

Mueller CM, ed. *The ASPEN Adult Nutrition Support Core Curriculum*. 3rd ed. Silver Spring, MD: American Society for Parenteral and Enteral Nutrition; 2017. \$280.00. 845 pp. Print ISBN: 978-1-889622-31-6; e-book ISBN: 978-1-889622-32-3.

Nutrition in Clinical Practice  
 Volume 33 Number 5  
 October 2018 725–726  
 © 2018 American Society for Parenteral and Enteral Nutrition  
 DOI: 10.1002/ncp.10114  
[wileyonlinelibrary.com](http://wileyonlinelibrary.com)

**WILEY**

*The ASPEN Adult Nutrition Support Core Curriculum, 3rd Edition*, is a comprehensive review of current, clinically based information covering a variety of topics within 41 chapters. This impressive volume represents updated and evolving nutrition topics showcasing clinical practices and didactic processes. It features useful tables and diagrams, and each chapter enriches the learning experience with practice scenarios and “Test Your Knowledge Questions.”

Enhanced content in this edition includes the “Malnutrition Screening and Assessment” chapter, which provides a review of methods for screening, rationales for comprehensive nutrition assessment, malnutrition characteristics and guidelines, expanded assessment tools for older adults, and discussion of nutrition-focused physical assessment. The chapter is enhanced by case studies. The revised “Vitamins and Trace Elements” chapter includes information on assessment, symptoms of deficiency and toxicity, and considerations for treatment. The third edition also discusses new lipid formulations, and the chapter on wound healing has been updated to include evidence and guidelines reflecting new terminology of the National Pressure Ulcer Advisory Panel. The chapter “Evidence Based Medicine and Derivation of Clinical Guidelines” provides a review on methodologies used to critically appraise literature and explains the processes used by medical societies, such as the American Society for Parenteral and Enteral Nutrition (ASPEN), to derive evidence-based recommendations.

Clinicians who work in the critical care environment can benefit from the topics covered, including immunonutrition, enhanced recovery after surgery protocols, and a review of possible benefits of preoperative carbohydrate supplementation. The 2016 guidelines for critically ill adults<sup>1</sup> are included for clinician reference throughout this curriculum. Several chapters cover the gastrointestinal tract, providing more in-depth information on surgical alteration and nutrition intervention than in other resources. In the discussion of gut microbiota, evidence for the use of probiotics and prebiotics is presented and commercial products are discussed. The chapter on pancreatitis offers a thorough overview of acute and chronic etiology, pathophysiology, treatment options, and nutrition management. An overview of the challenges of nutrition support for patients with solid organ transplant gives recommendations for macronutrient and micronutrient monitoring, evaluation, and therapy. Various drug therapies and treatment options are reviewed,

as well as potential posttransplant nutrition-related complications.

The chapter “Quality Improvement in Clinical Practice” underscores for the nutrition professional how the move toward quality care can advance their own practice and lead to improved patient outcomes. It outlines methods to measure the quality of care and track patient outcomes in clinical scenarios using indicators, benchmarking, and proposed plans for improvement.

This extensive, well-researched compendium presents nutrition assessment and nutrition support information from an interdisciplinary perspective and can be recommended with few reservations. Setting energy goals for an individual patient with an evolving degree of illness, from critical care to rehabilitation, is challenging. The chapter on energy delved into numerous methods for estimating energy goals, but readers would benefit from further discussion on monitoring energy adequacy given the complex nature of this important topic. The compendium does not include information about “natural” products or “supratherapeutic” vitamin and mineral dosages that clinicians are frequently asked about, including homemade tube feed products. These topics can generate awkward discussions when clinicians are meeting with patients and their families.<sup>2-4</sup>

In conclusion, the strength of the individual chapters collectively forms a substantial textbook for clinicians who desire to provide nutrition care based on up-to-date scientific review. It offers current clinical perspectives and treatment guidelines for clinicians at any career stage from the recent graduate preparing for the certification examination to the seasoned professional.

Mary Pat Turon-Findley, MS, RD, LD  
*Division of Nutrition Therapy, Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio, USA*

Emily LaRose, MS, RD, CNSC, CSP, LDN  
*Department of Culinary Nutrition, College of Culinary Arts, Johnson & Wales University, Providence, RI, USA*

Kristen MacEachern, MSc, RD  
*Department of Clinical Nutrition and Critical Care, Mount Sinai Hospital, Toronto, Ontario, CA*

Elizabeth Pash, MS, RD, LDN

*Medical Science Liaisons, Research, Scientific & Medical Affairs, Abbott Nutrition, Boston, MA, USA*

*The authors acknowledge the valuable perspective and assistance provided by Salisa Lewis, MS, RD, CNSC, LD, Lynn Kline, RD, LD, CNSC, and Christie Shubert, MS, RD, LD/N, CNSC, who reviewed individual book chapters.*

*The authors are members of ASPEN's Publications Review Committee, for whom the work was conducted. ASPEN is the book's publisher.*

*This article originally appeared online on August 2, 2018.*

**Corresponding Author:**

Mary Pat Turon-Findley, MS, RD, LD, Division of Nutrition Therapy, Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio, USA  
Email: marypat.turon-findley@cchmc.org

**References**

1. McClave SA, Taylor BE, Martindale RG, et al. Guidelines for the provision and assessment of nutrition support therapy in the adult critically ill patient. *JPEN J Parenter Enteral Nutr.* 2016;40:159-211.
2. Bobo E. Reemergence of blenderized tube feedings: exploring the evidence. *Nutr Clin Pract.* 2016;31:730-735.
3. Marik PE, Khangoora V, Rivera R, et al. Hydrocortisone, vitamin c, and thiamine for the treatment of severe sepsis and septic shock: a retrospective before-after study. *Chest.* 2017;151:1229-1238.
4. Amrein K, Schnedl C, Holl A, et al. Effect of high-dose vitamin D3 on hospital length of stay in critically ill patients with vitamin D deficiency: the VITdAL-ICU randomized clinical trial. *JAMA.* 2014;312:1520-1530.