2018 ASPEN NUTRITION SCIENCE AND PRACTICE CONFERENCE

ROUNDTABLE PROPOSAL SUBMISSIONS
Background: The complications of parenteral support (PS) are well known; particularly in patients with intestinal failure. Patients on PS require close follow-up and monitoring; part of this monitoring should be to determine readiness to decrease or wean off PS, when appropriate. Currently there are algorithms for weaning PS in clinical studies using strict intake/output measurements; however, in clinical practice, this is not often possible making it challenging for a clinician to determine readiness to wean.

Methods: The session will use case studies and provide examples of markers used to determine readiness to wean PS. The different markers used to determine readiness include weight changes, thirst, urine frequency, urine characteristics (i.e. color, smell), lab values (i.e. blood urea nitrogen, creatinine, estimated glomerular filtration rate, complete blood count, electrolytes), and fluid intake (orally and parenterally).

Results: Case studies will be presented using markers of readiness to wean, various PS weaning modalities, as well as patient tolerance and outcomes related to the decreases in volume with the goal of maintaining adequate hydration status.

Conclusions: The management of patients who are dependent on PS should also include assessing readiness to wean or decrease PS volume. The clinician may use other clinical markers to determine readiness to wean off parenteral support in the absence of strict intake/output measurements.

Professional practice gap: Clinicians or prescribers are often times hesitant to modify PS volume in the absence of strict intake/output measurements. There are currently no recommendations for decreasing PS in clinical practice in the absence of strict intake/output measurements; leading to patients being left with the same PS volume long term. Clinicians need to increase their skills at identifying different clinical markers to identify readiness to decrease PS volume.

Learning Objectives 1: Increase competence in identifying clinical indicators to determine hydration status and readiness to wean of parenteral support in the absence of strict intake/output measurements

Learning Objectives 2: Improve performance when applying methods described in clinical trials for decreasing parenteral support

Learning Objectives 3: Increase competence when monitoring patients on parenteral support
Session Information

**ID number:** 261572  
**Session Title:** Going Home on Nutrition Support: Preparing for a Smooth Ride  
**Session Type:** Roundtable  
**Session Topic:** Home Care

Many patients in acute or rehabilitative facilities will require continued nutrition support after discharging home. Unfortunately, there can be disconnect between what the inpatient nutrition team is recommending and the services provided from home health companies (1). In addition, patients at home are often overwhelmed by this change in lifestyle and experience a decline in quality of life as a result (2). This underscores the need for better preparation of patients, caregivers and healthcare providers as patients go home on nutrition support (3,4). To diminish negative feelings associated with patients transitioning home on nutrition support, professionals from acute care, long term care and home health should come together to explore best practices for readying patients and caregivers for this significant lifestyle change (2, 4). This roundtable will review the role communication among healthcare agencies plays in ensuring the patient receives the appropriate supplies and level of care. The amount of detail that should be included in home health nutrition support orders, including what is required for Medicare coverage, will be reviewed. Attendees will also be asked to consider when to provide an assessment of the patient and/or caregiver’s ability to appropriately provide nutrition support independently at home, concerns for intolerance and/or noncompliance, follow up laboratory needs and specific goals tailored to the individual nutrition status of the patient. The session will end with a case study wherein the attendees will develop a discharge order and follow up needs for a patient who is receiving home enteral nutrition. This roundtable session intends to improve attendees’ understanding of individualized education needs for patients and/or caregivers administering nutrition support in the home setting. It will also result in a greater comprehension of the level of communication required between inpatient facilities and home health agencies. The implication of this practice change is the potential for improvement in the outcomes of patients on home nutrition support as well as an improvement in quality of life. References:  

Learning Objectives 1: Upon completion of this roundtable, attendees will be able to identify and communicate individualized education needs for patients and/or caregivers administering nutrition support in the home setting.

Learning Objectives 2: Attendee’s should be able to develop comprehensive discharge orders for patients going home on nutrition support.

Learning Objectives 3: The target audience for this program is nutrition professionals who play a role in writing nutrition discharge orders and develop long-term nutrition goals, as well as healthcare providers who provide services to patients receiving home nutrition support.

**Target Audience:** discharge orders and develop long-term nutrition goals, as well as healthcare providers who provide services to patients receiving home nutrition support.

**Teaching Level:** Intermediate

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

**Organization**

**Affiliation:**

**Encore Presentation:** No

**Submitter Disclosure 1:** Yes

**Submitter Disclosure 2:** Yes

**Submitter Disclosure 3:** I am currently part of the Speaker’s Bureau for Abbott Nutrition where I receive contracted fee for speaking engagements.

