Product: The knowledge gaps regarding protein dose; the protocol for a highly innovative multi-site registry-based RCT study designed to compare two doses in common use in today's adult ICU; the protocol for a similar study in pediatrics; and important ethical and regulatory issues involved in such trials.

Conclusions and/or Implications: Participants will learn how their site may participate in this multi-site RCT.

Key Findings: We aim to combine the International Nutrition Survey (INS) with the power of randomization to conduct a registry-based randomized clinical trial in which we evaluate 2 different protein doses that demonstrate the value of extra protein supplementation in critically ill, nutritionally high-risk patients. In this session, we will explain the background rationale, methods and operational aspects of this trial, know as the EFFORT trial (The Effect of High versus Usual Protein Dosing in Critically Ill Patients:).
Background and Motivation: Short bowel syndrome (SBS) is a complex condition that is characterized by malabsorption of macronutrients, micronutrients, fluid, and electrolytes that can fail to sustain nutritional autonomy. The degree of fluid and electrolyte imbalances and nutritional deficiencies depends on the length of remaining bowel, the specific area remaining, the overall bowel function and whether the colon is still in continuity. Whether SBS results from surgical resection for inflammatory bowel disease, mesenteric ischemia, malignancy, severe mucosal diseases, bariatric surgery or radiation enteritis, management by an interdisciplinary team is crucial. Care plans should be individualized based on the patient’s specific needs. Survival is dependent on the adaptation of the remaining bowel by pharmacotherapy and nutrition interventions. These adaptive therapies can be effective and in some situations reduce dependence on infusion therapy for nutrition, electrolytes, and fluids. Methods or approach: Evidence based analysis from research, laboratory data and clinical practice in a lecture format will be presented to improve competence of the clinician. This will be followed by a panel discussion encouraging audience participation of the learning process to bridge the professional practice gap. Results or product: Managing the patient with SBS will be presented in a practical way for the clinician to incorporate into their own practice. The use of a variety of pharmaceutical agents such as anti-motility, anti-secretory, bile acid sequestrants, pancreatic enzymes, antimicrobials, and trophic agents to help prevent fluid and electrolytes losses, will be discussed. To improve pharmacological efficacy, consideration toward the site of absorption, the dosage, and the patient’s response will also be covered. In conjunction with pharmacotherapy, the diet needs to be tailored to the patient’s remaining bowel length and function to decrease output and increase absorption through diet and fluid modifications. In addition, SBS contributes to deficiencies in fat soluble vitamins including vitamin B12, B6, trace elements, and iron studies which need to be monitored and routinely checked. Clinical assessment, laboratory values and oral and intravenous (IV) replacement supplementation and nutrition interventions will be presented. In preventing chronic renal failure from increased gastrointestinal losses, monitoring hydration status, acid-base balance, laboratory indices, vital signs, and clinical signs and identifying symptoms of dehydration will be discussed. In situations of severe malabsorption, determining when parenteral support (either fluids or nutrition) are needed will be covered. Conclusions and/or Implications: Proper management of SBS is challenging but essential to maintain nutrition wellbeing and hydration status to support favorable quality of life. Successful control of gastrointestinal losses depends on the adaptation of the remaining bowel by pharmacotherapy and nutrition interventions. The aim of this session is to present best practice strategies for evaluation and treatment of SBS to maintain independence from parenteral support.

Upon conclusion of this program, the participant will be able to identify and implement the various pharmaceutical agents to prevent fluid and electrolytes losses in SBS considering remnant bowel, dosage, and patient response.

Upon conclusion of this program, the participant will be able to describe and implement diet management (diet and fluid modifications), clinical assessment of micronutrient deficiencies, monitor laboratory values and institute oral and IV replacement therapy for patients with SBS.

Upon conclusion of this program, the participant will be able to determine abnormalities in hydration status, acid-base balance, laboratory indices, vital signs, and clinical signs and symptoms of dehydration and recognize when IV fluids and nutrition are needed in patients with SBS.

Target Audience: Physicians, dietitians, pharmacists and nurses who manage patients with short bowel syndrome.

Teaching Level: Intermediate

Learning Objectives 1:

Learning Objectives 2:

Learning Objectives 3:

Enqueue Presentation: No

Submitter Disclosure: Yes

Affiliation: Encore Presentation: No

Submitter Disclosure: Yes
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<td>Preserving Gut Adaptability through Pharmacotherapy for Patients with SBS</td>
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<td>Nutrition Interventions for Nutrition Autonomy in the Patient with SBS</td>
<td>Austhof, Sandra</td>
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<td>2741164</td>
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<td>Keeping an Eye on that Remnant Bowel: Maintaining Labs, Vitals, and Hydration</td>
<td>DiBaise, John</td>
<td>Mayo Clinic</td>
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**Session Information**

ID number: 261555  
Session Title: Pathways to a research career: How to start, stay, simultaneously practice, and succeed  
Session Type: Education Breakout Session  
Session Topic: Research

**a. Background and Motivation:** What is the problem and why do you care about it? Dr Bonita Wyse, the first elected chair of the then-named American Dietetics Association (ADA) Council on Research stated in 1987: 'it is only through research and the accumulation of scientific data that a strong basis for dietetic practice will evolve'. An ADA-initiated survey in 2015 reported that the majority of registered dieticians viewed research as important however the ability to obtain funding, lack of leadership support, and lack of understanding of research processes were seen as barriers to research. Clinical nutrition specialists embarking on a research career may find there is little guidance on how to progress through the various stages of a research career, from starting small-scale research projects as a full-time clinician, commencing a higher research degree, transitioning to an early career fellow, to succeeding as an independent researcher. While all research careers are different, learning from those with real-life experience may be helpful. This session will provide clinicians with: -Tips and tricks of how to commence a research career in clinical nutrition covering aspects of research such as finding a mentor, reviewing the literature, and dealing with set-backs. -Advice on the progression to an independent researcher, including obtaining funding, increasing research outputs, expanding networks, utilising social media, and study design. -Pointers on how to conduct clinical nutrition research while managing an active (surgical) practice -Guidance on running a multi-centre clinical trial,

**SESSION NOTES:** managing research staff, increasing funding, and learning to say no. By the end of this session participants will have a thorough understanding of the research pathway, and practical advice to support various aspects of this progression.  

**b. Methods or approach:** describe your methodology for addressing the problem or issue in your session. This session will involve four short presentations from clinician-researchers at varying stages of their professional careers, followed by an open panel discussion facilitated by the moderator. Audience members will be invited to participate through sharing of their own research experiences. The session will utilise four experts from different disciplines (2 dieticians, 1 intensivist, and 1 surgeon), clinical backgrounds, research stages, and countries (Australia, UK, US), providing a broad range of experiences.

**c. Results or product:** Summarize the key findings that will be presented, being as specific as possible. The key findings that will be presented in this session are: -Each stage of the research career requires a particular focus -Advice on how to transition between these stages effectively will be provided -Guidance on co-managing research and clinical careers together

**d. Conclusions and/or Implications:** What is the take-home message and larger implications for the problem identified in your background/motivation? This session will conclude that: -Contributing to research is important for all clinicians. -An understanding of the different stages of a research career will enable clinicians to implement effective solutions to transition between stages.

Learning Objectives 1: Identify the key stages of the research pathway and transitions between these stages.  
Learning Objectives 2: Understand strategies to commence a research project, increase research outputs, and succeed in a research career.  
Learning Objectives 3: Improve knowledge on pathways of becoming a clinician-researcher and simultaneously managing both clinical and research careers

**Target Audience:** This session will be directly applicable to dieticians, nurses, pharmacists, physicians, and scientists who research, are interested in research, or practice the science of clinical nutrition. The diversity of the speakers, from different disciplines, countries, and levels of experience will extend the applicability of the educational session to a broad audience.

**Teaching Level:** Intermediate  
**Teaching Methods:** Case presentations; Panel discussions;  
**Organization:**  
**Affiliation:**  
**Encore Presentation:** No  
**Submitter Disclosure 1:** Yes  
**Submitter Disclosure 2:** Yes
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<td>How to start a PhD</td>
<td>Bear, Danielle</td>
<td>Guy's and St Thomas' NHS Foundation Trust</td>
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<td>How to stay in the research arena</td>
<td>Chapple, Lee-anne</td>
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<td>How to simultaneously manage research and a clinical career</td>
<td>Miller, Keith</td>
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<td>2740761</td>
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<td>How to succeed in research</td>
<td>Rice, Todd</td>
<td>Vanderbilt University</td>
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Given significant morbidity and mortality benefit associated with enteral nutrition, the prevalence of home enteral nutrition (HEN) continues to increase. Despite the significant benefit, HEN can be associated with complications. Unfortunately, the majority of HEN is managed by local providers and independent DME providers who may not have a great deal of experience with management of these complications. We propose a case based approach to the 10 most common HEN complications. We will begin with a discussion of the typical presentation followed by appropriate management strategies based on review of literature for each complication listed below: 1. Leaking 2. Granulation tissue 3. Infection 4. Yeast 5. Tolerance 6. Diarrhea/constipation 7. Abdominal pain 8. Weight loss/weight gain 9. Supply issues 10. Non-compliance We hope to spend 5 mins per case discussing presentation and management. We will also spend 20 mins on a discussion of how our group has modified our follow-up strategy to prevent many of these complications from occurring. Examples included calling patients on a scheduled basis until their HEN program has stabilized, use of an infection scoring criteria to prevent over/under treatment of peristomal infections, as well as providing guidelines that must be met before a feeding tube can be removed. We will also discuss partnering with DME providers to prevent complications, ensure that patients are ordering and using EN appropriately, and also to manage complications in an efficient and appropriate manner when they do arise. Practice gap: Currently many patients are discharged from the hospital on enteral nutrition and asked to follow-up with their primary care providers. Many providers may also only see a few enteral nutrition patients per year, not giving them sufficient experience to appropriately prevent and manage common complications that arise in this population. Our presentation will arm them with knowledge of how most common HEN complications present as well as management and prevention strategies.

Learning Objectives 1: Review top complaints HEN patients have after hospital dismissal
Learning Objectives 2: Identify solutions for managing common HEN concerns.
Learning Objectives 3: Develop protocols at their own institution to prevent complications and mitigate concerns of HEN consumers.

Target Audience: from hospital including dietitians, nurses, pharmacists, nurse practitioners, physicians assistants, and physicians.

Teaching Level: Intermediate
Teaching Methods: Case presentations;

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<td>Enteral Tube Related Issues</td>
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<td>Long-term Enteral Nutrition Issues</td>
<td>Epp, Lisa</td>
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Background and Motivation: Enteral nutrition (EN) is the preferred route of nutrition in critically ill trauma and surgical patients based on the SCCM & ASPEN guidelines. However, EN delivery is often suboptimal in trauma and surgical patients because of delayed EN initiation, fasting for multiple surgeries and procedures, post-operative ileus, hemodynamic instability, open abdomen, concerns for anastomotic leak, physicians’ lack of nutrition knowledge, and ICU culture. Methods or approach: Novel strategies developed by a multidisciplinary team to optimize enteral nutrition delivery in critically ill trauma and surgical patients will be presented. Techniques to change ICU culture to embrace a multidisciplinary nutrition team and implement physician and nursing education on nutritional awareness will be discussed. Data demonstrating the effectiveness in improving nutritional adequacy will be shared. The methodology used to develop a Pre-Operative No NPO Feeding Protocol to reduce fasting time before planned procedures will be outlined with tips how to incorporate this strategy will be presented by an anesthesiologist. A surgeon will propose methods of nutrition support in patients with post-operative ileus, open abdomen, anastomosis, and requiring vasopressors. A dietitian will address physicians’ knowledge deficits by providing education regarding all feeding protocols, importance of early EN, simple equations to estimate EN goal rate, and barriers and solutions in monthly physician orientation. A dietitian will also report EN metrics regarding compliance with the feeding protocols monthly to the physicians and medical staff. Results or product: - Eighty percent of critically ill trauma and surgical patients received EN within 24 hours and 93% patients received EN with 48 hours of ICU admission from July 2016 to February 2017. Only 6% of patients received EN after 48 hours because of temporary intestinal discontinuity after abdominal surgeries, non-survivable injuries, or GI intolerance. - Our recent retrospective study demonstrated that the post-intervention group received significantly more calories during the first three days due to early initiation of EN and the use of pre-operative no NPO feeding protocol than the pre-intervention group. The post-intervention group also maintained at 100% of caloric goal after Day 3 despite having frequent operations and procedures. - A study measuring compliance in following the preoperative no NPO after midnight feeding protocol will be presented. The study result will include percent of compliance, reduction in caloric and protein deficits, and aspiration risk of the feeding protocol. - Techniques to minimize or prevent ileus after abdominal surgery will be discussed. These will include tips from ERAS such as early removal of NG tubes, rapid advancement to a regular diet, minimization of narcotics, etc. - Literature review to dispel myths, such as EN should not be instituted above a recent anastomosis, and the patient with the open abdomen or post-operative ileus cannot be enterally fed, etc. Conclusions and/or Implications: Multidisciplinary collaboration can lead to earlier initiation of EN, a shorter time to achieve EN goal, and reduced caloric and protein deficits in critically ill trauma and surgical patients.
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<td>How to rally the troops: Getting buy-in from physicians to follow feeding protocols</td>
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<td>Preoperative &quot;No NPO after Midnight&quot; Feeding Protocol/&quot;HUNGREA&quot; Protocol</td>
<td>Williams, George</td>
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<td>Nutrition support in the critically ill trauma and surgical patients with post-operative ileus, open abdomen, anastomosis, or requiring vasopressors</td>
<td>Kozar, Rosemary</td>
<td>University of Maryland School of Medicine</td>
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Session Information

ID number: 260848
Session Title: Optimizing Nutrition Care Through ERAS (Enhancing Recovery After Surgery)
Session Type: Education Breakout Session
Session Topic: Surgery

SESSION NOTES:

Advances in Surgery care through fast-track or Enhanced Recovery After Surgery Programs are being recognized across surgical disciplines. The ability of ERAS programs to impact nutrition care relate to the requirement for nutrition screening, avoidance of pre-operative fasting, carbohydrate loading pre-operatively and through more timely advancement of diet and use of oral nutrition supplements postoperatively with feeding beginning as early as on the day of surgery. Other advances relate to using "pre-habilitation" strategies for selected patients. This session will review the evidence of impact of ERAS programs on nutrition care and will examine the impact of nutrition care on outcome as well as the impact of pre-habilitation programs.

Learning Objectives 1: 1. Describe nutrition care within ERAS
Learning Objectives 2: 2. Discuss the impact of nutrition care on surgical outcome
Learning Objectives 3: 3. describe the role of Pre-habilitation as a strategy to enhance nutrition care and surgical outcome in selected patients.

Target Audience: Dietitians, nurses, pharmacists, physicians/surgeons
Teaching Level: Intermediate
Teaching Methods: Case presentations; Laboratory work/findings;
Organization Affiliation: Canadian Nutrition Society

Submitter Disclosure 1: Yes
Submitter Disclosure 2: Yes
Submitter Disclosure 3: consultant and speaker fees - abbott canada, baxter canada unrestricted educational grant - nestle 3: canada research grant - Fresenius kabi Europe

Moderator: Moderator: Leah Gramlich
Submitter: Gramlich, Leah

Order | Control ID | Final ID | Title | Presenting Author | Institution | Start/end time | Invitation Status
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1 | 2733434 | 2733434 | Impact of ERAS on Nutrition Care across a large health system | Gramlich, Leah | University of Alberta | Not Yet Invited
2 | 2733438 | 2733438 | Patient perspectives of Nutrition care in ERAS | Gillis, Chelsia | University of Calgary | Not Yet Invited
3 | 2733443 | 2733443 | Prehabilitation in ERAS | Carli, Franco | Mcgill University | Not Yet Invited
Session Information

ID number: 261544
Session Title: Food Feud - Nutrition Support Team Challenge
Session Type: Education Breakout Session
Session Topic: Enteral and Parenteral Nutrition

ASPEN embodies the ideal approach to clinical nutrition sponsoring a dialogue between professionals. The Nutrition Support Team is the extension of the ASPEN message in the clinical workplace. In the tradition of Clinical Pearls and the very successful CNW game shows in past years, we are presenting the Food Feud - Nutrition Support Team Challenge. The goal is to focus on 3 key topic areas: Early Parenteral Nutrition, Management of the critically ill obese patient and use of lipids in the Pediatric setting. Our contestants will consist of a working nutrition support team. We have contacted the Distinguished teams of the past few years and are selecting the members. They will form 2 teams to identify the most popular answers to a membership survey. Often the most popular answer is not the correct one. Our ‘Commercials’ will provide a didactic presentation to educate up on the correct perspective of the targeted topic. The Food Feud concept holds a distinct advantage as it highlights the trends and opinions of our membership as it identifies where education is needed. As Gordon Sacks expressed in the Presidential Address there is a need for multidisciplinary educations with GAME Shows. A game show format improves retention and keeps the audience awake. The past programs were run on the last day and have served to retain attendee at the conference.

