Indications for Enteral Nutrition in Patients with Specific Non-GI Diseases: ASPEN Recommendations

Enteral nutrition (EN) is a vital component of nutrition around the world. EN allows for delivery of nutrients when oral intake alone is inadequate to meet nutrition needs. Based on the ASPEN evidence-based consensus recommendations¹, this practice tool addresses key questions regarding the indications for and the initiation timing of EN for patients with non-GI diseases (i.e., stroke, chronic kidney disease, cystic fibrosis, and chronic obstructive pulmonary disease).

What are the indications for enteral feedings in patients with specific non-GI diseases?

EN Indication		Considerations
500	Stroke	Evaluate all patients who have had a stroke for dysphagia as early as possible to establish route of nutrition support.
		Preferred Route of EN Delivery
		 Short Term Initiate EN using a nasogastric tube (NGT) in a patient who has had a stroke, for whom oral intake is deemed unsafe, and who is not likely to recover within 7 days.
		 Evaluate the patient for a nasal tube retaining system to reduce the risk of tube displacement.
		 Long Term Consider placement of a percutaneous endoscopic gastrostomy (PEG) tube in patients with persistent inability to swallow safely for >2-4 weeks.
H	Cystic Fibrosis (CF)	Initiate EN in adult patients with CF and malnutrition who are unable to meet their nutrition needs with diet and oral supplements alone.
en pe	Chronic Kidney Disease (CKD)	Initiate EN in malnourished patients with CKD who are unable to meet nutrition needs with diet and oral supplements alone. This includes patients who are not on dialysis and patients on either intermittent hemodialysis or peritoneal dialysis.
	Chronic Obstructive Pulmonary Disease (COPD)	Initiate EN in malnourished or at-risk patients with COPD if energy and protein requirements cannot be achieved through oral diet combined with oral nutrition supplements.

Reference

1. Bechtold ML, Brown PM, Escuro A, et al. When is enteral nutrition indicated? JPEN J Parenter Enteral Nutr. 2022; 46:1470-1496.

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