**Moderator:** Rose DeLaGarza

**Submitter:** DeLaGarza, Rose
As the number of adult and pediatric patients requiring home tube feeding increases, development of an effective process to allow safe and smooth transition to the home is necessary. The primary goal of transitioning a patient to home tube feeding is to prevent readmission to the acute care facility. Other goals of care is to provide appropriate, individualized, compassionate, cost-effective, safe, and effective home nutrition support. Institutions play a key role in ensuring safe transition of care as it requires a collaborative approach among all disciplines involved in the care of the patient.

Development of practice guidelines, policies and procedures are vital to best serve the interests and safety of home tube feeding patients. Initiating home tube feeding education early, establishing tube feeding tolerance before hospital discharge, assessing the home environment, and creating a care plan to monitor the home tube feeding therapy are essential. This education program is going to be presented by an inpatient clinical dietitian and a home infusion pharmacy dietitian working side by side to transition patients from hospital to home tube feeding. Both clinicians will address and share obstacles, barriers, challenges and approaches to safely and effectively transition patients to home tube feeding.

Learning Objectives 1: 1. Summarize key criteria and factors to safely transition a patient from hospital to home tube feeding.

Learning Objectives 2: 2. Identify the key elements of home tube feeding education to promote safety, efficacy, and quality of life for the patient and caregiver.

Learning Objectives 3: 3. Discuss effective methods for home tube feeding education and share experiences.

Target Audience: Registered Dietitians (inpatient/ambulatory) Registered Nurses (inpatient/ambulatory/home care
Case Management Pharmacist Physician Nurse Practitioner Physician Assistant Home Enteral Nutrition (HEN) consumer and Caregiver

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

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<td>2740613</td>
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<td>Safe Transition to Home Tube Feeding: Challenges and Approaches</td>
<td>Escuro, Arlene</td>
<td>Cleveland Clinic</td>
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<td>2</td>
<td>2740614</td>
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<td>Safe Transition to Home Tube Feeding: Challenges and Approaches</td>
<td>Burns, Berri</td>
<td>Cleveland Clinic</td>
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Enteral nutrition is widely supported as the preferred method of nutrition delivery in the ICU. Despite this acceptance of enteral nutrition therapy, patients admitted to the ICU often do not receive adequate calories and protein. To address this problem, nutrition practice is evolving to improve enteral nutrition delivery for critically ill patients. Current guidelines recommend the use of institution specific protocols that allow the use of volume-based feeding wherein patients are prescribed a goal volume per day instead of the traditional hourly rate of enteral nutrition delivery (1,2). Unfortunately, many healthcare workers are unfamiliar with techniques used to implement volume-based feeding protocols, keeping them from initiating these types of quality improvement changes. To help practitioners gain a better understanding of how to implement volume-based protocol changes, this roundtable will begin with a review of existing protocols supported in the literature and how they may be applied to various institutions’ specific practices. This discussion will then transition to an exchange of ideas among those who have successfully rolled out volume-based protocols and attendees who are considering this type of practice in their facility. The roundtable will conclude with identification of potential barriers to practice changes along with techniques to overcome them, such as gaining physician buy-in, educating on changes to nursing practice and updated documentation of orders. Attendants of this roundtable will leave with a greater understanding of how to develop and implement changes to enteral nutrition protocols in the ICUs they work in. As a result, it is possible that more facilities will begin addressing the problem of inadequate nutrition delivery for critically ill patients by transitioning to a volume-based enteral nutrition delivery method. Initiation of such protocols is likely to lead to increased protein-energy administration, and may in fact improve outcomes for certain populations (3, 4, 5, 6, 7). References: 1) McClave SA, Taylor BE, Martindale RG, Warren MM, Johnson DR, Braunschweig C, McCarthy MS, Davanos E, Rice TW, Cresc, GA, Gervasio JM, Sacks GS, Roberts PR, Compher C. Guidelines for the provision and assessment of nutrition support therapy in the adult critically ill patient: Society of critical care medicine (SCCM) and American society for parenteral and enteral nutrition (ASPEN). J Parenter Enteral Nutr 2016; 40(2): 159-211. 2) McClave SA, Saad MA, Esterle ME, Anderson M, Jotautas AE, Franklin GA, Heyland DK, Hurt RT. Volume-based feeding in the critically ill patient. J Parenter Enteral Nutr 2015; 39(6): 707-712. 3) Heyland DK, Murch L, Cahill N, McCall M, Muscedere J, Stelfox HT, Bray T, Tanguay T, Jiang X, Day AG. Enhanced protein-energy provision via the enteral route feeding protocol in critically ill patients: results of a cluster randomized trial. Crit Care Med 2013; 41(12): 2743-2753. 4) Huynjing K, Stotts NA, Froelicher ES, Engler MM, Porter C. Why patients in critical care do not receive adequate enteral nutrition? A review of the literature. J Crit Care 2012; 27(6):702-713. 5) Elke G, Weiler N, Day AG, Heyland DK. Close to recommended caloric and protein intake by enteral nutrition is associated with better clinical outcomes of critically ill septic patients: secondary analysis of a large international nutrition database. Crit Care 2014; 15: 1-8. 6) Yah DD, Peev MP, Sadeq WA, Osler P, Chang Y, Rando EG, Alban C, Darak S, Velmahos GC. Clinical outcomes of inadequate calorie delivery and protein deficit in surgical intensive care patients. Am J Crit Care 2016; 25(4): 318-326. 7) Yeh DD, Fuentes E, Quaraishi SA, Cropano C, Kaaafarani H, Lee J, Kind DR, DeMoya M, Faghenholz P, Butler K, Chang Y, Velmahos G. Adequate nutrition may get you home: Effect of caloric/protein deficits on the discharge destination of critically ill surgical patients. J Parenter Enteral Nutr 2015; 40(1): 37-44.