Learning Objectives 1: The participant will be familiar with the key clinical trials examining early parenteral nutrition in ICU
Learning Objectives 2: The participant will be able to predict potential issues associated with permissive underfeeding of the obese critically ill patient
Learning Objectives 3: The participant will be able to identify appropriate use of specialized lipids in the pediatric setting

Target Audience: All members of ASPEN
Teaching Level: Basic
Teaching Methods: Lecture;
Organization: Drug Nutrient Interactions
Affiliation: 
Encore Presentation: No
Submitter Disclosure 1: Yes
Submitter Disclosure 2: Yes
Submitter Disclosure 3: None
Moderator: Moderator: Mark Klang
Submitter: Klang, Mark

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<td>Early Parenteral Nutrition in Intensive Care</td>
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<td>Nutrition Support of the Critically Ill Obese patient</td>
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<td>Sloan Kettering Cancer Institute</td>
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<td>Parenteral Lipid Administration in Pediatrics</td>
<td>Gura, Kathleen</td>
<td>Boston Children's Hospital</td>
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Session Information

ID number: 261551
Session Title: When your eosinophils spoil your dinner: Updates in food allergies and eosinophilic esophagitis
Session Type: Education Breakout Session
Session Topic: Gastrointestinal Disorders

Background and Motivation: The incidence of patients experience food allergies or other allergic conditions are on the rise. Ironically, food allergies or other allergic conditions which affect the provision of nutrition are no longer conditions associated only with pediatric patient populations. This session will provide targeted education of updated recommendations, new therapies for treatment, and the increase in the incidence of eosinophilic esophagitis and adult onset food allergies. Methods or approach: The speakers will use lecture and case based approaches to present the most current research and guidelines on the prevention and treatment of food allergies. Particular emphasis will be directed towards updated guidelines regarding the introduction of foods to at risk populations, the use of immunotherapy and desensitization for treatment of food allergies, the diagnosis and treatment of eosinophilic esophagitis, and the recognition and management of adult onset food allergies. Results or Product: The result is the audience will be able to learn and apply the following: • Summarize the updated recommendations for the introduction of foods to populations at risk for food allergies. • Develop a food allergy therapy plan using immunotherapy and desensitization. • Discuss the impact of the rise in eosinophilic esophagitis on pediatric and adult populations and advances in its management. • Describe adult onset food allergies and its impact on the diet of those affected. Conclusions and/or implications: At the conclusion of the educational session, participants will gain knowledge in updated recommendations, new therapies for treatment, and the increase in the incidence of eosinophilic esophagitis and adult onset food allergies. Professional Practice Gap: Knowledge/Competence: Often times the practicing clinician, may be challenged by the patient or family who is concerned about the presence of a food allergy. Additionally, while food allergies and other allergic conditions affecting the provision of nutrition were once thought to develop primarily in the pediatric patient population, the clinician may encounter an increasing number of patients diagnosed in adulthood. This session will provide targeted education on updated recommendations, new therapies for treatment, and the increase in the incidence of eosinophilic esophagitis and adult onset food allergies.

SESSION NOTES: "Develop a food allergy therapy plan using immunotherapy and desensitization. "Discuss the impact of the rise in eosinophilic esophagitis on pediatric and adult populations and advances in its management. "Describe adult onset food allergies and its impact on the diet of those affected. Conclusions and/or implications: At the conclusion of the educational session, participants will gain knowledge in updated recommendations, new therapies for treatment, and the increase in the incidence of eosinophilic esophagitis and adult onset food allergies. Professional Practice Gap: Knowledge/Competence: Often times the practicing clinician, may be challenged by the patient or family who is concerned about the presence of a food allergy. Additionally, while food allergies and other allergic conditions affecting the provision of nutrition were once thought to develop primarily in the pediatric patient population, the clinician may encounter an increasing number of patients diagnosed in adulthood. This session will provide targeted education on updated recommendations, new therapies for treatment, and the increase in the incidence of eosinophilic esophagitis and adult onset food allergies.

Learning Objectives 1: Summarize the updated recommendations for the introduction of foods to populations at risk for food allergies.
Learning Objectives 2: Develop a food allergy therapy plan using immunotherapy and desensitization.
Learning Objectives 3: Discuss the impact of the rise in eosinophilic esophagitis on pediatric and adult populations and advances in its management. Describe adult onset food allergies and its impact on the diet of those affected.

Target Audience: All clinicians involved in the provision of nutrition to adult and pediatric populations.
Teaching Level: Intermediate
Teaching Methods: Case presentations; Lecture;
Organization: Pediatrics Section
Affiliation: Pediatrics Section

Encore Presentation: No
Submitter Disclosure 1: Yes
Submitter Disclosure 2: Yes
Submitter Disclosure 3: None
Moderator: Cober, Mary Petrea
Submitter: Cober, Mary Petrea

Order | Control ID | Final ID | Title | Presenting Author | Presenter Institution | Start/end time | Invitation Status
--- | --- | --- | --- | --- | --- | --- | ---
1 | 2740716 | When you wish you could eat it: Updates in immunotherapy, desensitization, and early introduction of foods in the | Cober, Mary Petrea | Akron Children's Hospital | Not Yet Invited |
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<td>2740717</td>
<td>It's not acid reflux: The rise in eosinophilic esophagitis</td>
<td>Lieberman, Jay</td>
<td>LeBonheur Children's Hospital</td>
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<td>2740721</td>
<td>What do you mean I have allergies? Adult Onset of Food Allergies</td>
<td>Norris, Alyssa</td>
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Despite advances in clinical nutrition over the years, there is an increasing prevalence of nutrition-related diseases and little progress in the recognition and treatment of disease-related malnutrition (DRM). Inter-disciplinary collaborations should not just be considered when health professionals are in clinical practice but should be included in the curriculum at the health professionals school. Consequently, there appears to be a professional practice gap in the nutrition education of international health professionals that becomes detrimental to the quality of life of hospitalised patients in many countries. An interdisciplinary group of clinical and scientific members of A.S.P.E.N. representing different countries and national societies from the world’s 6 continents have been involved in the planning of this proposal. The intent is to identify the shortcomings and some successes of medical nutrition education at a global level. Quantifiable educational tools will be identified and evaluated for translation into clinical practice in order to equip health professionals with the knowledge and skills to improve patient care. Successful teaching themes will be highlighted and evaluated to determine whether such approaches to medical nutrition education are possible and should be incorporated into the education syllabus of schools in each respective country. Key findings and experiences from successful international centres will be summarized by the presenters. Each speaker will present for 20 minutes with a 5 min Q&A followed by a 15-minute interactive moderated panel discussion. The aim of the ICNS of ASPEN is to improve the safety and quality of nutrition therapy by promoting minimum standards of medical nutrition education in order to optimise patient outcomes in all countries.

The goal of this educational session is to identify and measure the successful processes that some countries have developed to optimise medical nutrition education, thus empowering health professionals with the necessary skills for assessment and management of nutrition therapy for improved patients’ outcomes. Specific objectives are: Understand the differences of medical nutrition education taught in different regions. Acknowledge the global nutrition education gaps which encourage a higher level of interdisciplinary participation in nutrition support programs from a more motivated vibrant international community. Discuss some of the current limitations that can be overcome by adopting a new template to implement optimum nutrition support in the medical nutrition education curriculum.

Target Audience: The target audience is national, international and interdisciplinary clinicians, dietitians, educators, and other health professionals in various practice settings.

Teaching Level: Intermediate
Teaching Methods: Case presentations; Lecture; Panel discussions;
Organization: International Clinical Nutrition Section

Ensemble Presentation: No
Submitter Disclosure: 1. Yes
Submitter Disclosure: 2. Yes
Submitter Disclosure: 3. None
Moderator: Gil Hardy
Submitter: Hardy, Gil

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<td>Teaching medical nutrition in medical schools. Evolution of a pilot subject into part of the core curriculum</td>
<td>Chourdakis, Michael</td>
<td>Aristotle University of Thessaloniki</td>
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<td>How to impart clinical nutrition modules for medical nutrition education in a middle income country: South East Asia experience.</td>
<td>Majid, Hazreen</td>
<td>University of Malaya</td>
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<td>A Novel Approach to Medical Nutrition Education</td>
<td>Ray, Sumantra</td>
<td>Cambridge University</td>
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**Session Information**

- **ID number:** 261547  
- **Session Title:** Bacteria, Bones, and Stones: Managing Challenging Complications of SBS  
- **Session Type:** Education Breakout Session  
- **Session Topic:** Disease/Condition Specific

**SESSION NOTES:**

Short Bowel Syndrome (SBS) occurs in patients who have had extensive resection of the small intestine, commonly because of intestinal ischemia, Crohn’s disease, radiation enteritis, volvulus, or cancer. SBS is a complex disease and encounters multiple acute and chronic complications. The primary physiologic consequence of SBS is malabsorption, resulting in fluid and electrolyte abnormalities and malnutrition. Intestinal absorption may be impaired by intestinal resection, but a variety of other pathophysiological conditions may contribute to complications as well. For instance, nutrient assimilation maybe diminished by impairment of digestion caused by disturbances in the production of bile acids and digestive enzymes. The presence of small bowel dilation, dysmotility, loss of ileocecal valve, and anatomical changes, combined with acid suppression and anti-motility drugs, all increase the risk of small intestinal bacterial overgrowth (SIBO) in SBS patients. Likewise, SIBO could further contribute to malabsorption. In D-lactic acidosis, growth of normal flora is inhibited in the presence of a more acidic environment, promoting acid resistant anaerobes. These organisms have the capacity to produce d-lactic acid, an acid difficult to metabolize by humans due to the lack of d-lactate dehydrogenase. The colon then absorbs the d-lactate resulting in a metabolic acidosis, and mental status changes. Multiple factors contribute to an increased risk of nephrolithiasis in SBS. In the setting of fat malabsorption, increased free fatty acids are available to bind to calcium, resulting in an increased concentration of unbound oxalate. This free oxalate is readily absorbed across the colonic mucosa where it ultimately travels to the kidney. Additionally, there is an increase in colonic permeability to oxalate stemming from the effects of unabsorbed bile salts. The risk of nephrolithiasis is compounded by volume depletion, metabolic acidosis and hypomagnesemia, resulting in a decrease in renal perfusion, urine output, pH and citrate excretion. Nephrolithiasis may lead to progressive symptomatic renal impairment if not identified and treated appropriately. The metabolic changes that occur in SBS due to loss of colonic regulation of gastric and small bowel function can also lead to depletion of calcium, magnesium and vitamin D resulting in demineralization of bone. The eventual development of bone disease afflicts most patients with SBS. Persistent inflammation, steroid use in those with underlying disease, and parenteral nutrition may add to the problem. Chronic metabolic acidosis and renal insufficiency can also play a role in the development of osteoporosis. The aforementioned complications can contribute to the patient’s overall clinical condition, and should be considered and addressed when treating SBS patients. This presentation will examine the clinical features, pathogenesis, and treatment modalities of nephrolithiasis, SIBO, D-lactic acidosis, and metabolic bone disease in order to help providers maximize care of the patient with SBS.

**Learning Objectives 1:** Identify at least four complications of SBS, and describe the risk factors for the development of these complications.

**Learning Objectives 2:** Describe the diagnostic and therapeutic interventions to treat nephrolithiasis, SIBO, D-lactic acidosis, and metabolic bone disease.

**Learning Objectives 3:** Describe the effect of nutrition therapy on preventing and treating complications of SBS.

**Target Audience:** Physicians, Registered Dietitians, Nurses, Pharmacists, Physician Assistants, Nurse Practitioners, Scientists

**Teaching Level:** Intermediate

**Teaching Methods:** Case presentations; Laboratory work/findings; Lecture; Panel discussions;

**Organization:**

**Encore Presentation:** No

**Submitter Disclosure:**

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**Moderator:** Laura Matarese

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<td>Matarese, Laura</td>
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<td>Johnson, Erika</td>
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<td>Vanderbilt School of Medicine</td>
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ID number: 261553
Session Title: Acid suppression therapy in patients receiving specialized nutrition support
Session Type: Education Breakout Session
Session Topic: General Nutrition Support Topics

**Background and Motivation:** Strong evidence supports the use of gastric acid suppression therapy (proton pump inhibitors (PPIs)/histamine 2 receptor antagonists (H2RAs)) to prevent ulcers during time of physiologic stress or in the absence of enteral nutrition (EN). Although these therapies are associated with a decreased risk of ulcers and gastrointestinal bleeding, they are not benign; newer data reveals potential safety concerns with long-term use. Gastric acid suppression has been shown to alter the microbiota and has been linked to complications such as necrotizing enterocolitis in the neonatal period, and an increased risk of infections such as *Clostridium difficile* diarrhea and pneumonia in older populations. Other safety concerns such as increased risk for osteoporosis, renal injury and an association with dementia have also been recently discussed in the literature. Most PPIs and H2RAs are FDA approved for patients ≥1 year of age for short-term treatment of gastroesophageal reflux disease (GERD) or healing of ulcers, and long-term therapy for hypersecretory conditions. For patients with conditions/indications requiring specialized nutrition support, including, but not limited to, atresias, gastroschisis, intestinal failure, cerebral palsy, anatomic alterations, or gastrostomy/jejuno stomy access, use of acid suppressive therapy is common, but often done off-label (e.g., outside of the FDA approved indications) and for a prolonged duration. In clinical practice, although use of these agents is common, robust clinical practice algorithms do not exist to guide clinicians on indications for use, choice of agent, optimal dosing and frequency, or duration of use. This session is aimed at optimizing the use of acid suppression therapy in pediatric and adult patients receiving specialized nutrition support. We will review acid suppression therapy including the safety and efficacy in patients receiving specialized nutrition support. This will be done using a case-based and an evidence-based approach, reviewing the current literature as support for use in this population. Practical aspects of use such as appropriate formulations, over-the-counter versus prescription status, and insurance coverage will also briefly be mentioned.

**Approach:** In this session, we will address the practice gap regarding the optimal approach to acid suppression therapy in pediatric and adult patients receiving specialized nutrition support. This session will be divided into three main components: 1) general review of acid suppression therapy (PPIs and H2RAs) including an evidence-based discussion of clinical efficacy and safety as well as an overview of some of the practical aspects to using these therapies, 2) pediatric case-based and evidence-based discussion of these therapies for those receiving specialized nutrition support, 3) adult case-based and evidence-based discussion of these therapies for those receiving specialized nutrition support. The case presentations will address specific questions such as benefits of type of acid suppression, age group related concerns (neonates, pediatric, adult), use in patients receiving gastric enteral nutrition (EN), jejunal EN, and parenteral nutrition (PN), and extended use of acid suppression in patients with long-term EN or PN. **Product**

The attendee of this session is expected to return to his/her home institution and clinical practice with an enhanced knowledge of acid suppression therapy in patients receiving specialized nutrition support, including an evidence-based understanding of optimization of these therapies. A review of clinical efficacy and safety of these agents, a summary of the practical aspects to providing this therapy, as well as specific cases to help guide clinical decision-making will allow for this as a result.

**Conclusion** Clinicians who care for pediatric and adult patients receiving specialized nutrition support are charged with choosing and optimizing therapies in challenging populations. With respect to acid suppression therapy (PPIs and H2RAs), robust clinical practice guidelines for these populations do not exist guiding therapeutic choices and use of these agents is commonly done off-label. With newer data linking use with potential safety concerns such as increased risk of infection, osteoporosis, renal dysfunction and dementia, the balance of potential risk and potential benefit has become less clear to clinicians in the age of evidence-based practice. At the end of this session, we hope that the attendee is able to better understand the optimal use of acid suppression therapy in pediatric and adult patients receiving specialized nutrition support, applying the evidence to make therapeutic decisions, weighing safety, efficacy, and the practical aspects of use.

**Learning Objectives 1:** Describe the clinical efficacy and safety of acid suppression therapies (PPIs and H2RAs) in adult and pediatric patients.

**Learning Objectives 2:** Understand the practical aspects of providing acid suppression therapies to adult and pediatric patients, including appropriate dosage forms, over-the-counter versus prescription status, and insurance/financial implications.
Learning Objectives 3:

Appraise the current literature regarding use of acid suppression therapies in adult and pediatric patients receiving specialized nutrition support and given a patient case, recommend and optimize acid suppressive therapies including choice of agent, dose and frequency, duration of therapy and monitoring parameters.

Target Audience: prescribe or influence prescribing of acid suppression agents in pediatric and adult patients receiving specialized nutrition support.

