

# Vital 1.5kcal RTH case study - Betty

*Appetite for life*

## Background Information

Betty is a 61 year old female in the intensive care unit (ICU) with interstitial lung disease, a bronchopulmonary fistula, pneumothorax, chest infection and hypercapnia. Betty had high gastric aspirates (> 300ml), abdominal distension and abdominal pain on standard nasogastric (NG) feeds. The feeding route was changed to naso-jejunal (NJ) feeding but symptoms of poor feed tolerance continued. Parenteral nutrition (PN) was initiated in addition to enteral nutrition, however Betty's liver enzymes became elevated one day after starting PN.

## Nutritional Treatment Goals

- ✓ Meet nutritional requirements
- ✓ Minimise muscle catabolism and maintain muscle function
- ✓ Maintain enteral nutrition and improve feed tolerance
- ✓ Discontinue PN to improve liver function

## Nutritional Treatment

Betty was prescribed Vital 1.5kcal via her NJ tube at 47ml/hr for 24 hours and the PN was discontinued.



## Key Findings

1. Bloating and abdominal pain reduced within 6 hours of starting Vital 1.5kcal and symptoms of poor feed tolerance resolved by day 3
2. Volume of Vital 1.5kcal required to meet nutritional requirements was tolerated
3. Liver function normalised 4 days after discontinuation of PN

## Conclusion

Vital 1.5kcal improved symptoms of poor feed tolerance in a 61 year old female in ICU, which resulted in the discontinuation of PN and maintenance of enteral nutrition.

*Dietitian, London*

Would you like to try Vital 1.5kcal for your patients with poor feed tolerance? Please contact your Abbott representative for samples. For more information please contact [medicalinformation@abbott.com](mailto:medicalinformation@abbott.com)