Roundtable attendees will be able to identify and apply techniques used in successful design and implementation of facility specific volume-based enteral nutrition protocols designed to improve nutrition delivery for critically ill patients.
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<td>Member of the Speaker's Bureau for Abbott Nutrition where a contract fee is provided for speaking engagements.</td>
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<tr>
<td>Moderator:</td>
<td>Rose DeLaGarza</td>
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<td>DeLaGarza, Rose</td>
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Session Information

ID number: 261507
Session Title: An interdisciplinary approach to identify and manage malnutrition in the oncology population
Session Type: Roundtable
Session Topic: Malnutrition

Background and motivation: *Not identifying malnutrition quickly in the oncology patient can lead to increased length of stay, increased risk of infection, and increased risk of readmission *Impact of malnutrition in the oncology patient is broad and reduces quality of life *Utilizing a team approach to identify malnutrition quickly and optimizing the nutrition management for best support of the patient.

Method or approach: Discussion of best practices utilizing a team approach to identify and manage malnutrition in the oncology patient. Summarize key findings that will be presented: *Team approach of identifying malnutrition in the hospitalized oncology patient *Hospital policy to incorporate nutrition consultation on all hospitalized patients *Dedicated nutrition team member for coordination of care plan of hospitalized oncology patient *Utilization of PG-SGA by nutrition team member *Utilization of nutrition focused physical exam by nutrition team member *Timely communication of finding with physician team *Documentation of degree of malnutrition (well-nourished, moderate malnutrition, severe malnutrition) by all providers and plan for nutrition management *Incorporation of nutrition management plan by all team members Beginnings and/or implications: What is the take home message? *Key team members to support incorporation of a similar approach in your own hospital to optimize malnutrition identification and management. *Points of interest for the C-Suite to support this approach

Upon conclusion of this program, the participant will be able to speak clearly and confidently with key team members in hospital to create an interdisciplinary approach for the quick identification and management of malnutrition in the oncology patient

Learning Objectives 1: Team members in hospital to create an interdisciplinary approach for the quick identification and management of malnutrition in the oncology patient

Learning Objectives 2:
Learning Objectives 3:

Target Audience: Those interested in providing optimum coordinated care of the oncology patient for improvement in quality of life outcomes.
Teaching Level: Basic
Teaching Methods: Case presentations; Demonstration; Lecture;
Organization Affiliation:
Encore Presentation: No
Submitter Disclosure 1: Yes
Submitter Disclosure 2: Yes
Moderator: Jessica Stauffer-Engelbrecht, MS, RDN, CSR, LD, CNSC
Moderator: Kalli Castille, MS, RDN, LD, FAND
Submitter: Stauffer-Engelbrecht, Jessica

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<td>An interdisciplinary approach to identify and manage malnutrition in the oncology population</td>
<td>Stauffer-Engelbrecht, Jessica</td>
<td>Cancer Treatment Centers of America</td>
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Hyperglycemia is an adverse event associated with increased point of care (POC) costs and patient discomfort. POC testing related to parenteral nutrition (PN), occurs up to 50% of hospitalized patients. However, there is no consensus on the optimal frequency, timing, and duration of POC testing, or when it is appropriate to decrease or discontinue monitoring when it is no longer necessary. The presenter will provide guidelines on how to decrease the frequency of POC glucose testing in patients receiving PN while reducing healthcare costs without increasing the frequency of glycemic events. The primary aim of the TWO round table sessions is to provide first-hand experience of our quality improvement project and how to determine when it is appropriate to decrease or discontinue bedside plan of care testing on hospitalized patients receiving PN.