Teaching Level: Advanced
Teaching Methods: Case presentations; Lecture;
Organization: NA
Affiliation: NA
Encore Presentation: no
Submitter Disclosure 1: Yes
Submitter Disclosure 2: Yes
Submitter Disclosure 3: Nutrishare, paid consultant for special projects
Moderator: Moderator: Emma Tillman
Submitter: Tillman, Emma

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<td>Acid suppression therapy in patients receiving specialized nutrition support</td>
<td>Tillman, Emma</td>
<td>Indiana University Health</td>
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Session Information

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<td>Session Title:  Graduation Day: Facilitating a Successful Transition for patients with pediatric-onset chronic conditions (POCC) from adolescent to adult care</td>
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<td>Session Type: Education Breakout Session</td>
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<td>Session Topic: Pediatrics</td>
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There was a point in time where patients with pediatric-onset chronic conditions (POCC), such as cystic fibrosis, type 1 diabetes mellitus, cerebral palsy, short bowel syndrome, sickle cell anemia, congenital heart defects, and even home enteral and parenteral pediatric patients rarely lived past their teenage years or perhaps their twenties. Thanks to advances in research and medicine, an increasing number of patients with POCC are now surviving well into adulthood. As a result, adult medicine practitioners are now caring for an increasing number of POCC patients. Different hospitals and clinics have different age limits, however at some point all of these patients will “graduate” from pediatrics into the adult healthcare system. The relative rarity of POCC in adult medicine can make practitioners uncomfortable, and the level of autonomy in care expected from adults can be a difficult adjustment for patients. Pediatric patients have typically been closely followed and monitored and now may enter a world where they are expected to reach out for help. It can be difficult for the new adults and their families to navigate and receive the care they may still need and deserve in this new model without conscious effort on both the pediatric and the adult end to help bridge this gap. Some, but not all facilities have plans in place to help pediatric patients take sufficient ownership in managing their POCC as an adult. There are nurses and clinics specialized in assisting with the process. These transitions aren’t always initially successful and, in fact, typically result in poorer outcomes and increased hospitalizations during the transition period. According to one review 60% of POCC patients experienced transitional issues resulting in complications including poor glycemic control in patients with T1DM, increased sickle cell crises, loss of transplanted organs, and death. The American Academy of Pediatrics, American Academy of Family Physicians, and American College of Physicians-American Society of Internal Medicine published a joint consensus statement on transitioning pediatric patients with special health care needs into adult medicine in 2002. Additional review of the literature tends towards a proposed three-tiered approach towards transitioning POCC patients into adult healthcare systems. The approach addresses how pediatric systems can work towards making the patient or caregiver a champion of the patient’s diagnosis years before the transition takes place, how patients or caregivers can prepare for life in the adult healthcare system, and how adult systems can utilize new approaches to engage new POCC adult patients and work to decrease complications in the transition period. Preparing and being prepared for patients is not solely the responsibility of the physician. The entire healthcare team, including nurses, dietitians, pharmacists, and nurse practitioners have a role to play, particularly in the world of nutrition support as well as the patients and families. The purpose of this session is to provide guidelines for practitioners to use to ensure a successful transition of care. It will address developmental and emotional issues from the pediatric side and include information on the parents’ role during the transition. The session will also address the adult practitioner’s role in receiving these patients and the issues related to the transition. In addition, we will bring the patient and/or parent perspective for a successful transition.

Learning Objectives 1: Upon conclusion of this program, the participant will be able to articulate the need for a seamless transition from pediatric to adult care.

Learning Objectives 2: Upon conclusion of this program, the participant will be able to identify barriers involved in a successful transition from pediatric to adult care and means to reduce these barriers.

Learning Objectives 3: Upon conclusion of this program, the participant will be able to identify metrics that can be utilized in measuring outcomes/the success of transition from pediatric to adult care.

Target Audience: Pediatric and adult practitioners involved in all nutrition support disciplines including, but not limited to, dietitians, nurses, physicians, pharmacists, nurse practitioners.

Teaching Level: Intermediate

Teaching Methods: Case presentations; Lecture;

Organization: Joint proposal through the ASPEN Pediatric Section and the ASPEN Nutrition Support Nurses Practice Section

Encore Presentation: No
Submitter Disclosure
1: Yes
Submitter Disclosure
2: Yes
Submitter Disclosure
3: none

Moderator: Carol McGinnis
Submitter: Miller, Michelle

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Session Information

ID number: 261556
Session Title: “Are They Going to Starve?” and Other Ethical Dilemmas Related to Nutrition at the End of Life
Session Type: Education Breakout Session
Session Topic: Ethics

Background and Motivation: Artificial nutrition and hydration (ANH) serves as a life-preserving therapy. However, the provision of ANH during end of life lacks clinical benefit and may even cause harm. Views of ANH are fueled by individual ethnical, cultural, religious and personal backgrounds. It is essential that healthcare practitioners have sound knowledge of medical ethics, nutrition support and interpersonal skills to appropriately and unitedly address ANH discussions. Methods or approach: A multi-disciplinary approach (palliative care physician; dietitian; nurse practitioner) will review medical ethics and literature on ANH in end of life cases. Effective communication strategies and case studies will be presented so the participant can apply concepts. Results or product: We will review: - Basics of medical ethics. - Body’s physiological response to nutrition support at end of life. - Popular nutrition support legal cases in past century. - Indications and contraindications for enteral and parenteral nutrition in specific disease states. - Effective communication strategies to properly navigate nutrition support focused ethical discussions. - Role of the nutrition support practitioner in ethical dilemmas. - Common religious stances on nutrition support at end of life. - Case studies. Conclusions and/or Implications: The goal of this presentation is to equip practitioners with the knowledge base and skills to effectively navigate nutrition support related ethical dilemmas.

Learning Objectives 1: Apply ethical principles to the management of challenging nutrition support cases.
Learning Objectives 2: List the indications and contraindications for enteral and parenteral nutrition in specific disease states.
Learning Objectives 3: Utilize effective communication strategies to properly navigate nutrition support focused ethical discussions.

Target Audience: settings (e.g. acute care, long term care, home nutrition support, alternate care sites and hospice care) along with dietetic educators and students.

Teaching Level: Intermediate
Teaching Methods: Case presentations; Lecture;

Submitter Disclosure: Yes
Submitter Disclosure: Yes
Submitter Disclosure: Yes
Submitter Disclosure: Stephanie Dobak: Medtronic consultant, consultant fees.
Moderator: Moderaor: Beth Wagner
Submitter: Dobak, Stephanie

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<td>“Are They Going to Starve?” and Other Ethical Dilemmas Related to Nutrition at the End of Life</td>
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<td>Thomas Jefferson University Hospital</td>
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<td>“Are They Going to Starve?” and Other Ethical Dilemmas Related to Nutrition at the End of Life</td>
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**Session Information**

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<td>Session Type: Education Breakout Session</td>
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<td>Session Topic: Parenteral Nutrition</td>
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**SESSION NOTES:**

An expert intradisciplinary panel of home care experts will guide attendees through a lively discussion of advanced level, challenging clinical cases and evidence-based management for patients receiving home parenteral nutrition support. Three complex cases – 2 adults and one pediatric, will be presented, discussed and debated. Topics that will be covered include HPN appropriateness, techniques for safe access and management, HPN formulation, therapies for IF, early identification of chronic volume depletion with long-term implications for renal function, as well as outcomes and QoL issues. Clinical practice and evidence based controversies will be included in this discussion. Audience participation is encouraged.

**Learning Objectives 1:**
For adult and pediatric patients receiving long-term HPN, the participant will be able to identify appropriate monitoring parameters through case presentations

**Learning Objectives 2:**
For adult and pediatric patients receiving long-term HPN, the participant will be able to evaluate challenges in access management

**Learning Objectives 3:**
For adult and pediatric patients receiving long-term HPN, the participant will be able to understand the QoL issues and considerations

**Target Audience:**
All clinicians - hospital and home who deal with long-term HPN patients. These do not have to be home care clinicians as hospital clinicians will deal with these patients as well.

**Teaching Level:**
Intermediate

**Teaching Methods:**
Case presentations;

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Encore Presentation: No

Submitter Disclosure 1: Yes

Submitter Disclosure 2: Yes

Submitter Disclosure 3: Consultant to Nutrishare, Inc and Fresenius Kabi

Moderator: Mark DeLegge

Submitter: Ireton-Jones, Carol

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<td>1</td>
<td>2741002</td>
<td>Management of nutrient needs in complex HPN patients</td>
<td>Ireton-Jones, Carol</td>
<td>private</td>
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<td>2</td>
<td>2741006</td>
<td>Management of a complex pediatric HPN patient</td>
<td>Reyen, Laurie</td>
<td>UCLA Health</td>
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<td>3</td>
<td>2741010</td>
<td>Pharmacologic considerations in Long-term HPN patients</td>
<td>Nishikawa, Reid</td>
<td>Nutrishare, Inc.</td>
<td>Not Yet Invited</td>
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Intravenous lipid emulsions (IVLE) are an important component of pediatric parenteral nutrition (PN) as a source of energy and ω-3 polyunsaturated fatty acids (PUFA), which are essential for proper fetal and neonatal development of brain and retinal tissue. IVLE have traditionally been derived from soybean oil (SO), which contains high concentrations of ω-6 PUFA, which may have immunosuppressive and/or proinflammatory effects, and phytosterols which can accumulate in the liver and may contribute to intestinal failure-associated liver disease (IFALD). To avoid the potential risks associated with SO new IVLE have been developed by replacing a portion of the SO component with medium-chain triglycerides (MCT), olive oil (OO) and/or fish oil (FO). Alternative IVLE have been used in Europe and Latin America for almost 20 years. Consequently, there is considerable clinical experience in countries outside the USA. The programme will provide a global perspective, incorporating current clinical practices, typical pediatric PN regimens with alternative IVLE and practical guidance with case studies. Key findings and experiences with IVLE from recently published clinical studies co-authored by the presenters will be summarised. Each speaker will present for 20 minutes with a 5 min Q&A followed by a 15-minute interactive moderated panel discussion. The goal is to present guidance for optimising pediatric PN support with Lipid-containing PN.

The aim of the ICNS of ASPEN is to improve the safety and quality of nutrition therapy internationally in order to optimise patient outcomes in all countries. The aim of ILAS is to disseminate information on nutrition support therapy with the intent of empowering providers with the necessary knowledge to provide better quality patient care for those individuals requiring nutritional support, particularly for Spanish/Portuguese speaking professionals.

The overall goal is to empower health professionals to develop new/improved regimens for managing Lipid-PN for pediatric patients who are unable to tolerate nutrition through other routes. Upon conclusion of this program, participants will: Understand the theoretical and published clinical benefits of incorporating MCT, OO and/or FO into SO-based IVLE for pediatric PN. Examine case studies from international centers that have successfully used the newer IVLE for pediatric PN. Be able to choose between the different IVLE when formulating a PN regimen for optimum nutrition support for improved pediatric patient outcome.

The target audience is national, international and interdisciplinary clinicians, dietitians, pharmacists, nurses, and other health professionals in pediatric practice.

Learning Objectives 1: Nutrition support therapy with the intent of empowering providers with the necessary knowledge to provide better quality patient care for those individuals requiring nutritional support, particularly for Spanish/Portuguese speaking professionals.

Learning Objectives 2: The overall goal is to empower health professionals to develop new/improved regimens for managing Lipid-PN for pediatric patients who are unable to tolerate nutrition through other routes.

Learning Objectives 3: Studies from international centers that have successfully used the newer IVLE for pediatric PN. Be able to choose between the different IVLE when formulating a PN regimen for optimum nutrition support for improved pediatric patient outcome.

Target Audience: The target audience is national, international and interdisciplinary clinicians, dietitians, pharmacists, nurses, and other health professionals in pediatric practice.

Teaching Level: Intermediate

Teaching Methods: Case presentations; Lecture; Panel discussions;

Organization: International Clinical Nutrition Section (ICNS) and Ibero Latin American Section (ILAS)

Encore Presentation: No

Submitter Disclosure 1: Yes

Submitter Disclosure 2: Yes

Submitter Disclosure 3: GH has been a speaker and received honoraria from Baxter Healthcare, Fresenius Kabi,

Moderator: Theodoric Wong

Moderator: Jesus Velazquez

Submitter: Hardy, Gil
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<th>2741465</th>
<th>FO-containing IVLE in critically ill infants: current evidence and clinical outcomes</th>
<th>Langlois, Pascal</th>
<th>Sherbrooke University Hospital,</th>
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<td>3</td>
<td>2741458</td>
<td>Current evidence for improvements in cholestasis, liver function and retinopathy of prematurity with alternative IVLE</td>
<td>Hardy, Gil</td>
<td>Massey University</td>
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Background/Motivation: The population of pediatric hospitalized patients who are obese is growing. This is a vulnerable cohort at risk for poor clinical outcomes and suboptimal nutrition practices. Special considerations are needed to optimize nutrition and potentially influence clinical outcomes. In this session we will first present evidence on the prevalence of obesity in the pediatric non-critically ill and critically ill hospitalized patient population, the association between overweight/obese status and clinical outcomes in this cohort, and current limitations in nutritional practices for this population. Second, we will present cases with practical approaches to optimizing nutrition in the hospitalized non-critically ill and critically ill pediatric patient considering available pediatric guidelines and the applicability of adult guidelines for the nutrition of the obese hospitalized pediatric patient.

Methods/Approach: We will address this topic in one didactic and one case based session. We will present this topic in a multidisciplinary fashion including physicians and dietitians. Our overall approach will be to (1) present the evidence supporting the need for specialized approach to nutrition in the non-critically ill and critically ill hospitalized obese pediatric patient, and (2) end with cases that will present common barriers to optimal nutrition assessment and delivery for this cohort and provide practical recommendations.

Results/Product: Session 1: We will present the prevalence of children admitted to the hospital who are overweight/obese. We will review the evidence supporting an exacerbated loss of lean body mass during the catabolic phase of illness in obese patients due to the potential for a greater inflammatory response given baseline chronic inflammation. We will then present evidence showing associations between overweight and obese status in hospitalized non-critically ill and critically ill children and clinical outcomes. Last, we will review reports of current nutrition practices in this cohort and limitations to optimal nutrition including risk of delayed initiation of nutrition due to misconceptions regarding "energy reserves", suboptimal energy and protein delivery, inaccurate estimates of energy expenditure, delays in indirect calorimetry, and lack of body composition assessments in hospitalized obese children. Session 2: We will present practical patient-related cases specific to the non-critically ill and critically ill hospitalized obese/overweight child. We will highlight common challenges dietitians are faced with at the bedside when assessing the nutritional status and determining energy and protein requirements of a hospitalized obese/overweight child as well as common comorbidities. These patient-related cases will demonstrate the importance of taking an individualized approach when determining appropriate macro- and micronutrient prescriptions, as well as the need for more clinical research to improve practices at the bedside.

Conclusions: Take-home message, larger implications
The hospitalized obese/overweight child remains a high nutrition risk group. If they are not appropriately assessed and initiated on optimal and timely nutrition support undesired outcomes may result. We will conclude that early and comprehensive nutritional assessments including indirect-calorimetry-guided energy prescriptions and body composition are necessary to guide individualized nutrition recommendations. Nutrition monitoring is crucial to avoid unnecessary nutrition deterioration and excessive loss of lean body mass during this vulnerable cohort's course. We will conclude that in addition to early and optimal energy provision, adequate protein intake is important for this cohort. Multidisciplinary inpatient team involvement should be supported to meet the needs of this challenging and vulnerable group of hospitalized pediatric patients and more clinical nutrition practices need to be reported and reviewed in order to continue improve outcomes.

Learning Objectives 1: Identify the metabolic changes a hospitalized pediatric patient undergoes and how nutritional assessments and delivery are important in this context. Describe associations between obesity in hospitalized non-critically ill and critically ill pediatric patients and clinical and nutritional outcomes.

Learning Objectives 2: Describe common barriers and limitations to optimal nutrition support in the obese hospitalized pediatric patient.

Learning Objectives 3: Describe practical approaches to optimizing nutrition in the obese hospitalized pediatric patient.

Target Audience: Multidisciplinary audience including physicians and dietitians taking care of pediatric patients.

Teaching Level: Intermediate

Teaching Methods: Case presentations; Lecture;
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<td>Obesity in the hospitalized pediatric patient: a review of metabolic changes, and clinical and nutrition outcomes</td>
<td>Martinez, Enid</td>
<td>Boston Children's Hospital</td>
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<td>Optimizing nutritional care for the hospitalized obese pediatric patient: A case-based presentation</td>
<td>Ariagno, Katelyn</td>
<td>Boston Children's Hospital</td>
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<td>Optimizing nutritional care for the hospitalized obese pediatric patient: A case-based presentation</td>
<td>Skillman, Heather</td>
<td>Children's Hospital Colorado</td>
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SESSION NOTES:

**Background:** Enhanced Recovery After Surgery (ERAS) programs aim to improve perioperative outcomes by redesigning the way we care for patients around surgery. Traditional practices are replaced by the latest in evidence-based medicine. Key concepts include extensive preoperative patient education and screening, pre-hydration with carbohydrate-rich fluids, reduction of opioids by way of multimodal pain management, early postoperative feeding, and early ambulation. Great challenges exist to changing traditional medicine when implementing an ERAS program. The goal of this educational program is to outline the key steps for implementation, change management strategies used, potential barriers to overcome, and identification of stakeholders for participation in order to achieve success. **Methods:** This will be an interdisciplinary education session presented as a lecture incorporating case scenarios and followed by panel discussion encouraging the audience to engage in the learning process and bridge the professional practice gap. **Results:** Key findings will include results of one institution’s implementation of an ERAS program. These will include hospital length of stay, perioperative opioid use and fluid balance, 30-day postoperative surgical outcomes, 30-day hospital readmissions, patient satisfaction, and cost savings. Additional results will include results from a preadmission nutrition screening pilot along with patient survey results used to develop the postoperative diet for ERAS patients. **Conclusions:** After attending this session, the attendee will have the knowledge and practical tools that he/she can use for ERAS program planning and implementation. By using our own experience as a learning example, we will provide an outline for the key stakeholders necessary for buy-in and successful adoption, and we will outline important strategies for circumventing challenges during planning, implementation, and program maintenance.

**Learning Objectives 1:** Describe the key steps for implementation of an interdisciplinary ERAS program

**Learning Objectives 2:** Identify potential barriers to ERAS program implementation and ways to overcome them

**Learning Objectives 3:** Discuss the fasting/feeding components of an ERAS program

**Target Audience:** would be anyone from nutrition, nursing, pharmacy, surgery, anesthesia, etc who would participate in an interdisciplinary team for implementation of an ERAS or who currently has an ERAS program in development and is looking for ideas to increase adoption and improve success.

**Teaching Level:** Basic

**Teaching Methods:** Lecture; Panel discussions;

**Organization Affiliation:** ASPEN Nursing Section

Parts of this will be presented at the ASPMN Regional Conference in Williamsburg, VA in October, 2017. Encore Presentation: 2017. The nutritional component was presented at company-sponsored event at Clinical Nutrition Week 2017.

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<td>Implementing an Enhanced Recovery After Surgery (ERAS) Program: Translating Best Evidence Into Everyday Practice - From the Nursing Perspective</td>
<td>Sarosiek, Bethany</td>
<td>University of Virginia Medical Center</td>
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<td>Implementing an Enhanced Recovery After Surgery (ERAS) Program: Translating Best Evidence Into Everyday Practice - From the Nutritionist Perspective</td>
<td>Willcutts, Kate</td>
<td>University of Virginia Medical Center</td>
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Session Information

ID number: 261690
Session Title: Dietary Supplements and Altered Diets for Inflammatory Bowel Disease: Help or Hype?
Session Type: Education Breakout Session
Session Topic: Complementary and Alternative Medicine (CAM)

Summary. This program will review the best available evidence of the use of dietary supplements (herbals, nutraceuticals, probiotics, fish oils) and altered diets (low FODMAP, specific carbohydrate diet, elimination diet, anti-inflammatory diet, etc) for the management of IBD. Rationale Inflammatory bowel disease (IBD) is a disorder characterized by idiopathic chronic intestinal inflammation associated with the utilization of costly medications, disease and medication-associated complications, hospitalizations, poor quality of life, surgical procedures, malnutrition, and much more. IBD is estimated to afflict 1.2 million Americans with 57-60% citing food as a provocateur and that alteration of diet can improve symptoms. Likewise, the 21-60% of IBD patient have utilized at least one form of CAM (Inflamm Bowel Dis 2011;17:655–662) with dietary supplements and altered diet constituting the top modalities with optimum symptom control as the rationale. Altered diets and dietary supplements are promoted on the Internet by healthcare practitioners and even non-licensed individuals often without supporting evidence and place patients at risk due to macronutrient restriction (diet) or toxicity (dietary supplements). IBD patients often turn to their nutritionist and physician for their advice of how to eat and whether dietary supplements are useful for control of their disease symptoms. The goal of this program is to provide an evidence-based review of the altered oral diets and dietary supplements in the management of IBD.

To define the pathophysiology of inflammatory bowel disease, the potential mechanisms of nutritional Learning Objectives 1: (oral diet, dietary supplements) of disease pathogenesis and their patterns of utilization in this population.

Learning Objectives 2: To discuss the current evidence of altered diets in the management of inflammatory bowel disease.
Learning Objectives 3: To review the evidence of dietary supplements in the management of inflammatory bowel disease.

Target Audience: Nutritionist, Physicians, Nurses, Pharm.D.
Teaching Level: Intermediate
Teaching Methods: Lecture;
Encore Presentation: no, unique
Submitter Disclosure 1: Yes
Submitter Disclosure 2: Yes
Submitter Disclosure 3: none
Moderator:
Submitter: Mullin, Gerard

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<td>2741506</td>
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<td>An Evidence-based Review of Dietary Supplements in Inflammatory Bowel Disease</td>
<td>Mullin, Gerard</td>
<td>Johns Hopkins</td>
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<td>2741594</td>
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<td>An Evidence-based Review of Altered Diets in Inflammatory Bowel Disease.</td>
<td>Limketkai, Berkeley</td>
<td>Stanford</td>
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Hospital Acquired Conditions are tracked by the CDC and each hospital is compared to local and national benchmarks and have an effect on patient care and costs. Full implementation of an appropriate food based probiotic protocol was demonstrated to reduce *C. difficile* infection rates 40-65% to below 4.0 cases per 10,000 patient days (p<0.03) and adding oral probiotic swabs to a vent bundle reduced VAP/VAE rates by 86%, with rates below 1 per 1000 vent days. Careful review of evidence shows that probiotics are not all the same. Some probiotics reduce the risk of *C. difficile infection (CDI)*, some probiotics do not, and some only do so if they are fed with appropriate kind and amount of fermentable prebiotic substrates to produce enough short chain fatty acids to drop colonic pH <6 to inhibit the growth of *C. difficile*, which prefers pH between 6.5 and 7.5 for optimal growth. Careful review of evidence on VAP prevention shows that effectiveness of probiotics depends on appropriate species of probiotics known to adhere to oral cavity (e.g. *L. rhamnosus*) and administration of probiotic swabs to oral cavity. Protocol hospital has been estimated to have avoided over 39 cases of hospital acquired *C. difficile*, prevent 3 deaths, and save over half a million dollars with a return on investment of $31:1.

Learning Objectives 1: Become familiar with background evidence, terminology and key concepts related to probiotics in hospital based care related to *Clostridium difficile* infections and Ventilator Associated Pneumonia.

Learning Objectives 2: Review of key literature and practice outcomes for the prevention of *C. difficile* infections and VAP in hospitals.

Learning Objectives 3: Understand key components of implementation success for a hospital based probiotic protocol.

Target Audience: Dietitians, Doctors, Pharmacists, Nurses

Teaching Level: Intermediate

Teaching Methods: Lecture;

Affiliation: Encore Presentation: no conferences but presented as CME at Bay Area Hospital in 2017, Good Samaritan Regional Medical Center (CME twice), and as online CE webinar internally for Sodexo dietitians.

Submitter Disclosure 1: Yes

Submitter Disclosure 2: Yes

Submitter Disclosure 3: Abbott Speaker honorariums. Sole owner Thomas4Creative, LLC (website, informational, no money so far)

Moderator: Robert Martindale

Submitter: Thomas, Sara
Background and Motivation: Though for years Dietitians have been at the forefront of providing individual nutrition in the ICU through patient assessment guided treatment, we are entering a new therapeutic age. In the very near future, we will have the ability to determine individual needs via metabolic monitoring and in a few years we will determine the individual response to nutrients via dynamic metabolic profiling. Methods or approach: We will first discuss how the new generation of indirect calorimeters under development has the potential to transform ICU nutrition delivery through continuous metabolic monitoring. We will next discuss how the timing of energy delivery has been informed by landmark clinical trials but protein delivery is not clear. This will be followed by a discussion of the evidence in existence to support or refute the concept of preserving autophagy with caloric restriction during the early critical illness phase. We will discuss the physiology of protein utilization and specifically the usage of HMB administration and critical care outcomes. Finally we will explore the potential of dynamic measurement of metabolites to inform the timing and dose of nutrient delivery. We aim to have five 15 minute presentations from highly respected, multi-disciplinary and engaging speakers from the US, Europe and the UK and followed by a 15 minute panel discussion. Results or product: We will highlight the results from published physiological studies, observational data and trial data in metabolic monitoring, nutrient utilization, nutrient delivery and metabolite analysis. We will specifically discuss how these advances will likely complement the existing concept of individualized nutrition in the ICU. Conclusions and/or Implications: The future of metabolic based monitoring is close at hand. With more accurate information and new metabolite based biomarkers of dynamic response to nutrients we will have a more precise way to deliver individualized nutrition.

Learning Objectives 1: Upon conclusion of this program, the participant will be able to understand how dynamic metabolic monitoring in the ICU will potentially allow a more tailored prescription of nutrient needs.

Learning Objectives 2: Upon conclusion of this program, the participant will be able to understand dynamic metabolite production in response to nutrient delivery in the ICU and the potential of metabolite patterns to direct nutrition therapy changes.

Learning Objectives 3: Upon conclusion of this program, the participant will be able to understand basic physiological tenets of protein utilization, autophagy and specific amino acids utilization in the delivery of nutrients to ICU patients.

Target Audience: Dietitians, Physicians, Surgeons, Pharmacists
Teaching Level: Intermediate
Teaching Methods: Case presentations; Lecture; Panel discussions;
Organization
Affiliation:
Encore Presentation: No
Submitter Disclosure
1: Yes
Submitter Disclosure 2: Yes
Submitter Disclosure 3: NONE
Moderator: Moderator: Peter Weijs
Submitter: Christopher, Kenneth

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<td>Metabolic Monitoring</td>
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<td>Protein Utilization</td>
<td>Rooijackers, Olav</td>
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<td>Christopher, Kenneth</td>
<td>Brigham and Women's Hospital</td>
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Session Information

ID number: 261707
Session Title: Wrap Wars: The Fundoplication debate.
Session Type: Education Breakout Session
Session Topic: Gastrointestinal Disorders

Fundoplication is a surgical procedure used to treat gastroesophageal reflux where the fundus of the stomach is wrapped around the lower esophageal sphincter. The procedure has a high success rate and is done laparoscopically. There are risks and complications associated with the procedure. Complications include "gas bloat syndrome", dysphagia (trouble swallowing), dumping syndrome, excessive scarring, vagus nerve injury and, rarely, achalasia. The fundoplication can also come undone, leading to recurrence of symptoms. Medical treatments for gastroesophageal reflux include medications, or feeding into the jejunum, if the patient is fed through a feeding tube. These treatments have complications including medication interactions, nutrient-med interactions, and tube dislodgment. With the several options for treatment of gastroesophageal reflux, practitioners are confused as to what is best for their patient. There are circumstances which are better treated surgically and other situations which are better treated with medications or diet and feeding modifications. This session will present the types and causes of gastroesophageal reflux and the appropriate options for treatment in each case. The debate between the surgeon and the gastroenterologist of risks and benefits of fundoplication versus medical treatment options is one that goes on at many institutions. We are not sure who will win the light saber duel, but it is sure to be entertaining.

Learning Objectives 1: Understand the types and causes of gastroesophageal reflux.
Learning Objectives 2: Gain knowledge of the treatment options for gastroesophageal reflux and the potential complications with each option.
Learning Objectives 3: Assess a patient and recommend appropriate options for the treatment of gastroesophageal reflux.

Target Audience: Physicians, pharmacists, nurses, and dietitians who work with patients with gastroesophageal reflux.

Teaching Level: Intermediate
Teaching Methods: Case presentations; Debate; Lecture;

Organization: ASPEN Pediatric Section

Encore Presentation: No
Submitter Disclosure:
1: Yes
2: Yes
Submitter Disclosure: Nestle Nutrition - Consultant, expert reviewer for CEU offerings, consultant fees Abbott Nutrition - 3: Speakers Bureau, honorarium

Moderator: Steven Plogsted
Submitter: Corkins, Kelly

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<td>Nichol, Peter</td>
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<td>2</td>
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<td>The Medical Side of the Debate</td>
<td>Corkins, Mark</td>
<td>University of Tennessee Health Science Center</td>
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SESSION NOTES:

Background and Motivation: Critically ill patients are very heterogeneous, and include medical as well as surgical cases, patients who are mechanically ventilated and not, short and long stay patients, obese, malnourished as well as the young and fit. The mode of feeding can vary according to the severity of illness or condition. Targeted nutrition interventions involving energy, protein and muscle mass targets are most appropriate for the ICU population. Methods or approach: We will provide background information on protein and energy from trial and observational data. In addition we will discuss the state of the art in muscle monitoring. Finally we will demonstrate the strategy utilized and the institutional buy in needed to implement a novel hospital wide nutrition target proposal. We aim to have five 15 minute presentations from highly respected, multi-disciplinary and engaging speakers from the US, the UK and Europe followed by a 15 minute panel discussion. Results or product: We will highlight the results from published trials in Energy and Protein delivery as well as the CoCoS trial (in press). We will discuss the current state of the art of muscle monitoring. Conclusions and/or Implications: The heterogeneity of ICU populations makes it imperative that we understand how to frame our nutrition therapy as targeted personalized intervention.

Learning Objectives 1: 1. Upon conclusion of this program, the participant will be able to understand the existing data and theory behind the implementation of current energy delivery targets. 2. Upon conclusion of this program, the participant will be able to understand the importance of Protein delivery and the outcome data that support the use of higher targets in the ICU. Further the participant will gain an appreciation of the importance and feasibility of muscle mass estimation techniques in the nutritional targeting of protein intake. 3. Upon conclusion of this program, the participant will have real world insight into the design and implementation of a novel nutritional policy. Methods to attain institutional buy in, altering stakeholder perception and the overcoming of practitioner and hospital barriers will be highlighted.

Target Audience: Dietitians, Pharmacists, Physicians, Surgeons, Scientists
Teaching Level: Intermediate
Teaching Methods: Case presentations; Lecture; Panel discussions;
Affiliation:
Encore Presentation: No
Submitter Disclosure 1: Yes
Submitter Disclosure 2: Yes
Submitter Disclosure 3: NONE
Moderator: Moderator: Olav Rooijackers
Submitter: Christopher, Kenneth

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<td>Puthucheary, Zudin</td>
<td>UCL Institute for Human Health &amp; Performance</td>
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<td>Protein Intake and Outcomes</td>
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Organ transplant recipients are at high risk of malnutrition and frailty which increase posttransplant morbidity and mortality. Transplantation is a rare situation whereby patients know they will undergo surgery but the timing for that surgery is not known unless a living donor transplant can be performed. While patients wait for a transplant, their nutrition status could be optimized with appropriate interventions to the extent that can be achieved in a patient with chronic organ failure. After transplantation, recovery can be prolonged when patients had preoperative malnutrition and debility; further interventions in the postoperative phase are vital to achieving patient recovery and return to a healthy state. Transplant recipients require life-long immunosuppression which adds other dimensions to posttransplant nutrition interventions. There are many nutrition-related drug side effects as well as drug-nutrient interactions that clinicians must consider when developing a nutrition therapy plan. Strict food safety guidelines must also be implemented to prevent food-borne illness in immunocompromised transplant recipients.

Learning Objectives 1: Evaluate effects of a malnourished state on organ transplant outcomes and interventions to encourage "prehabilitation" in transplant candidates awaiting transplantation.

Learning Objectives 2: Analyze interventions aimed to enable nutrition "rehabilitation" following organ transplantation in transplant recipients.

Learning Objectives 3: Examine common nutrition-related side effects and drug-nutrient interactions associated with anti-rejection medications as well as food safety guidelines associated with immunosuppression.

Target Audience: clinicians who may encounter transplant patients

Teaching Level: Intermediate

Teaching Methods: Lecture;

Organization

Affiliation:

Encore Presentation: No

Submitter Disclosure 1: Yes

Submitter Disclosure 2: Yes

Submitter Disclosure 3: Alcresta - consultant, speaker

Moderator: Jeanette Hasse
Submitter: Hasse, Jeanette

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<td>2</td>
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<td>Nutrition Strategies to Improve Post-transplant Rehabilitation</td>
<td>Hasse, Jeanette</td>
<td>Baylor University Medical Center</td>
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<td>3</td>
<td>2741742</td>
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<td>Why Can't I Eat That? Transplant Drug-Nutrient Interactions and Food Safety Guidelines</td>
<td>DiCecco, Sara</td>
<td>Mayo Clinic Rochester</td>
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Background and Motivation: The Healthcare Costs and Utilization Project (2001) estimated that 11,000 gastrostomy tubes are placed annually in children <18 years of age in the United States. A recent report of a 1-day prevalence study of 63 participating institutions documented 24% of neonatal and pediatric hospitalized patients had a nasogastric, orogastric, or postpyloric tube. This information suggests that the use of enteral feedings in children across North America is quite significant. The appropriate utilization and management of an enteral access device requires an interdisciplinary coordination of care. Thus, each clinician who deals with enteral access devices needs to be cognizant of both individual patient care and institutional organization of that care. It is the purpose of this educational session to discuss the evaluation and management of long-term enteral access devices from the time of surgical insertion, passing through the immediate post-operative care, initiation of enteral feeds, the family education at the time of discharge, the outpatient follow up, gastrostomy sizing, gastrostomy site skin complications and trouble shooting, long term follow up, and every day care while living with a gastrostomy tube.