Learning Objectives 1: Upon conclusion of this round table the participant will be able to understand the standard of practice blood glucose monitoring for patients on nutrition support.

Learning Objectives 2: Upon conclusion of this round table the participant will be able understand an innovative QI project for reducing POC blood glucose testing while maintaining patient safety.

Learning Objectives 3:
- Target Audience: Dietitians, Nurses, Pharmacists, Physicians
- Teaching Level: Basic
- Teaching Methods: Demonstration; Laboratory work/findings; Lecture;
- Organization: Cleveland Clinic - Nutrition Support Team

Encore Presentation: No
Submitter Disclosure 1: Yes
Submitter Disclosure 2: Yes
Submitter Disclosure 3: None
Moderator:
Submitter: Nishnick, Amy
Session Information

ID number: 261693
Session Title: Research in Clinical Practice: Who, Me?
Session Type: Roundtable
Session Topic: Research

Background: Conducting research, writing and submitting abstracts for posters and scientific journals are daunting tasks, especially for those new to the scene. Clinicians may discount the value of research in their practice thinking only academicians can enjoy these pursuits. Technology affords the modern researcher and writer access to time- and sanity-saving resources that would have limited the potential to explore hypotheses and investigate nutrition support practice questions. Methods: The session will introduce strategies to help the novice researcher consider their practice as fertile ground for exploration. Methods for collaborating with colleagues across the country, (or world) will be reviewed. Platforms to construct and edit documents with interaction of co-authors/investigators increase efficiency and allow feedback and chat features. The opportunity to engage with a mentoring researcher or writer provides access to skill-building and is made easy by such document sharing portals. The advent of citation data management programs and in-document citation features decrease the tedium associated with manual bibliography formatting. Presentation will be lecture with open dialogue format to access the resourcefulness of attendees. Results: In 2009, Google Docs was utilized in combination with phone interaction to develop a research survey with a collaborator 1300 miles away. Survey monkey was utilized to tabulate responses. Long phone conversations kept the communication and goals on track. The technologies pale in comparison to current versions which advance almost daily. Conclusions: If presenting abstracts, roundtables, sessions and writing for scientific journals are on your “to do” list, this session will help clarify goals and resources, review IRB submissions and encourage your inner geek! Start with an abstract for a poster session and see where that leads. Wary potential authors should avail themselves of information and people that can buoy efforts and ease challenges to researching, writing, and presenting nuggets from their practice. Professional practice gap: Nutrition Support Clinicians have access to wealth of experiences to research, document and write about, yet the numbers who engage in these pursuits is limited. Increasing knowledge related to the process and taking a simplified approach to look at questions within your practice can open new professional doors and expand your network.

Learning Objectives 1: Recognize potential research questions in various clinical practice areas.
Learning Objectives 2: Describe tools and resources that simplify the process of writing, collaborating, managing data, bibliography and citations.
Learning Objectives 3: Empower new writers and researchers to submit poster abstracts or proposal by 2019

Target Audience: Nutrition support clinicians, new and aspiring writers and researchers
Teaching Level: Basic
Teaching Methods: Demonstration; Lecture;
Organization
Affiliation:
Encore Presentation: No
Submitter Disclosure 1: Yes
Submitter Disclosure 2: Yes
Submitter Disclosure 3: UT Health San Antonio; dietitian AMD Infusion: Salary
Moderator:
Submitter:
Submitter: Martin, Karen

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<td>Research in Clinical Practice: Who, Me?</td>
<td>Martin, Karen</td>
<td>Univ. of TX Health Science Center at San Antonio &amp; Walgreens Infusion Services</td>
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Roundtable Proposals, page 9
Infants with chylothorax require restriction of enteral long chain triglycerides with the use of low fat, no fat, high medium chain triglyceride (MCT) diet, or TPN. Typically, infants who are receiving breast milk are required to stop with the onset of chylothorax and begin use of a high MCT formula. With a completed nutrient analysis of skimmed breast milk fortified with Enfaport, implementation of fortified skimmed breast milk can be a safe option to continue the use of breast milk in babies with chylothorax.

Learning Objectives 1: Understand the nutrient analysis of skimmed breast milk fortified with Enfaport for use in infants with chylothorax.