Methods or approach: Practicing clinicians tends to find the evaluation and management of gastrostomy feeding devices rather daunting; at such large population of patients on home enteral nutrition, there clearly is a gap in knowledge, competence and performance; consequently, preventable complications of gastrostomy site granulation tissue, skin breakdown and ulcers continue to be a major cause of hospitalization and morbidity. This educational program will take the participants on a learning journey that starts with the time of insertion to the time they are established on home enteral nutrition, thus enhancing the participants’ knowledge and comfort in evaluating and managing gastrostomy feeding devices, and subsequently enabling them to improve the medical care they provide to home enteral nutrition dependent patients.

Results or product: The educational session will address the surgical technique of gastrostomy creation, the immediate post-operative care, the initiation of enteral feedings to reaching the eventual caloric goal, the first gastrostomy tube change after the tract has appropriately epithelialized, the variety of gastrostomy tubes available, the pros and cons of low profile tubes versus high profile tubes, the pros and cons of balloon tubes versus non-balloon tubes, the pros and cons of gastrostomy tubes versus gastro-jejunostomy tubes, swimming with gastrostomy tubes, the long term care and the prevention of skin complications.

Conclusions and/or Implications: The proposed educational session is going to improve the participants’ knowledge, competence, and performance. At such huge patient population with enteral feeding devices, the patient outcome is expected to be improved.

Learning Objectives 1:
(1) to learn about surgical technique of laparoscopic and surgical gastrostomy – discussion of various techniques - prevention and management of complications - immediate post-operative care - initiation of enteral feeds to reaching the eventual caloric goal, the first gastrostomy tube change after the tract has appropriately epithelialized

(2) to discuss the technique if percutaneous endoscopic gastrostomy placement and complications - every day care of the gastrostomy site - pathophysiology and prevention and management of granulation tissue - the timing of sizing of gastrostomy feeding device via stoma measuring device - prevention and management of gastrostomy skin complications – timing of feedings – other complications of gastrostomy besides skin complications

(3) to learn about gastrostomy feeding devices types – compare and contrast various enteral feeding devices - the pros and cons of high profile tubes versus low profile tubes, the pros and cons of balloon tubes versus non-balloon tubes, the pros and cons of gastrostomy tubes versus gastro-jejunostomy tubes - life with the gastrostomy - issues like swimming and physical exercises - prevention and management of clogged tubes

Learning Objectives 2:
(1) to learn about surgical technique of laparoscopic and surgical gastrostomy – discussion of various techniques - prevention and management of complications - immediate post-operative care - initiation of enteral feeds to reaching the eventual caloric goal, the first gastrostomy tube change after the tract has appropriately epithelialized

(2) to discuss the technique if percutaneous endoscopic gastrostomy placement and complications - every day care of the gastrostomy site - pathophysiology and prevention and management of granulation tissue - the timing of sizing of gastrostomy feeding device via stoma measuring device - prevention and management of gastrostomy skin complications – timing of feedings – other complications of gastrostomy besides skin complications

(3) to learn about gastrostomy feeding devices types – compare and contrast various enteral feeding devices - the pros and cons of high profile tubes versus low profile tubes, the pros and cons of balloon tubes versus non-balloon tubes, the pros and cons of gastrostomy tubes versus gastro-jejunostomy tubes - life with the gastrostomy - issues like swimming and physical exercises - prevention and management of clogged tubes

Target Audience: physicians, hospital bedside nurses, home care nurses,
Teaching Level: Intermediate
Teaching Methods: Panel discussions;
Affiliation:
Encore Presentation: No
Submitter Disclosure: Yes
Submitter Disclosure
2: Yes
Submitter Disclosure
3: NONE

Moderator: Beth Lyman
Submitter:
Submitter: Abdelhadi, Ruba

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<td>Laparoscopic and Surgical Gastrostomy</td>
<td>Hendrickson, Richard</td>
<td>Children's Mercy Hospital</td>
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<td>Not Yet Invited</td>
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<td>2</td>
<td>2742789</td>
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<td>Percutaneous Endoscopic Gastrostomy Placement and</td>
<td>Bechtold, Matthew</td>
<td>University of Missouri - Columbia</td>
<td></td>
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<td>3</td>
<td>2742792</td>
<td></td>
<td>Compare and Contrast Various Enteral Feeding Devices</td>
<td>Abdelhadi, Ruba</td>
<td>Children's Mercy Hospital</td>
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Malnutrition in the preterm infant and neonate has lifelong negative impact. As with adults and older children, early identification and intervention are critical in promoting the best possible outcome. Recommended indicators for the identification and documentation of adult and pediatric malnutrition have been established and are being used to improve outcomes for malnourished individuals. As to date, indicators for the identification of malnutrition in preterm and newborn infants have yet to be suggested. The Academy of Nutrition and Dietetics Pediatric Nutrition Practice Group Preterm and neonatal infant malnutrition work group was established to review the medical literature and define attributes of Characteristics/Indicators that are 1. Evidence informed/consensus derived 2. Universally available/easily obtained 3. Applied inexpensively in multiple settings 4. Reproducible with minimal training 5. Support diagnosis/characterize severity 6. Reflect change in nutritional status 7. Will change over time as evidence of validity accrues

**Summarize the key findings**

The evidence to support characteristics for the identification and documentation or preterm-neonatal malnutrition suggested that the following attributes best characterized malnutrition and it’s severity in this population: Weight: Number of days to regain birth weight, weight gain velocity Length: linear growth velocity Nutrient intake: number of consecutive days with suboptimal intake

**Conclusions and/or Implications:** Steps need to be established (taken) to define attributes for characteristics / indicators of malnutrition in this high-risk population, to ensure that research and effective interventions to produce the best outcomes are available and standardized. This session will present the first steps in this process.

**Work Group:** Patricia Becker MS RDN CSP CNCS Kathy Brigham RDN Susan Carlson MMSc RDN CSP Laura Fleck, RDN Michell Fulmer RDN Dena Goldberg PhD RDN Laura Gollins MBA RDN Muara Sandrock RDN Holly Van Poots RDN Jackie Wessel MS RDN CSP CNCS

**Learning Objectives 1:** Examine the gaps in the identification of malnutrition in the preterm and newborn infant

**Learning Objectives 2:** Explore the validity of different criteria in identifying malnutrition in the preterm and newborn population

**Learning Objectives 3:** Apply evidence informed and consensus driven characteristics / indicators to the identification, documentation and intervention for preterm and newborn infant malnutrition.

**Target Audience:** Physicians, Nurses, Pharmacists, Dietitians. all practice areas.

**Teaching Level:** Intermediate

**Teaching Methods:** Lecture;

**Organization** The Academy of Nutrition and Dietetics Pediatric Nutrition Practice Group Preterm and Neonatal

**Affiliation:** Malnutrition work group

**Encore Presentation:** No

**Submitter Disclosure**

1: Yes

2: Yes

3: none

**Moderator:** Moderator: patricia becker

**Submitter:** becker, patricia

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<td>becker, patricia</td>
<td>cincinnati children's hospital medical center</td>
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<td>Identifying malnutrition in the preterm and neonatal population. Recommended indicators</td>
<td>becker, patricia</td>
<td>cincinnati children's hospital medical center</td>
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You want to give that drug how? Challenges in administering medications in patients requiring specialized nutrition support.

Session Title: Drug Nutrient Interactions

Patients requiring specialized nutrition support, whether it be EN or PN, often require medications to be administered. If improper techniques are used, catheter occlusions, drug therapy failure and other complications can occur. This session will discuss how to give medications in patients receiving tube feeds, how drug absorption varies with G vs J tube administration, followed by a discussion on drug administration with PN and/or lipids infusing and closing with a discussion on managing occluded feeding tubes or CVCs.

Learning Objectives 1: Discuss which liquid medications should not be administered via feeding tube.

Learning Objectives 2: Describe how to administer a parenteral medication to a patient receiving PN and lipids with limited venous access.

Learning Objectives 3: Understand which pharmacologic agent should be used when attempting to clear an occluded central venous catheter.

Target Audience: pharmacists, nurses, dietitians who are involved in direct patient care

Teaching Level: Basic

Teaching Methods: Case presentations; Lecture;

Organization

Affiliation:

Encore Presentation: NO

Submitter Disclosure

1: Yes

2: Yes

3: B Braun - consultant Pronova/BASF consultant Sancilio & Company consultant

Submitter Disclosure

Submitter: Gura, Kathleen

Order | Control ID | Final ID | Title | Presenting Author | Presenter Institution | Start/end time | Invitation Status
--- | --- | --- | --- | --- | --- | --- | ---
1 | 2740210 | You want to give that drug how? Challenges in administering medications in patients requiring specialized nutrition support. | Gura, Kathleen | Boston Children’s Hospital | Not Yet Invited |
PEG placement is regarded worldwide as a safe procedure and superior to nasogastric tubes in patients requiring long-term enteral access. Early G-tube placement in acute-care settings is routinely performed to facilitate management of disposition and LOS. However, there is a paucity of data to address the safety and necessity of G-tube placement in critically ill patients. A substantial percentage of patients who receive G-tubes in acute care settings may not require long-term enteral access, as defined by the AGA as anticipated duration of use >30 days. Abuksis et al (Am J Gastroenterol 2000) found that mortality rates associated with G-tube placement in acute care were significantly decreased when the procedure was delayed 30 days following acute-care discharge. This suggests careful patient selection and optimization of timing can lead to improved outcomes. Furthermore, prolonged NPO times directly related to the G-tube procedure contribute to the development of malnutrition in these patients. Within the academic medical center facility of the Memorial Hermann Health System, we analyzed a convenience sample of 110 patients across every service line that underwent G-tube placement in a 1 year timeframe (9/1/14-8/31/15). G-tube placement was defined as “unnecessary” if dysphagia recovery occurred in <30 days post-G-tube or if the patient expired or was discharged to hospice in the admission the G-tube was placed. In our facility, 59% of all G-tubes met criteria of “unnecessary.” Interestingly, 55% of patients did not receive an instrumental Speech Pathology evaluation prior to G-tube; mechanical ventilation was the most frequent reason for this. In a sub-analysis of 76 patients whom regained swallow function, 20 complications were found in 15 patients. Four patients (5%) experienced major complications requiring escalation of care. G-tube placement in our facility resulted in an average of 37 hours without nutrition, up to 72 hours in some cases. Although a G-tube is indicated for long-term enteral access, short-term alternatives to G-tube include a variety of nasoenteric access devices. The most frequent complication experienced with nasoenteric tubes was inadvertent tube removal; no major complications were found. We will review the pros and cons of nasoenteric tube placement, nasal bridle systems, and specialty tubes that may facilitate a safe and simple replacement in the event the tube is dislodged. We will also review our experience with the disposition planning and follow-up of nasoenteric tube use in rehabilitation, SNF, LTAC, and home care settings.

Session Information

ID number: 261639
Session Title: To PEG or Not to PEG: Why You Should Ask the Question
Session Type: Education Breakout Session
Session Topic: General Nutrition Support Topics

Learning Objectives 2: Identify indications for G-tube placement.
Learning Objectives 3: Identify solutions to decrease unnecessary G-tube placement and understand the importance of a multidisciplinary team approach to determine necessity of PEG placement.
1. Physicians, Physician Assistants, Nurse Practitioners, Nurses, Pharmacist and Dietitians involved

Learning Objectives 1:
1. Physicians, Physician Assistants, Nurse Practitioners, Nurses, Pharmacist and Dietitians involved

Target Audience:
1. Physicians, Physician Assistants, Nurse Practitioners, Nurses, Pharmacist and Dietitians involved

Teaching Methods: Case presentations; Laboratory work/findings; Lecture;

Organization: Memorial Hermann Health System
Affiliation: Memorial Hermann Health System

Encore Presentation: No
Submitter Disclosure: Yes
Moderator: Moderator: Stephen McClave  
Submitter: De Jesus, Aubrey

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<td>To PEG or Not to PEG: Why the Dietitian Should Ask the Question</td>
<td>Clark, Rya</td>
<td>Memorial Hermann</td>
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<td>2741444</td>
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<td>To PEG or Not to PEG: Why the Physician Should Ask the Question</td>
<td>McClave, Stephen</td>
<td>University of Louisville</td>
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Providing appropriate home nutrition support is an essential component in providing optimal nutrition care. However, there are many differences between the outpatient and inpatient settings that directly impacts the way nutrition support professionals practice. This session will explore the various considerations for transitioning care from the hospital to the home, focusing on changes in parenteral nutrition ordering for the outpatient setting, compounding considerations in home care pharmacy, Medicare guidelines for home enteral and parenteral nutrition, and home care enteral and parenteral access issues.

Learning Objectives 1: Compare and contrast inpatient parenteral nutrition order writing practices with order writing practices for home parenteral nutrition.

Learning Objectives 2: Analyze compounding issues and extended stability information pertinent to compounding home parenteral nutrition.

Learning Objectives 3: Identify Medicare guidelines for reimbursement for home parenteral and enteral nutrition and examine enteral and parenteral access issues encountered in the home care setting.

Target Audience: This program is designed for physicians, pharmacists, nurses, and dietitians who practice in an inpatient and home care clinical nutrition support setting.

Teaching Level: Intermediate
Nutrition support clinicians are often faced with managing severe complications associated with nutrition support therapy or are involved in patients who require intensive nutrition support therapy to correct a complication associated with a disease or surgical procedure. We propose a session that covers particularly three particularly difficult complications: pneumatosis intestinalis associated with enteral nutrition through a feeding jejunostomy, the long-term PN patient who is running out of venous access, and severe malnutrition many years after bariatric surgery with uncovering of a urea cycle disorder. We will use case presentations to highlight key concepts associated with managing these complications.

**Learning Objectives 1:**
Identify risk factors for pneumatosis intestinalis associated with enteral nutrition, implement appropriate intervention strategies to treat the patient with this complication, and consider strategies to prevent this complication.

**Learning Objectives 2:**
Evaluate options for parenteral dependent patients with limited central venous access and determine candidacy for alternative central venous access sites (e.g., translumbar or transhepatic venous access).

**Learning Objectives 3:**
Identify risk factors for development of severe malnutrition after bariatric surgery, describe symptoms of urea cycle disorders, and when to evaluate for this complication, and develop a treatment plan.

**Target Audience:** Nutrition support clinicians, clinicians managing enteral access devices and venous access devices, clinicians managing post-bariatric surgery patients.

**Teaching Level:** Intermediate

**Teaching Methods:** Case presentations; Laboratory work/findings; Lecture;

**Organization**

**Affiliation:**

**Encore Presentation:** No

**Submitter Disclosure 1:** Yes

**Submitter Disclosure 2:** Yes

**Submitter Disclosure 3:** ThriveRx - consulting fees as a member of the Nutrition Advisory Board (KM Mogensen)

**Moderator:** Kris Mogensen

**Submitter:** Mogensen, Kris

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<td>Tiny bubbles in the bowel wall: pneumatosis intestinalis associated with enteral nutrition via feeding jejunostomy tube</td>
<td>Askari, Reza</td>
<td>Brigham and Women's Hospital</td>
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<td>2740782</td>
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<td>Running out of veins: managing the long-term PN patient with limited central venous access</td>
<td>Robinson, Malcolm</td>
<td>Brigham and Women's Hospital</td>
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<td>3</td>
<td>2740772</td>
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<td>My patient has a WHAT? Severe malnutrition and urea cycle disorder after bariatric surgery.</td>
<td>Mogensen, Kris</td>
<td>Brigham and Women's Hospital</td>
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### Session Information

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<td><strong>Session Title:</strong> Bioelectrical phase angle in nutritional assessment: is it an appropriate indicator of nutritional status in different disease states?</td>
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<tr>
<td><strong>Session Type:</strong> Education Breakout Session</td>
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<td><strong>Session Topic:</strong> Assessment</td>
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#### Background and Motivation

Bioelectrical phase angle is a measure of the resistance and reactance of a current as it passes through the body, and is considered an indicator of cell integrity. Many studies have suggested phase angle cut-off points to identify malnutrition, however, the reliability of these cut-offs in a variety of clinical situations is unknown and many of these cut-offs were determined using non-nutrition related outcomes such as survival. Previous research has not comprehensively addressed whether or not phase angle is an accurate nutrition indicator, thus, the goal of this session is to discuss the relationship between phase angle and nutrition status in several disease states.

#### Methods or approach

**Presentation #1:** Results from a systematic review (in process) of assessing the appropriateness of phase angle as a nutritional indicator as compared to SGA will be discussed.

**Presentation #2:** A discussion on how phase angle compares with other nutrition risk tools including NRS-2002, MNA, MUST, AA-CCM and other assessment techniques including fat-free mass index and handgrip strength will be presented with case study on how phase angle can be incorporated into nutritional assessment and monitoring over time.

#### Results

**Key findings:**

- Literature involving the comparison of phase angle with SGA is limited to 34 studies in adult populations; 4 within liver disease patients, 11 within hospitalized patients, 9 within oncology patients and 8 with renal disease patients.

- Overall, based on GRADE guidelines, the utility of phase angle as a nutritional indicator received a grade of Low. Individually, liver disease received a grade of Very Low, hospitalization and oncology received a grade of Moderate and renal disease received a grade of Low.