Learning Objectives 2:

Learning Objectives 3:

Target Audience: Pediatric dietitians, healthcare managers, physicians, nurses, nurse practitioners, lactation consultants

Teaching Level: Intermediate

Teaching Methods: Panel discussions;

Organization: Children's Hospital of Wisconsin

Encore Presentation: No

Submitter Disclosure 1: Yes

Submitter Disclosure 2: Yes

Submitter Disclosure 3: NONE

Moderator: Elizabeth Polzin

Submitter: Clark, Brittani
Many preterm infants with birth weight <1500 grams receiving exclusively breast milk or donor breast milk, when fortified with HMF to 24 kcal/oz and advanced to 160 ml/kg/d of enteral intake do not demonstrate adequate weight growth. Practices often lack a standardized nutrition guideline approach to these babies, potentially leading to extrauterine growth restriction in the NICU population and leads to frustration and confusion among clinical staff and patient families. The Support Premature Infant Nutrition and Growth (SPrING) quality improvement project is a NICU nutrition support protocol that delivers early aggressive nutrition to very low birth weight infants in order to achieve early optimal growth and improves overall outcomes of this high risk patient population. The SPrING nutrition support guideline was adapted at Memorial Hermann Southwest Neonatal Intensive Care Unit in March 2016. Growth targets at DOL 10-12, DOL 20 and DOL 28 was established and collected for all preterm infants with birth weight <1500 grams. The result data at 6 month and at 1 year following SPrING guidelines was compared to pre-SPrING audit data. The SPrING data showed decreased number of PICC line days, better growth of preterm infants and standardized practice among physicians, neonatal nurse practitioners and clinical staff.

Upon the completion of this program the participants will be able to have the base knowledge and the ability to reference nutrition guidelines of providing early aggressive nutrition support to promote optimal growth in extremely low birth weight (ELBW) and very low birth weight infants (VLBW)

Learning Objectives 1:

Learning Objectives 2:

Learning Objectives 3:

Target Audience: Clinical Dietitians who cross cover NICU, pediatric or adult patient population Neonatal Dietitians Neonatal Nurse Practitioners Neonatologists and Pediatricians

Teaching Level: Intermediate

Teaching Methods: Case presentations;

Organization

Affiliation:

Encore Presentation: No

Submitter Disclosure
1: Yes
Submitter Disclosure
2: Yes
Submitter Disclosure
3: None

Moderator:
Submitter:
Submitter: Mao, Vina
### Session Information

**ID number:** 261323  
**Session Title:** Assessment and feeding Disordered Eaters from A to T  
**Session Type:** Roundtable  
**Session Topic:** Assessment  
**SESSION NOTES:**

Using case presentations and available evidence and standards (DSM 5, Core Curriculum) to address nutrition assessment, calculate of nutrition needs and unique issues for disordered eaters (from A to T) including cases of Autism, AFRID, BH-4, EoE, Mental Health, Psychosis and transgender. Review of standards vs bedside assessment and follow up. The increase of these disordered eaters within the medical and non medical treatment where case reviews would be beneficial for improved understanding and clinical practice.

**Learning Objectives 1:** Participants will be able to identify resources and references for future use in assessment of these patient types.

**Learning Objectives 2:** Participants will understand how to appropriately calculate calories and protein needs for the disodered eating types.

**Learning Objectives 3:** Participants will gain knowledge of feeding alternatives for this patient type.

**Target Audience:** All participants of ASPEN Science and Practice Conference: RDs, RNs, doctors, pharmacy, families, clinical support  
**Teaching Level:** Basic  
**Teaching Methods:** Case presentations;  
**Organization**

Encore Presentation: Yes- in past have presented Assessment of Eating Disorders and Assessment of transgender pediatric patients.

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

**Moderator:**  
Submitter: Turon-Findley, Mary

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<td>Assessment and Feeding of Disordered Eaters A to T</td>
<td>Turon-Findley, Mary</td>
<td>Cincinnati Children</td>
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**SESSION NOTES:**
School is a setting in which children learn about their own abilities and limitations, explore life and relationships outside the family, and often make their first important social contacts with peers (Rehm, Rohr, 2002). There is a community of students who need to receive nutrition support in the school setting. Competencies differ from state to state and the need for our students to receive their nutrition in a safe environment provided by knowledgeable staff is critical. Knowledge of potential complications and their related signs and symptoms is necessary to ensure the safety of the child at school. During this session we will discuss different documents and toolkits, the latest findings of nutrition support for children in schools as well as how IEP or 504 plans must be written to meet child specific needs. The implementation of an emergency action plan needs to be developed with those students who have enteral access devices or CVCs. Our families and our schools must join together so that all children are well cared for and can feel comfortable in a school setting despite their differences. Safety is to be the number one focus for the student population.

Upon conclusion of this program, the participant will be able to understand that even though schools may be independent from one another, children who require nutrition support therapy in the school setting must be ensured that safety of delivery and plans for when complications arise must be provided by the school nurse.

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<td>1</td>
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<td>School Nursing: My surprising transition from Nutrion Suppot Team to Nutrition Support in the Schools</td>
<td>campana, Jeanmarie</td>
<td>N/A</td>
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The number of children with medical complexity is growing because of the increased survivorship of children with rare disorders and neurodevelopmental conditions. These medically complex children have secondary health conditions such as skeletal deformities which often require operative intervention. In the pre-operative period, nutrition support teams play an ever-increasing role in the care of children with medical complexity because exemplary nutrition support leads to better post-operative outcomes, including shortening of intensive care unit and hospital length of stays. Optimizing nutrition care for children with medical complexity in the pre-operative period involves not only the food they eat or enteral support they are provided with. Nutrition support involves matching the child’s skill set to their motor capabilities, choosing appropriate foods for safe oral intake, appropriate enteral feeding routes, addressing bone and dental health, as well as, skin integrity. In addition, care must be taken to manage commonly occurring secondary health conditions such as constipation and gastroesophageal reflux, as well as the complex food and medication interactions that may affect the children’s well-being. This focused learning session will address the measuring and monitoring of nutritional status and the eating/feeding issues that affect children with medical complexity, and delve into the development of practical nutrition care plans to optimize nutrition in the pre-operative period.

Learning Objectives 1: To list three benefits of optimizing nutrition for children with medical complexity in the pre-operative period
Learning Objectives 2: To discuss when enteral nutrition support is an important element of a nutrition care plan in the pre-operative period
Learning Objectives 3: To list secondary health conditions that impact nutrition care plans for children with medical complexity

Target Audience: Dietitians, Nurses, Physicians
Teaching Level: Intermediate
Teaching Methods: Case presentations; Demonstration; Laboratory work/findings;
Organization:
Affiliation:
Encore Presentation: No
Submitter Disclosure 1: Yes
Submitter Disclosure 2: Yes
Submitter Disclosure 3: NONE
Moderator:
Submitter:
Submitter: Rempel, Gina

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<td>The importance of optimizing nutrition in children with medical complexity undergoing major surgery</td>
<td>Rempel, Gina</td>
<td>University of Manitoba</td>
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It is well known that pediatric oncology patients have a high propensity for becoming malnourished while they are undergoing therapy. Optimizing nutrition status while patients are undergoing therapy has been found to improve tolerance of anti-cancer therapy, decrease infection risk, increase quality of life, and improve survival. Many pediatric oncology patients require enteral nutrition support as a means to optimizing their nutrition status during therapy and formula choice is an integral part of this process. Choosing a formula that will be well tolerated, meet the patient's nutritional needs, and is safe for immune compromised patients is vital. During this session we will review various types of formulas as well as their indications in this specific patient population. There has been much controversy over which formulas are appropriate and safe for this patient population in the past so this session will help to clarify and dispel some of these ideas.

Learning Objectives 1: Upon conclusion of this program, the participant will be able to describe the importance of optimizing nutrition status in pediatric oncology patients

Learning Objectives 2: Upon conclusion of this program, the participant will be able to describe a stepwise approach for formula selection for pediatric oncology patients

Learning Objectives 3: Upon conclusion of this program, the participant will be able to identify the indication for hydrolyzed formulas in pediatric oncology patients

Target Audience: pediatric providers, physicians, dietitians, nurses, pharmacists

Teaching Level: Advanced

Teaching Methods: Case presentations; Lecture;

Organization

Affiliation:

Encore Presentation: no

Submitter Disclosure

Submitter Disclosure 1: Yes

Submitter Disclosure 2: Yes

Submitter Disclosure 3: Abbott Nutrition- member of the Speaker's Bureau; received honorarium

Moderator: Moderator: Elizabeth Welin

Submitter: Welin, Elizabeth

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<td>2741639</td>
<td>Formula choices for pediatric oncology patients</td>
<td>Welin, Elizabeth</td>
<td>Cincinnati Children's Hospital</td>
<td>Not Yet Invited</td>
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Roundtable Proposals, page 15
**Session Information**

<table>
<thead>
<tr>
<th>ID number: 261340</th>
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<tbody>
<tr>
<td>Session Title: Electrolyte Management and the Adult PN Patient--A Home Care Perspective</td>
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<tr>
<td>Session Type: Roundtable</td>
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<tr>
<td>Session Topic: Home Care</td>
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In the transition from hospital to home care, some PN electrolyte additives can either be missing or outside of A.S.P.E.N. standards. While some electrolyte additives outside of A.S.P.E.N. standards are appropriate for the long-term home care patient, others are not. In two case studies, we will as a group add up PN electrolytes, compare these electrolytes to A.S.P.E.N. standards, look at patient laboratory values, and look at the clinical picture of the patient. Then we will decide if the electrolyte additives are appropriate for the long-term home care patient and what we might recommend for changes. The value of team management will be discussed. This home care perspective could also benefit RDs and RPhs in hospitals. Participants will leave this session with the tools needed to begin managing PN electrolytes.