- Literature is even more limited involving phase angle and nutrition risk assessment tools, however, it does provide some insight into other populations including dementia, older adults and pediatrics.

- Phase angle cut-offs of nutrition are not universal, they vary within health and disease and within adult and pediatric populations. There are various limitations to using phase angle including physiological differences (sex, age and BMI), and disease related complications such as fluid retention in renal and liver disease.

- A standardized phase angle using reference values for healthy populations can address confounding factors which may cause variation in values.

#### Conclusion and/or Implications

Early identification of malnutrition or the risk of malnutrition is vital to provide appropriate nutrition therapy. Preventing worsening malnutrition or correcting nutritional deficiencies can help improve patients’ overall statuses and prognoses. Although the literature provides promising results for the use of phase angle as a nutritional indicator, further research needs to be completed to properly validate phase angle as an accurate indicator. In future research, when a non-standardized phase angle is used, gender specific cut-offs should be used. Additionally, further research should investigate the change in phase angle over time to determine if improvement or decline in nutritional status will affect phase angle. At the very least, phase angle may be complementary to other nutrition assessment methods. A combination of several complementary methods of nutritional assessment should be considered as one method may not be sensitive enough to capture all factors that influence nutritional status.

#### Learning Objectives

1. Identify confounding factors of bioelectrical phase angle in various disease states.
2. Identify and apply strategies to control confounding factors.
3. Use the knowledge gathered to incorporate the use of bioelectrical phase angle in nutritional assessment and research.

#### Target Audience

- Registered Dietitians
- Researchers
- Physicians

#### Teaching Level: Intermediate

- Teaching Methods: Case presentations; Lecture;

### Organization

#### Affiliation:

#### Encore Presentation: No

#### Submitter Disclosure:

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**Session Information**

ID number: 261635
Session Title: "Mast Cell Activation Syndrome (MCAS), The Role of Mast Cells in Functional GI Disorders, How It May be Affecting your Nutrition Support Patients, and What You Can Do About It"
Session Type: Education Breakout Session
Session Topic: Gastrointestinal Disorders

*Background and Motivation:* Functional GI disorders make up a growing proportion of our nutrition support patients. The more we understand about what may be an underlying cause of their GI dysfunction, the more we may be able to help them as a NSS clinician. *Methods or Approach:* We plan to present evidence-based literature and clinical practice experience (case studies etc.) on what we currently know about mast cell dysfunction and MCAS as well as how to treat these patients through a variety of options including diet, medications, stress management and other modalities. *Results or Product:* The key findings will be what we know through the literature and evidence-based medicine

**SESSION NOTES:** (as well as clinical experience) on these disorders and an explanation about how mast cells can cause dysfunction (physiologically), and how these patients would be treated through a variety of modalities (diet, medications, stress management, environmental etc.) (again, using evidence-based approaches) *Conclusions and/or Implications:* There are a large number of nutrition support patients that would fall into the category of Mast Cell Disorders. They suffer greatly from increased pain, nausea, formula intolerance and it seems they continue to go downhill the longer they have the problem. Being able to understand what might be going on, and offer some basic therapies to help the patient would be beneficial for our ASPEN members.

Learning Objectives 1: Understand what Mast Cell Disorders are and how they affect the GI tract.
Learning Objectives 2: Understand the role of certain pharmacological agents and other treatments that may be offered to a patient suffering from this disorder.
Learning Objectives 3: dietary interventions, GI rehabilitation, certain directed testing and supplements that may help this patient and why.

Target Audience: All nutrition support clinicians who treat patients with GI dysfunction (pediatric and adult).

Teaching Level: Intermediate
Teaching Methods: Case presentations; Lecture;
Organization
Affiliation:
Encore Presentation: No
Submitter Disclosure 1: Yes
Submitter Disclosure 2: Yes
Submitter Disclosure 3: None related to this topic
Moderator:
Submitter: Kinikini, Merin

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<td>Mast Cell Dysfunction: The Good, The Bad, and The Ugly.</td>
<td>Fang, John</td>
<td>University of Utah</td>
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<td>2741379</td>
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<td>The Functional Medicine Approach to treating Mast Cell Dysfunction in the Nutrition Support Patient.</td>
<td>Kinikini, Merin</td>
<td>Intermountain Medical Center</td>
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Session Information

ID number: 261637
Session Title: Obesity, Diet and Heart Failure with Preserved Ejection Fraction
Session Type: Education Breakout Session
Session Topic: Obesity/Bariatrics

Heart failure is extremely prevalent and portends to very poor prognosis. About half of patients with heart failure have a preserved left ventricular ejection fraction, also known as heart failure with preserved ejection fraction (HFpEF). To date, no effective therapeutic strategies exist for HFpEF patients. Only recently it has been reported that specific dietary patterns may improve exercise capacity in this population and possibly clinical outcomes. HFpEF is particularly associated with metabolic abnormalities, to the extent that up to 85% of patients with HFpEF are in fact obese. This session will describe the role of obesity, diet and nutrition in the development and progression of heart failure, particularly in heart failure with preserved ejection fraction. A major focus will be on the specific role of body composition compartments (ie. fat mass, lean mass) on cardiorespiratory fitness. This session will also include an overview on the obesity paradox in heart failure and the potential underlying molecular mechanisms of the protective role of obesity in the setting of heart failure. Moreover, a particular emphasis will be given to the role of diet in modulating cardiac function and body composition, presenting the current evidence based data from pre-clinical as well as clinical trials in the field of nutrition and heart failure.

Learning Objectives 1: Understanding the role of obesity and body composition in the development of Heart Failure and their contribution to exercise intolerance particularly in patients with Heart Failure with Preserved Ejection Fraction
Learning Objectives 2: Understanding the obesity paradox and the potential involved mechanisms once heart failure is diagnosed
Learning Objectives 3: Understanding the importance of diet and nutrition in the development and progression of heart failure and how future studies should be designed to improve the current guidelines

Target Audience: Dietitians, Physicians, Nurse Practitioners, Physician Assistants.
Teaching Level: Advanced
Teaching Methods: Lecture;

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<td>Obesity and the Risk of Heart Failure...with preserved Ejection Fraction</td>
<td>Kenchaiah, Satish</td>
<td>Brigham and Women's Hospital</td>
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<td>Obesity and Heart Failure: a 15 year-old paradox</td>
<td>Lavie, Carl</td>
<td>John Ochsner Heart and Vascular Institute</td>
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<td>3</td>
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<td>Obesity, Body Composition and Cardiorespiratory Fitness in HFpEF</td>
<td>Carbone, Salvatore</td>
<td>Virginia Commonwealth University</td>
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<td>4</td>
<td>2741440</td>
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<td>Exercise Training and Body Composition in Heart Failure: Time to Build Muscles</td>
<td>Arena, Ross</td>
<td>University of Illinois at Chicago</td>
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<td>Nutrition Research in Heart Failure: the need for randomized controlled trials</td>
<td>Archer, Edward</td>
<td>Nutrition Obesity Research Center</td>
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<td>5</td>
<td>2741448</td>
<td>Diet and cardiac function: the role of calories, saturated fatty acids and sugars in pre-clinical studies</td>
<td>Toldo, Stefano</td>
<td>Virginia Commonwealth University</td>
<td>Not Yet Invited</td>
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Session Notes:

Anemia is a common clinical condition that affects patients across the age spectrum. Many types of anemia have nutrition based etiologies. This program will discuss the pathophysiology of anemia and will focus on reviewing the clinical features of common nutritional anemias (iron deficiency anemia, copper deficiency anemia, vitamin B12 deficiency anemia, folate deficiency anemia,…) in pediatric and adult patients. Confounding factors in the identification of anemia, specifically pertinent drug-induced anemias, will also be discussed. Finally, management strategies for the various types of anemias will be reviewed. Attendees will gain knowledge regarding the identification and management of nutrient specific anemias and will be able to apply these concepts to patient care.

Learning Objectives 1: Compare and contrast the clinical features of different nutritional anemias.

Learning Objectives 2: Compose appropriate therapeutic management strategies for nutritional anemias, including the use of medications and nutritional supplements.

Learning Objectives 3: Identify non-nutritional causes of anemia that may confound the presentation or diagnosis of nutritional anemias.

Target Audience: This program is designed for physicians, pharmacists, nurses, and dietitians who practice in a clinical nutrition support practice setting.

Teaching Level: Intermediate

Teaching Methods: Case presentations; Lecture;

Organization Affiliation: Pediatrics Section

Encore Presentation: No

Submitter Disclosure 1: Yes

Submitter Disclosure 2: Yes

Submitter Disclosure 3: NONE

Moderator: Mark Corkins
Submitter: Kyle Hampson

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<td>1</td>
<td>2741488</td>
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<td>Pathophysiology of Nutritional Anemias</td>
<td>Corkins, Mark</td>
<td>University of Tennessee Health Science Center</td>
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<td>2</td>
<td>2741495</td>
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<td>Medical Nutrition Therapy for Nutritional Anemias</td>
<td>Klein-Mark, Sarah</td>
<td>VA Southern Nevada Health System</td>
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<td>3</td>
<td>2741486</td>
<td></td>
<td>Nutritional and Drug Induced Anemias</td>
<td>Hampson, Kyle</td>
<td>Children's Mercy Hospital</td>
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This program will address the practice gap in the medical community's knowledge of the factors that impact the quality of life (QOL) for the home parenteral nutrition (HPN) patient and techniques to improve coping and lifestyle adaptation. The complexities of HPN therapy and the underlying disease state necessitating therapy often affect the well-being of the patient. There are multiple tools which have been utilized to measure quality of life, including those which are age and disease state specific. Data from studies utilizing these tools have pointed to specific factors and associated considerations which may impact a patient QOL. Coping mechanisms and other behavioral tools may be useful in assisting patients on HPN therapy to enhance their experience and ultimately impact their quality of life.

Learning Objectives 1: Identify 3 factors that impact HPN patient QOL.
Learning Objectives 2: Understand the importance of clinician-patient communication in evaluating and improving QOL.
Learning Objectives 3: Identify 3 coping strategies that can assist in improved QOL for HPN patients.

Target Audience: Clinicians providing care for the HPN patient
Teaching Level: Basic
Teaching Methods: Case presentations; Lecture;
Organization
Affiliation: Encore Presentation: NO
Submitter Disclosure 1: Yes
Submitter Disclosure 2: Yes
Submitter Disclosure 3: ThriveRx salary

Moderator: Moderator: Marion Winkler
Submitter: Weaver, Ann

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<td>2741747</td>
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<td>HPN: a patient/caregiver perspective</td>
<td>Weaver, Ann</td>
<td>ThriveRx</td>
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<td>2</td>
<td>2741753</td>
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<td>A novel HPN patient reported outcome measure</td>
<td>Winkler, Marion</td>
<td>Rhode Island Hospital</td>
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<td>3</td>
<td>2741758</td>
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<td>Psychosocial factors associated with HPN</td>
<td>Kinsinger, Sara</td>
<td>Loyola University Medical Center</td>
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ID number: 260847
Session Title: Tight Glycemic Control in Critically Ill Children - A Bittersweet Proposition!
Session Type: Education Breakout Session
Session Topic: Critical Care/Trauma

Session Notes:

**Background and motivation** Stress hyperglycemia in pediatric critical illness is associated with worse clinical outcomes. Following the success of early adult trials, tight glycemic control emerged as a rational therapy in critically ill children experiencing stress hyperglycemia. Though the first single center pediatric trial suggested benefits from tight glycemic control, subsequent multi-center pediatric RCTs have failed to demonstrate any benefit from tight glycemic control in critically ill children. Hypoglycemia from tight glycemic control remains a major concern for practitioners. **Approach** Through a combination of lectures and panel discussion, this session will review the current state of tight glycemic control in critically ill children and make practical recommendations for protocol implementation. **Product** Findings from the Leuven single center study as well as subsequent multi-center RCTs (SPECS, CHiP and HALF-PINT) in critically ill children will be reviewed. The published meta-analysis (Srinivasan/Agus) will also be reviewed. **Implications** Tight glycemic control in critically ill children appears to be unhelpful when applied to the overall population. Specific disease specific cohorts may benefit, but it remains unclear at this time. Strategies to reduce/prevent hypoglycemia are vital to ensure safety in this population.

Learning Objectives 1: Understand the rationale for tight glycemic control in critically ill children
Learning Objectives 2: Appreciate the state of tight glycemic control in critically ill children following completion of large multi-center RCTs
Learning Objectives 3: Understand practical concerns with implementation of tight glycemic control particularly with regard to hypoglycemia

**Target Audience:** Physicians, Registered Dietitians
**Teaching Level:** Advanced
**Teaching Methods:** Lecture; Panel discussions;

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<td>Stress Hyperglycemia in Pediatric Critical Illness</td>
<td>Srinivasan, Vijay</td>
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<td>2733382</td>
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<td>Tight glycemic control in critically ill children</td>
<td>Srinivasan, Vijay</td>
<td>Children’s Hospital of Philadelphia</td>
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Ethical dilemmas are a fact of clinical practice. Practitioners in all fields and at all levels of experience are periodically faced with situations for which there is “no good answer” and for which doubts may linger after decisions are made. Dilemmas arise for patients of all ages from neonates to geriatrics. Nutrition support related ethics issues are often more difficult than other medical decisions because of the emotional connotations of food and water. Understanding the principles of ethics may help the practitioner better focus on facts and limit the influence of emotion when discussing the decisions in a given case. Many professionals are now required to obtain education related to ethics as part of their license renewal process.

Learning Objectives 1: Discuss the importance of competency and its influence on autonomy in making an ethics decision
Learning Objectives 2: Determine the principles of ethics which should guide a decision in a given adult case
Learning Objectives 3: Determine the principles of ethics which should guide a given pediatric decision and how parenteral issues may influence those principles.

Target Audience: Practitioners of all professions and experience levels caring for patients from pediatric to adult where ethical dilemmas arise.

Teaching Level: Intermediate
Teaching Methods: Case presentations; Lecture; Panel discussions;

Encore Presentation: no
Submitter Disclosure 1: Yes
Submitter Disclosure 2: Yes
Submitter Disclosure 3: NONE

Moderator: Carol Rollins
Submitter: Rollins, Carol
Background and Motivation: Patients receiving home parenteral nutrition (HPN) and home enteral nutrition (HEN) are often prescribed specialized diets due to digestive disease. Although these prescribed diets are intended to improve the patient’s overall health, the impact of diet in a food-centered world may have a dramatic impact on the emotion and social health of the patients. This is a subject that is often overlooked by the nutrition clinician, but very important for the patient’s overall health.

Approach: This session will discuss the psychology behind the intense emotional relationship humans have with food. We will then present a series of cases which will aid in the discussion of the emotional impact of dietary restriction, complications with disclosing dietary restrictions/illness/disabilities, and will provide tips for clinicians to share with HPN and HEN consumer on how to navigate eating challenges in this food centered world.

Product: Following this presentation, attendees will gain an appreciation of the psychology associated with eating and socializing with food. Attendees will be introduced to specific situations that may impact patients with HPN and HEN. This will help clinicians to empathize with his/her patients.

Conclusion: In summary, the social and emotional impact of life with HPN and HEN is often overlooked. In this program we aim to shed light on this topic that is very important for the overall holistic health of our patients with HPN and HEN.

Learning Objectives 1: Introduce the psychological evidence that supports the strong social and emotional connections humans have with food.

Learning Objectives 2: Discuss common social and professional situations that arise that may cause invoke emotional stress on a patient with digestive disease requiring HPN or HEN.

Learning Objectives 3: Identify strategies that may assist HPN and HEN consumers navigate social and professional situations associated with food.

Target Audience: This program is geared toward dieticians, nurses, pharmacists, physicians, and advanced practitioners that care for patients receiving specialized nutrition support.

Teaching Level: Basic

Teaching Methods: Case presentations; Lecture; Panel discussions;

Organization: none

Encore Presentation: No, although, this topic was presented at the Oley Annual Meeting in the summer of 2015, but the presentation was geared toward patient/consumers. The topic was also explored in a commentary (Tillman EM, Ireton-Jones C. Nutr Clin Pract. 2016 Apr;31(2):155)

Submitter Disclosure 1: Yes
Submitter Disclosure 2: Yes
Submitter Disclosure 3: Nutrishare, independent paid consultant

Moderator: Tillman, Emma

Submitter: Tillman, Emma
Session Information

ID number: 261567
Session Title: Integration of Quality Improvement Processes to Inform Nutrition Care Practice
Session Type: Education Breakout Session
Session Topic: Quality Improvement

Background and Motivation: Designing and implementing quality improvement processes (QIPs) to improve nutrition care can be a daunting challenge. Successful QIPs, however, are necessary to find gaps in current practice, and move towards optimal care for every patient. Further, a well conducted QIP provides real world evidence of the importance and impact of nutrition. Approach: Speakers will share firsthand learnings from QIPs that they implemented at Advocate hospital system and in Akron General Hospital. They will discuss both expected and unexpected challenges that arose, and how

SESSION NOTES: they were able to navigate those challenges. Results: The QIP in the Advocate Hospital System was correlated with reduced 30-day readmission (19.5%, p<0.001) and reduced hospital length of stay (10%, p<0.001). The QIP initiated at Akron General Hospital was similarly correlated with an increase in the number of malnourished patients who received ONS (6.1% to 8.1%), decreased average length of stay, and reduced probability of 30-readmission. Conclusion: Though challenging, the effort and cost to design and implement QIPs can improve patient and institutional outcomes in the hospital setting.