Learning Objectives 1: •State the A.S.P.E.N. Safe Practice Guidelines for 3 electrolyte additions to adult PN formulations

Learning Objectives 2: •State one electrolyte to monitor in a patient with a high-output ileostomy

Learning Objectives 3: •State one management recommendation for a patient with hyponatremia

Target Audience: Home care dietitians

Teaching Level: Intermediate

Teaching Methods: Case presentations;

Organization

Affiliation:

Encore Presentation: Yes. Presented to the North Sound Dietetic Association 3/12/13

Submitter Disclosure 1: Yes

Submitter Disclosure 2: Yes

Submitter Disclosure 3: None

Moderator:

Submitter: Jansson, Lorene
Session Information

ID number: 261708
Session Title: Disaster Planning For Nutrition Support Patient and Practices - Avoiding Creating a Crisis
Session Type: Roundtable
Session Topic: Home Care

Disasters, natural and manmade, occur every day. Disasters can be as minor as interruptions in power or phone to complete devastation to a practice or a patient home. Proper preparation can be the key in managing the situation and avoiding the development of a crisis or emergency. All nutrition support practices and patients should have a disaster management plan that evaluates vulnerabilities, outlines action to take and provides resources to successfully manage the patient care during and after disaster. Proper planning can provide safety and avoid interruptions to therapy. Clinicians who are educated in disaster planning can support both the practice and patient in successful preparation.

Learning Objectives 1: Describe components of a successful disaster plan for nutrition support practices and patients.
Learning Objectives 2: List resources that should be considered for inclusion in a disaster plan and/or response kit.
Learning Objectives 3:

Target Audience: home care clinicians
Teaching Level: Basic
Teaching Methods: Case presentations; Demonstration;
Organization Affiliation: Florida Society of Parenteral and Enteral Nutrition
Encore Presentation: yes - FSPEN Fall meeting 2017
Submitter Disclosure
1: Yes
2: Yes
3: NONE
Moderator: Moderator: Brenda Gray
Submitter: Gray, Brenda

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<tr>
<td>1</td>
<td>2741778</td>
<td></td>
<td>Disaster Management</td>
<td>Gray, Brenda</td>
<td>Clinical Pharmacy Partners</td>
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Session Title: Improving care for total parenteral nutrition patients in skilled nursing care facilities by establishing a consult agreement between the post-acute infusion pharmacy and the long-term care facility

Session Type: Roundtable

SESSION NOTES:

Background for the program: Total parenteral nutrition (TPN) patients that stay at skilled nursing care facilities after hospital discharge may not receive the necessary level of care. These patients require coordinated care by trained physicians, dietitians, nurses and pharmacists for a successful TPN treatment plan. Current practice at skilled nursing care facilities doesn't involve pharmacists in TPN patient care. When Pharmacists are not a part of a treatment team, a potentially negative impact can occur. The Institute for Safe Medication Practices (ISMP) has identified TPN as one of the high-alert medications in both acute care settings and the long-term care settings (1). To remedy this practice gap, we propose that a skilled nursing care facility should set up a consult agreement with a post-acute infusion pharmacy so that nutrition support board certified pharmacists can offer their knowledge in managing TPN patients to prevent hospital re-admission.

Learning Objectives 1: Our main learning objective is to advocate a better TPN patients care in skilled nursing care facilities after discharged from hospital by forming a consult agreement between a skilled nursing care facility and post-acute infusion pharmacy.

Learning Objectives 2: The second learning objective is to fill current practice gap in TPN patient care who reside in skilled care facilities without nutrition support trained pharmacists involved in their TPN treatment plan.

Learning Objectives 3:

Target Audience: Physicians, dietitians, nurses and pharmacists work in skilled nursing care facilities and post-acute home infusion pharmacies.

Teaching Level: Advanced

Teaching Methods: Panel discussions; Organization

Encore Presentation: No

Submitter Disclosure 1: Yes

Submitter Disclosure 2: Yes

Submitter Disclosure 3: NONE

Moderator: Cindy Hamilton

Submitter: Kuo, Ning Tsu

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<tr>
<td>1</td>
<td>2741497</td>
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<td>Improving care for total parenteral nutrition patients in skilled nursing care facilities by establishing a consult agreement between the post-acute infusion pharmacy and the long-term care facility</td>
<td>Kuo, Ning Tsu</td>
<td>Cleveland Clinic Foundation</td>
<td>Not Yet Invited</td>
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In current state, providers use a variety of laboratory values to identify iron deficiency. Our presentation will focus on what patients are at risk for iron deficiency, laboratory values and their relation to the clinical picture of the patient and the effects of iron deficiency on the developing child.

Learning Objectives 1: Upon conclusion of this program, the learner will be able to identify laboratory measurements used to recognize iron deficiency in pediatric patients.

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<tr>
<td>1</td>
<td>2739925</td>
<td>Recognizing and Correcting Iron Deficiency in Pediatric Patients</td>
<td>Karls, Catherine</td>
<td>Children's Hospital of Wisconsin</td>
<td>Not Yet Invited</td>
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Session Information

ID number: 261698
Session Title: Nutritional Considerations with Medically Complex, Transgender Patients
Session Type: Roundtable
Session Topic: Pediatrics

SESSION NOTES:

This session will highlight the nutritional complexities in managing pediatric patients with complex medical and psychiatric backgrounds. We will specifically discuss patients who identify as transgender but also have a complex medical diagnosis, and will review a process for assessing nutrition status, implementing nutrition interventions, as well as methods for monitoring/evaluation nutritional progress.

Our session will include the presentation of a micronutrient monitoring and supplementation algorithm created by our institution as a result of managing such a patient. We will utilize case studies to further depict the nutritional management of transgender, hematology/oncology patients with complicated medical and psychiatric histories prior to receiving a hematologic or oncologic diagnosis. Our discussion will include not only the nutritional challenges we face but also the social and psychiatric considerations that are an integral part of the care provided to these patients.

Upon conclusion of this program, the participant will be able to describe techniques for nutritionally assessing, intervening with, and monitoring pediatric patients with complex medical and psychiatric histories.

Learning Objectives 1:

Learning Objectives 2:

Learning Objectives 3:

Target Audience: pediatric and adult practitioners, physicians, nurses, dietitians, pharmacists
Teaching Level: Advanced
Teaching Methods: Case presentations; Lecture;
Organization
Affiliation:
Encore Presentation: No
Submitter Disclosure
1: Yes
Submitter Disclosure 2: Yes
Submitter Disclosure 3: none
Submitter Disclosure Liz Welin: Member of Abbott Nutrition Speakers Bureau, received honorarium Mary Pat Turon-Findley:
Moderator: Moderator: Elizabeth Welin
Submitter:
Submitter: Welin, Elizabeth

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<tr>
<td>1</td>
<td>2741618</td>
<td>Nutritional Considerations with Medically Complex, Transgender Patients</td>
<td>Welin, Elizabeth</td>
<td>Cincinnati Children's Hospital</td>
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<tr>
<td>2</td>
<td>2741626</td>
<td>Nutritional Considerations with Medically Complex, Transgender Patients</td>
<td>Welin, Elizabeth</td>
<td>Cincinnati Children's Hospital</td>
<td>Not Yet Invited</td>
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Epidermolysis bullosa (EB) is a group of hereditary disorders characterized by the formation of bullae or blisters secondary to minor friction or trauma. In addition to skin problems, these patients can suffer severe systemic problems secondary to poor intake and increased metabolic demand. Evaluation of the nutritional status of EB patients may lead to a better understanding of the impact of nutrition on morbidity and mortality of these patients. Malnutrition and its consequences are central causes of the morbidity and mortality of EB. Currently, there are limited nutritional studies of EB in the literature, all with small cohorts. As part of an interdisciplinary EB center with a large number of subjects located throughout the continental United States and abroad, the presenters from Cincinnati Children’s Hospital Medical Center may be in the position to advance the understanding of nutritional status and medical complications in this population.

Learning Objectives 1: 1. Discuss specific nutritional needs of patients with EB
Learning Objectives 2: 2. Discuss indications and risks of enteral tubes and parenteral nutrition in patients with EB.
Learning Objectives 3: 3. Discuss micronutrient deficiencies common in patients with EB.

Target Audience: Physicians, Registered Dieticians, Pharmacists, Students
Teaching Level: Basic
Teaching Methods: Case presentations; Debate; Lecture;

Moderator: Stephanie Bachi de Castro Oliveira
Submitter: Bachi de Castro Oliveira, Stephanie

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<tr>
<td>1</td>
<td>2729863</td>
<td>Nutrition Management of Patients with Epidermolysis bullosa (EB)</td>
<td>Phillips, Jennifer</td>
<td>Cincinnati Children's Hospital Medical Center</td>
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