Learning Objectives 1: Upon completion of the program participants will be able to describe the key principles of quality improvement programs (QI work as systems and processes, focus on patients, focus on being part of the team, focus on use of the data)

Learning Objectives 2: Upon completion of the program participants will be able to explain the need for support from multiple stakeholders in the hospital (Nursing, IT, Pharmacy, etc.)

Learning Objectives 3: Upon completion of the program participants will be able to recognize the important role that data plays in achieving the triple aim of higher quality, reduced cost and improved patient experience.

Target Audience: Health professionals in clinical practice who have an interest in improving nutrition care processes.

Teaching Level: Intermediate

Teaching Methods: Case presentations; Lecture;

Organization
Affiliation:
Encore Presentation: No
Submitter Disclosure 1: Yes
Submitter Disclosure 2: Yes
Submitter Disclosure 3: Disclosure 2 above is incorrect. I discussed the appropriateness of an employee of a commercial interest with ASPEN leadership and received permission to submit the proposal as an education session under exception 2 of the ACCME guidelines for education. I am an employee of Abbott Nutrition in our Research and Development division. I am organizing this session to support quality improvement processes. There will be no brand specific information in this session.

Submitter: Goates, Scott

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<td>2741382</td>
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<td>Integration of Quality Improvement Processes to Inform Nutrition Care Practice-- Evidence from Advocate Health Care</td>
<td>Summerfelt, Tom</td>
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<td>Integration of Quality Improvement Processes to Inform Nutrition Care Practice-- Evidence from Cleveland Clinic Akron General</td>
<td>Meehan, Anita</td>
<td>Cleveland Clinic Akron General</td>
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Patients often find themselves overwhelmed and feeling alone or confused when dealing with even a minor illness. Instead of utilizing the busy healthcare provider as a resource, the patient often turns to a more easily accessible resource – the internet. Not only do patients reach out to find support and peers in similar situation, many use it as a primary source of medical information for managing an illness thru both social media and informational resources. Hospital and home patients report turning to internet and social media to try to better understand disease and therapy. Many healthcare organizations use internet based teaching tools which further endorses patient use of the internet as a primary resource for health care information. Over 80% of internet users report searching for healthcare information with over 13000 searches per minute on the top 5 search engines are conducted on health topics. Thousands of sites exist committed to health care information, companies, associations and support groups. While information on the internet can be helpful to many patients, inaccurate information brings risks and dangers. A critical exploration will be presented into the resources and information readily available regarding nutrition support and vascular/enteral access care. Information identified as current practices is compared to the standards of practice and variances discussed. Understanding the common misperceptions and misinformation found in popular search engine results allows the clinician to better target education and guide the patient to appropriate resources and avoid therapeutic misadventures from misinformation. Understanding the types of references available can help the clinician direct patients to more reliable information. Familiarity with social media resources for patients can assist the clinician in providing the patient with support sources that are safer and avoid pitfalls common to these tools. Awareness of inaccurate information being promoted on social media will equip the clinician to proactively assist patients in making appropriate care decisions. Incorporating successful use of internet and social media can help strengthen the clinician-patient relationship by guiding the patient journey for information and establishing a collaboration instead of a competition as a source of information.

Learning Objectives 1: Describe common social media and internet resources used by patients to acquire health care information.
Learning Objectives 2: Identify variances between current common practices support in social media and practice guidelines.
Learning Objectives 3: List strategies to limit risks to patient safety that occur when patients use social media and internet to guide healthcare decision making.

Target Audience: clinicians supporting and providing patient education and assessment
Teaching Level: Intermediate
Teaching Methods: Case presentations; Debate; Demonstration; Lecture; Panel discussions;
Organization: Home and Alternate Site Care Section of ASPEN
Submitter Presentation: no
Submitter Disclosure 1: Yes
Submitter Disclosure 2: Yes
Submitter Disclosure 3: none
Moderator: Brenda Gray
Submitter: Gray, Brenda

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<td>Comparing Social Media and Internet Guidance to Practice Guidelines</td>
<td>McNamara, Kevin</td>
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<td>Strategies for Safe Use of Social Media and Internet Use</td>
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Session Information

ID number: 259238
Session Title: Challenges in feeding patients with Open Abdomen & in Prone Position: Reality & feasibility
Session Type: Education Breakout Session
Session Topic: Critical Care/Trauma

This session will deal with 2 difficult clinical scenarios, in some cases in the same patient. Prone positioning of patients with severe Acute Respiratory Distress Syndrome (ARDS) is increasingly being practised at it may improve outcomes. Bedside caregivers as well as physicians are comfortable with management of multiple lines and catheters but have concerns about enteral feeding the patients in these patients. Another situation is patients with open abdomens with again a reluctance to feed enterally. Both medical and surgical patients sometimes require decompressing the abdomen to decrease intra-abdominal hypertension. In both these situations, enteral nutrition is still feasible. Speakers will first explain the pathophysiology of these conditions and provide practical guidelines to optimize deliver of enteral nutrition, supported by recent literature.

Learning Objectives 1: To understand pathophysiology of gastrointestinal tract in patients with severe ARDS especially in prone position
Learning Objectives 2: To understand the indications, anatomical considerations, fluid losses and the feasibility of providing appropriate enteral nutrition support in a patient with open abdomen
Learning Objectives 3: Learning to modify energy and protein requirements in these difficult clinical situations, to optimize tolerance, and to prevent identify complications of enteral nutrition therapy

Target Audience: Clinical Nutrition Specialists (MD, Dietitians, Pharmacists)
Teaching Level: Intermediate
Teaching Methods: Case presentations; Lecture; Panel discussions;

Organization
Affiliation:
Encore Presentation: No
Submitter Disclosure 1: Yes
Submitter Disclosure 2: Yes
Submitter Disclosure 3: I have been on Speaker Beaurueau for Abbot Nutrition, Nestle Nutrition & Hexagon Nutrition
Moderator: Nagarajan Ramakrishnan
Moderator: Bhuvaneshwari Shankar
Submitter: Ramakrishnan, Nagarajan

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<td>Feasibility of enteral nutrition in critically ill patients in prone position</td>
<td>Ramakrishnan, Nagarajan</td>
<td>Apollo Hospitals, Chennai, India</td>
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<td>2</td>
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<td>Anatomic and physiologic aspects of intra-abdominal hypertension and open abdomen</td>
<td>Nikolich, Sanja</td>
<td>Advocate Health Care</td>
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<td>3</td>
<td>2738853</td>
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<td>Nutritional support in patients with open abdomen</td>
<td>Sriram, Krishnan</td>
<td>Advocate Health Care</td>
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Session Information

ID number: 260870
Session Title: Improving nutrition care: Learning from the experience of the More-2-Eat project on how to implement the Integrated Nutrition Pathway for Acute Care
Session Type: Education Breakout Session
Session Topic: Quality Improvement

Background and Rationale: Malnutrition is prevalent among patients admitted to hospitals worldwide, and detection, prevention, and treatment continues to be elusive. As many of these malnourished patients are not being identified or treated, this represents a significant professional practice gap. There is no doubt that practices need to be improved and a variety of algorithms, including the Integrated Nutrition Pathway for Acute Care (INPAC) have been developed to guide practice. Yet, implementing new or different care activities into a clinical setting can be challenging and often education is not enough to motivate, change and sustain practices. The purpose of this session is to describe the key learnings of evaluating the implementation of INPAC in diverse hospitals to demonstrate what is required to make lasting improvements and improve patient care. Participants will have the opportunity to consider and discuss change management in their own settings as well as review tools that have been created to support improving nutrition care in hospitals. Approach: The More-2-Eat project (M2E) evaluated the implementation of INPAC over a 1 year period in 5 diverse hospitals (1 medical unit per hospital). Each M2E unit had the flexibility to decide which aspects of INPAC to focus on and how to implement the change in practice. Evaluation identified best practices with respect to making and sustaining improvements. Product: Part 1: The first part of this session will describe INPAC and its development. The INPAC includes: nutrition screening at admission; diagnosing and triaging patients with the subjective global assessment (SGA); monitoring food intake; standard and advanced care activities such as opening packages or prescription of medication pass of oral nutritional supplement; and discharge planning. INPAC emphasizes that all staff have a role in the prevention, detection, and treatment of malnutrition. This section will also provide an overview of change management theory used to implement INPAC in M2E. Part 2: The second part of this session will describe key M2E results, including: what changes were made and how; the impact of these changes on patient care; key components for making change in hospital; key tools and activities that supported making change (e.g. survey of hospital staff nutrition knowledge, attitudes and practices; INPAC audits, mealtime audits); and the impact on dietitian resources when using SGA to triage patients. Results of M2E have been integrated into the online INPAC Implementation Toolkit, which will be available for anyone to access. The toolkit will be explained briefly here with a live view (or website screenshots) provided. Part 3: Participants will break into groups to discuss how they can take learnings of the M2E project into their work setting. Groups will discuss the first steps towards improving practices and set initial goals. Perceived facilitators and barriers to implementation will be discussed and the group will share how they have facilitated improvements in their own setting in the past. Discussion could focus on checking for readiness, seeking buy-in, forming a strong team, and anticipating barriers to implementation. Groups will be invited to raise a question on a specific concern with changing practice, or comment on a strategy that worked well in their workplace. When applicable, the presenters will respond based on their experience from the M2E study and where additional information can be found within the INPAC Implementation Toolkit (available online for all to access). Participants can follow along/explore the toolkit on their own devices as it will be a website accessible to the public. This interactive exercise can be the first step for those interested in implementing better nutrition care practices, and a guide for how to access additional resources to support this process. Implications: By the end of the session, participants will understand INPAC, how it has been implemented in 5 unique hospitals, understand the challenges with making change and how these can be overcome with change management theory. Participants will have had the opportunity to review a variety of tools to support improving nutrition care practices and will have thought through how to make their first steps towards improving nutrition care in their workplace. NOTE: Although INPAC is based on hospital nutrition care, participants are welcome to discuss how learnings on improving practices from M2E might be adapted in their workplace, such as in the community or long-term care settings.

As a result of this session learners will be able to…

1. Understand how INPAC was implemented in five diverse hospitals. This includes understanding the sequence of key steps for establishing a nutrition care culture change in their work environment.
2. Extrapolate the More-2-Eat lessons into their own setting, and translate this knowledge to their stakeholders. The interactive session will provide the opportunity to think about first steps for their workplace and discuss expected barriers and facilitators with small groups and the presenters.

SESSION NOTES:

Learning Objectives 1: 
- five diverse hospitals. This includes understanding the sequence of key steps for establishing a nutrition care culture change in their work environment.

Learning Objectives 2: 
- stakeholders. The interactive session will provide the opportunity to think about first steps for their workplace and discuss expected barriers and facilitators with small groups and the presenters.
Learning Objectives 3: 3. Become familiar with the INPAC Implementation Toolkit, including understanding what tools and resources are available based on their specific needs when starting to think about changing practice. This session is applicable for everyone interested in improving nutrition care. It will be most applicable to dietitians who are attempting to work with their team to improve practices. Although the presentation will focus on examples from hospital, the interactive session can also touch upon what would be required to improve nutrition care in other settings.

Target Audience: This session is applicable for everyone interested in improving nutrition care. It will be most applicable to dietitians who are attempting to work with their team to improve practices. Although the presentation will focus on examples from hospital, the interactive session can also touch upon what would be required to improve nutrition care in other settings.

Teaching Level: Intermediate

Teaching Methods: Case presentations; Demonstration; Lecture; Organization

Affiliation: Submitted on behalf of the More-2-Eat team and the Canadian Malnutrition Task Force.

Encore Presentation: No.

Submitter Disclosure 1: Yes
Submitter Disclosure 2: Yes
Submitter Disclosure 3: Heather Keller is part of speakers’ bureaus for Abbott Nutrition, Fresenius Kabi, and Nestlé Health Science and co-chair of the Canadian Malnutrition Task Force. All funds/grants received are unrestricted with regard to scientific independence. Celia Laur: NONE

Submitter: Laur, Celia

Submitter: Moderator: Leah Gramlich
Submitter: Laur, Celia

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<tr>
<td>1</td>
<td>2734258</td>
<td></td>
<td>Development and implementation of the Integrated Nutrition Pathway for Acute Care (INPAC).</td>
<td>Laur, Celia</td>
<td>University of Waterloo</td>
<td>Not Yet Invited</td>
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<td>2</td>
<td>2734274</td>
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<td>Results of the More-2-Eat implementation project and development of the INPAC Implementation Toolkit</td>
<td>Keller, Heather</td>
<td>Schlegel-University of Waterloo Research Institute for Aging</td>
<td>Not Yet Invited</td>
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Background: Patient/family centered care, patient/family engagement, patient family partnerships, patient/family mediated interventions are transforming health care. How does this apply to clinical nutrition? Patients and families are often voiceless and powerless during the course of a hospital stay and yet their needs and interests should be central to the care we provide. In other clinical areas, knowledge translation interventions involving patients and families have been shown to improve patient outcomes and improve patient satisfaction with the care provided. The purpose of this presentation is three-fold: 1) To review patient and families engagement definitions, theoretical constructs and practical strategies; 2) To discuss how empowering patients and families may change health care providers’ behavior and improves patient health outcomes; 3) To describe methods and interventions to facilitate change and empowering patients/families related to clinical nutrition during their hospital stay. Methods and Results: This presentation will present key findings, concepts, methods and practice-based examples from recently conducted studies that assessed patient experiences in hospital around nutrition and medical care. In addition there will be examples of tools used by families and visuals to help guide the family through their hospital experience from the intensive care unit. Conclusions and/or implications: Patient/family centered care and interventions improve health outcomes and help to transform patient care.

Learning Objectives 1: Review patient and families experiences on medicine and intensive care units
Learning Objectives 2: Discuss how capacitating patients and families can change health care providers’ behavior and subsequent patient health outcomes
Learning Objectives 3: Describe methods that can facilitate change and empowering patients/families through their journey

Target Audience: Physicians, Nurses, Dietitians, Pharmacists (new and experienced)
Teaching Level: Intermediate
Teaching Methods: Lecture;
Organization: Canadian Malnutrition Task Force and the Canadian Nutrition Society, Clinical Evaluation Research Unit (CERU)

Submitter Disclosure 1: Yes
Submitter Disclosure 2: Yes
Submitter Disclosure 3: NONE
Moderator: Roseann Nasser
Submitter: Nasser, Roseann
In order to perform a comprehensive nutritional assessment of patients, proficiency in Nutrition-Focused physical exam is key. Physical exam is a part of the daily routine of physicians. Physicians are uniquely positioned to provide optimal education to registered dieticians, ensuring they add physical exam to their daily practice, providing optimal patient care. This proposal aims to address the importance of an adequate nutritional focused exam, providing hands-on examples on how to perform a brief but comprehensive head-to-toe exam.

Learning Objectives 1: 1. Discuss the rationale and importance to become proficient in Nutrition Focused Physical Exam in order to provide optimal patient care.

Learning Objectives 2: 2. Discuss all the elements that are part of a nutrient focused physical exam.

Learning Objectives 3: 3. Develop a systematic approach to each patient, applying all the components of a nutrition-focused physical exam. Perform hands on practice with the goal of performing a comprehensive physical exam in 5 minutes or less.

Target Audience: Registered Dieticians, Nurse Practitioners, Students

Teaching Level: Basic

Teaching Methods: Case presentations; Demonstration; Laboratory work/findings;

Organization

Affiliation:

Encore Presentation: No

Submitter Disclosure:

1: Yes

2: Yes

3: None

Moderator: Bachi de Castro Oliveira, Stephanie

Submitter: Bachi de Castro Oliveira, Stephanie
### Session Information

- **ID number:** 261517  
- **Session Title:** NST Activities in PENSA  
- **Session Type:** Education Breakout Session

**Session Topic:**

**Background:** Since patient characteristics and health care systems in Asian countries are rather not the same as Western countries, some clinical nutrition practice may be different and unique.

**Methods/approach:** A presentation to recognize that clinical nutrition practice in Asian situations may be different from Western societies where the current guidelines are formulated. Results: The presentation would point out role of NST (nutrition support team), and unique practice in home nutrition therapy (both enteral and parenteral) in Asia, i.e. Korea, Singapore, China, and Thailand.

**Subtopics in this session includes:**
1. NST activity – KSPEN Experience  
2. Home Enteral/Parenteral Nutrition Therapy – SingSPEN Experience  
3. Home Enteral/Parenteral Nutrition Therapy – CSPEN Experience  

**Learning Objectives 1:** Upon conclusion of this program, the participant will be able to recognize that clinical nutrition practice in Asia may be different from Western countries due to different patient characteristics and health care systems.

**Learning Objectives 2:** Upon conclusion of this program, the participant will be able to recognize local practice in clinical nutrition in Asia, especially home nutrition therapy.

**Learning Objectives 3:**

- **Target Audience:** Physicians, Nurses, Dietitians
- **Teaching Level:** Intermediate
- **Teaching Methods:** Lecture; Panel discussions;
- **Organization Affiliation:** Parenteral and Enteral Nutrition Society of Asia (PENSA)

**Encore Presentation:** No

**Submitter Disclosure:**

1. Yes  
2. Yes  
3: Thai-Otsuka, speaker, honorarium; Abbott, speaker, honorarium; Nestle, speaker, honorarium; Baxter, speaker, honorarium; Fresenius Kabi, speaker, honorarium

**Moderator:** Veeradej Pisprasert

**Submitter:** Pisprasert, Veeradej
**Session Information**

- **ID number:** 261629
- **Session Title:** Nutrition in the Critically Injured Trauma Patient: Application of Guidelines in a Level 1 Trauma Center
- **Session Type:** Education Breakout Session
- **Session Topic:** Critical Care/Trauma

**Background and Motivation:** Critically ill trauma patients present with complicated injuries, requiring advanced care in treatment and management. This patient population faces metabolic changes and demands due to injury and inflammatory states. Providing adequate nutrition is crucial for obtaining positive outcomes. Research supports early and adequate feeding for these patients, however providing nutritional support can be challenging. At the Palmetto Health Level 1 Trauma Center, the medical staff uses a multidisciplinary approach in addressing these nutrition challenges when applying the latest evidence based guidelines. By sharing their experience, the medical staff hopes to guide other surgical trauma intensive care units towards improvement in nutritional support practice of the critically ill patient.

**Methods/Approach:** Case studies and retrospective reviews will be presented for different patient populations seen within the surgical trauma intensive care unit at a Level 1 trauma center. Presenters will also share tasks and procedures performed by the multidisciplinary staff to improve nutritional awareness and delivery. Trauma/Critical Care Surgeons and a dietitian will present their experience based on application of the guidelines to target a variety of medical professionals. This will allow knowledge to be expanded not only to nutrition practitioners, but to physicians as well.

Through showcasing the Level 1 Trauma experience, presenters hope to instill confidence among medical staff in application of the critical care guidelines. Presenters hope this will encourage faculty and learner interaction at completion so that new ideas can be shared by providers.

**Results:** Key findings that will be presented include experience with multidisciplinary staff and rounds for improving nutrition awareness and delivery, case studies on multi-trauma patients and addressing nutritional support, and retrospective reviews on nutrition protocols within the ICU. Case studies will be presented on the poly-trauma patient and how challenges were addressed in providing nutrition support. Retrospective reviews will include: implementation of volume based feeding compared to rate based feeding, implementation of “No-Check” Gastric Residual policy compared to “Higher threshold” Gastric Residual policy, use of vasopressor and enteral tolerance with volume based feeding, and feeding the traumatic brain injured patients and outcomes.

**Conclusion:** This presentation hopes to provide medical staff with knowledge in applying the critical care guidelines in a trauma patient population, and help troubleshoot challenges they may encounter within their surgical-trauma intensive care unit. Research has shown that this patient population is at higher risk for developing malnutrition, and delivery is fundamental in improving their medical status. However, old practice patterns and reservations can prevent advancement of nutrition support within the complicated patient. With this presentation, the hope is to start a dialogue with other medical providers to encourage and promote advancement in nutrition practice.

**Learning Objectives:**

**1:** Identify challenges when providing nutritional support to the critically ill and poly-trauma patient within a Surgical Trauma Intensive Care Unit.

**2:** Understand through case study and concept review how current nutritional best practices can be applied in a trauma patient population in order to improve patient outcomes.

**3:** Apply new methodologies and treatment paradigms of nutrition support within their own practice and institution as related to the management of severely injured trauma patients.

**Target Audience:** Target audience for this program will include physicians, dietitians, physician assistants, nurse practitioners, critical care nurses, and pharmacists.

**Teaching Level:** Intermediate

**Teaching Methods:** Case presentations; Lecture;

**Organization**

**Affiliation:**

**Encore Presentation:** No

**Submitter Disclosure:**

1: Yes

2: Yes

3: Company: Nestle Health Sciences Role: Research Received: Grant support

**Moderator:** Moderator: Christopher Watson
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<td>2741224</td>
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<td>Challenges in Providing Nutrition Support to Poly-Trauma Patient within the Surgical Intensive Care Unit</td>
<td>Jones, Mark</td>
<td>Palmetto Health USC Medical Group</td>
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<td>Feeding the High Risk Trauma Patient: Initiating and Managing Nutrition Support</td>
<td>Prest, Phillip</td>
<td>Palmetto Health USC Medical Group</td>
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<td>3</td>
<td>2741241</td>
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<td>Application of the Nutrition Guidelines in a Level 1 Trauma Center: Review of Nutrition Protocols</td>
<td>Justice, Jessica</td>
<td>Palmetto Health USC Medical Group</td>
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SESSION NOTES:

It is known that noncompliance does occur in enteral and parenteral nutrition patients. During CNW 17, our group did a Symposium on this topic. We feel that there is a need for Clinicians who take care of these difficult patients have the opportunity to hear how a busy Nutrition Support Service attempts to deal with this group of patients.

Learning Objectives 1: 1. List the potential areas of noncompliance
Learning Objectives 2: 2. Review the legal obligations and options for patients with noncompliance
Learning Objectives 3: 3. Understand the complexities of severing a relationship with a non-compliant patient from the nutrition support team and home care viewpoints

Target Audience: All Nutrition Support Clinicians and Home Care providers

Teaching Level: Intermediate

Teaching Methods: Case presentations; Lecture;

Affiliation:

Encore Presentation: Yes - CNW 17 - This would have much that is new since the prior presentation

Submitter Disclosure 1: Yes
Submitter Disclosure 2: Yes
Submitter Disclosure 3: None related to this topic that would be relevant

Moderator: Moderator: Donald Kirby
Submitter: Kirby, Donald

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<td>Moderator</td>
<td>Kirby, Donald</td>
<td>Cleveland Clinic</td>
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<td>2</td>
<td>2741576</td>
<td>Noncompliance in Nutrition Support - Overview</td>
<td>Kirby, Donald</td>
<td>Cleveland Clinic</td>
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<td>3</td>
<td>2741579</td>
<td>Understanding both Clinicians' and Patients' Issues with Noncompliance</td>
<td>Mitchell, Ronelle</td>
<td>Cleveland Clinic</td>
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<td>4</td>
<td>2741590</td>
<td>Home Care Perspective of Noncompliance in Pediatric and Adult Patients</td>
<td>Hendrickson, Eileen</td>
<td>Cleveland Clinic</td>
<td>Not Yet Invited</td>
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**Session Information**

ID number: 261447  
Session Title: Clinical Management and Outcomes of Patients with Short Bowel Length Less Than 100 cm  
Session Type: Education Breakout Session  
Session Topic: Disease/Condition Specific

Session Notes:  
Despite careful clinical and nutritional management, patients with intestinal failure and short bowel syndrome demonstrate a high morbidity and mortality rate. This educational program gives attendees the opportunity to learn about the complex nutritional and medical management of patients with short bowel syndrome with a total length less than 100 cm, to understand methods of transitioning patients to increased nutritional autonomy, and to predict survival and clinical outcomes of patients based on demographic, disease and clinical characteristics. Attendees will learn how to optimize patients based on the didactics and experience of the presenters. Discussion of the clinical management of these patients based on etiology and individual factors will be incorporated in the session.

**Learning Objectives 1:** Upon completion of this program, the participant will be able to identify challenges associated with nutritional and clinical management of patients with short bowel length less than 100 cm.

**Learning Objectives 2:** Upon completion of this program, the participant will be able to explain methods of transitioning patients to a status of increased nutritional autonomy.

**Learning Objectives 3:** Upon completion of this program, the participant will be able to identify factors associated with improved survival and clinical outcomes in patients with short bowel syndrome and intestinal failure.

**Target Audience:** Healthcare professionals (physicians, nurses, pharmacists, dietitians, etc) involved or interested in the care and management of patients with short bowel syndrome.

**Teaching Level:** Advanced

**Teaching Methods:** Case presentations; Debate;

**Organization**

**Affiliation:**

**Encore Presentation:** No

**Submitter Disclosure**

1: Yes

2: Yes

3: NONE

**Moderator:** Daniel Yeh

**Submitter:** Ripat, Caroline

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<td>1</td>
<td>2739852</td>
<td>Overall Survival and Clinical Outcomes of Patients with Short Bowel Length Less Than 100 cm</td>
<td>Byers, Patricia</td>
<td>University of Miami Miller School of Medicine</td>
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The concept of evidence based practice has existed for a long time, but it was more properly defined in the mid-1990’s by Sackett as more than just current evidence but a combination of that evidence, expert practice and patient preference (1996). Similarly, the notion of translational research has existed during this same time frame and includes not only the application of research but the adoption of best practices (NIH, 2007), Yet, much of what we practice is based instead on tradition or authority, and evidence may often take up to 20 years to reach the bedside. This session will provide a basic understanding of EBP and translational research as it applies to the adoption of best practices in nutrition support. Through the use of common examples in nutrition support, presenters will discuss the challenges of using evidence based knowledge in the care of patients. As a result of this sessions, participants should leave with a working knowledge of EBP and translational research and a beginning ability to effectively evaluate current evidence in the creation of new guidelines/protocols aimed at best practices. References: Sackett, D.L. (1996). Evidence based medicine: What it is and what it isn’t. BMJ, 312: 71, doi: https://doi.org/10.1136/bmj.312.7023.71 National Institutes of Health. Definitions under Subsection 1 (Research Objectives), Section I (Funding Opportunity Description), Part II (Full Text of Announcement), of RFA-RM-07-007: Institutional Clinical and Translational Science Award (US4) Mar2007. [Accessed March 27, 2017.]. http://grants.nih.gov/grants/guide/rfa-files/RFA-RM-07-007.html.

Learning Objectives 1: 1. Identify and interpret the foundation of evidence based practice and translational research.

Learning Objectives 2: 2. Describe the process of putting evidence into practice in the form of guidelines/protocols.

Learning Objectives 3: 3. Apply new knowledge of EBP/translational research to specialty specific examples.

Target Audience: Any member of the interdisciplinary/transdisciplinary team that would take part in putting evidence into practice, adopting new guidelines or developing new protocols.

Teaching Level: Intermediate

Teaching Methods: Case presentations; Debate; Lecture;

Organization: Nursing

Submitter Disclosure: 1: Yes
Submitter Disclosure: 2: Yes
Submitter Disclosure: 3: NONE

Moderator:
Submitter: Monturo, Cheryl

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<td>2741608</td>
<td>EBP and Translational Research: How to put current evidence into practice</td>
<td>Monturo, Cheryl</td>
<td>West Chester University of PA</td>
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Errors with parenteral nutrition (PN) occur for many reasons; one is not thinking about an obvious issues or having partial knowledge of an issue. This session will review cases in which clinical errors should not have occurred if one of the professionals caring for the patient had stopped and thought about the situation. Such errors are rarely reported because they may occur at one site and be noticed "after the fact" at another site, if at all. Patients receive a temporary fix to the immediate problem but the underlying problem is not recognized. Partial knowledge of the professional making recommendations for PN management can result in poor decisions that result in potential harm to the patient. Reviewing such errors in judgment may raise the level of awareness for practitioners caring for PN patients, especially less experienced practitioners and when patients are moving between sites of care. Cases seen in practice will be used to illustrate the errors/potential errors. This is about clinical errors, not compounding errors.

**Learning Objectives 1:** Identify nutritional abnormalities which may be missed if basic nutritional requirements and sites of loss are not considered in the overall care of a patient.

**Learning Objectives 2:** Discuss the importance of understanding the potential causes of a problem, such as increased bilirubin or triglycerides, and selecting therapy to fit the problem.

**Learning Objectives 3:** Evaluate a given case scenario to determine the most appropriate nutritional therapy.

**Target Audience:** Primarily for the less experienced practitioner who may be working with longer-term patients either in an alternate site setting or patients transitioning to/from other sites. Practitioners with more experience may benefit from reminders of what can be missed when working with a scant history.

**Teaching Level:** Intermediate

**Teaching Methods:** Case presentations;

**Organization**

**Affiliation:**

**Encore Presentation:** no

**Submitter Disclosure**

1: Yes

2: Yes

3: NONE

**Moderator:** Moderator: Carol Rollins

**Submitter:** Rollins, Carol

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<td>Cases where the patient's best interest was not served despite good intent</td>
<td>Rollins, Carol</td>
<td>The University of Arizona Medical Center</td>
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Session Information

ID number: 261151
Session Title: Collaboration and Local Guidelines/Recommendations in Clinical Nutrition – PENSA Experience
Session Type: Education Breakout Session

SESSION NOTES:

Background: PENSA is a society for Asian physicians and personnel working in nutrition support. Clinical experiences and scientific data in nutrition sciences are collaborated among 14 PEN-society members. Since patient characteristics and health care systems in Asian countries are rather not the same as Western countries, some clinical nutrition practice is modified from the well-known international guidelines. Method/approach: A presentation to recognize that local guidelines may be different from the current guidelines are formulated in Western countries. Results: Currently, we are working on the project called “ASCENT (Asian Surgical Consensus on Nutrition Therapy)” to implement clinical nutrition therapy for Asian surgical patients. Moreover, PhilSPEN (Philippines Society of Parenteral and Enteral Nutrition) also conduct a survey in clinical nutrition practice in critical care setting. Additionally, SPENT (Society of Parenteral and Enteral Nutrition of Thailand) is developing local guidelines in clinical nutrition for both adults and children. Therefore, this session would include 3 parts: 1) ASCENT (Asian Surgical Consensus on Nutrition Therapy) 2) PhilSPEN experience in nutrition practice in ICU setting 3) SPENT guidelines in clinical nutrition for adults and children

Learning Objectives 1: Upon conclusion of this program, the participant will be able to recognize the collaboration in clinical experiences and scientific data among members in PENSA.
Learning Objectives 2: Upon conclusion of this program, the participant will be able to recognize that clinical nutrition practice in Asia may be different from Western countries due to different patient characteristics and health care systems.
Learning Objectives 3: Upon conclusion of this program, the participant will be able to recognize local guidelines/recommendations in clinical nutrition for adults and children.

Target Audience: Physicians, Nurses, Dietitians
Teaching Level: Intermediate
Teaching Methods: Lecture; Panel discussions;
Organization Affiliation: PENSA (Parenteral and Enteral Nutrition Society of Asia)

Encore Presentation: No
Submitter Disclosure 1: Yes
Submitter Disclosure 2: Yes
Submitter Disclosure 3: Yes
Submitter Disclosure Thai-Otsuka, speaker, honorarium; Abbott, speaker, honorarium; Nestle, speaker, honorarium; Baxter, speaker, honorarium; Fresenius Kabi, speaker, honorarium

Moderator: Luisito Llido
Submitter: Pisprasert, Veeradej
### Session Information

**ID number:** 261670  
**Session Title:** Intradialytic Parenteral Nutrition: Pivotal Time for Malnourished Adult Hemodialysis Patients  
**Session Type:** Education Breakout Session  
**Session Topic:** Parenteral Nutrition

Establishing the Diagnosis and Frequency of Malnutrition among Adult Hemodialysis (AHD) patients, and the need for action through Clinical Recommendations. Providing clinical evidence (A,B and C levels) with each recommendation; ensuring above all the safety of the patient, optimal nutrition care and cost effective measures. "The common pathway for all derangements in the etiology of malnutrition among AHD is exaggerated protein degradation along with decreased protein synthesis." The HD procedure is a contributing factor in this process. There is no single measurement that can predict the risk of malnutrition. SGA is a clinical technique which is reliable and valid and can assess nutritional status of an AHD patient.

**Learning Objectives 1:** Illustrate a pivotal change in genetics (DNA Polymerase and Leading and Lagging Strand Synthesis) (relating it to proteins are machines within the body).  
**Learning Objectives 2:** Review desired nutrition target for AHD patients.  
**Learning Objectives 3:** Describe the IDPN recommendations for AHD patients.

**Target Audience:** ICU and Renal care providers for critical patients in hospital and as an outpatient.  
**Teaching Level:** Intermediate  
**Teaching Methods:** Case presentations; Laboratory work/findings; Lecture;  
**Organization Affiliation:** Peterborough Regional Health Center Dialysis Program

**Encore Presentation:** No, but I have spoke on different aspects of IDPN. I will be speaking on the Preliminary IDPN Guidelines for Canadians in April.

**Submitter Disclosure**  
1: Yes
2: Yes
3: I have received honorarium from Fresenius KABI to speak on IDPN. This past ASPEN conference I could only attend the conference with their support and my hospital PRHC. This was my first ASPEN conference and it was the best!

**Moderator:**  
Submitter: Avery, Margaret