

CROHN'S DISEASE

A Resource to Simplify Initiation of Exclusive Enteral Nutrition

Clinical research shows that exclusive enteral nutrition (EEN), administered orally or enterally, is an effective way to nutritionally manage Crohn's disease. This tool, developed in partnership with Nationwide Children's Hospital, is designed to provide clinical application guidance for the use of EEN in patients with active Crohn's disease.

Initiate Nutrition Care Plan

- 1 Begin exclusive enteral nutrition
- 2 Utilize flow chart below to establish plan for maintenance therapy
- 3 Schedule practitioner visit at 4-6 weeks to determine response
 - Recommend visit with dietitian at one to two weeks

Exclusive Enteral Nutrition Guide (to meet 90-100% of estimated needs)

AGE (YEARS)	MALE (8 OZ BOTTLE/DAY)	FEMALE (8 OZ BOTTLE/DAY)	EXTRA WATER (CUPS/DAY)
3-5	4-5 of pediatric supplemental nutrition		1-2
6-9	5 of pediatric supplemental nutrition		2-3
10-13	4-5 of high-calorie supplemental nutrition		3-4
14-17	6 of high-calorie supplemental nutrition	5 of high-calorie supplemental nutrition	3-4
18-21	6-7 of high-calorie supplemental nutrition		3-4

Notes:

- Individualized recommendations made based on patient needs. Adjust recommendations to height/age if significant growth delay.
- Pediatric supplemental nutrition defined as 1 kcal/mL. High-calorie supplemental nutrition defined as 1.5 kcal/mL.
- EEN may be administered by mouth or via tube feeding depending on patient needs.

INDUCTION

* Reevaluate treatment based on patient desire and HCP recommendation.

- Does the treatment need more time?
- Does the treatment need to change?
- What additional or alternate therapies (medications or evidence-based diets such as Crohn's Disease Exclusion Diet or Specific Carbohydrate Diet) are available?

MAINTENANCE

Toolkit created in collaboration with Nationwide Children's Hospital, 700 Children's Drive, Columbus, OH 43205

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As you begin to speak with patients and caregivers about using exclusive enteral nutrition (EEN) to manage Crohn's disease, it may help to use these successful talking points to answer questions, ease concerns, and address challenges.

WHAT TO SAY TO PATIENTS AND CAREGIVERS FOR SUCCESSFUL INITIATION

BUILDING CONFIDENCE IN AN EEN PLAN

- Research shows that **92%** of those treated using EEN for 8 weeks had improved quality of life scores^{1,2}.



- Unlike some medications, nutrition therapy provided by supplements has little to no side effects.

- Your child may not need to go to the lab as often because we will not need to monitor your child's progress as closely.



- If you and your child chose to receive nutrition from supplements longer than 3 months, your child may be able to avoid taking medication.

- At times, nutrition supplements can be used as a "bridge," which means short-term until a medication can be started or continued.



- Nutrition supplements will replace the majority, if not all, of the money that would be spent on food for your child.

WHAT TO EXPECT WHEN YOU START

- We'd like to treat your child's Crohn's disease by using nutrition therapy in the form of supplements. These supplements will provide your child with valuable nutrition during this time.



- Nutrition supplements will replace food for the next 4 weeks, providing your child up to 100% of the calories and nutrients they need while they heal. It's okay to take 3-4 days to get up to their goal.

- You will meet with the dietitian (or other healthcare provider) within 1-2 weeks to discuss outcomes and make any necessary adjustments to your child's regimen.



- After 4 weeks, you will have a follow-up to discuss the next steps in your child's treatment plan, which may include an additional 8 weeks where your child will replace all regular food with nutrition supplements.

- After the first 3 months, your child may be able to decrease the number of nutrition supplements and gradually add food.



- There are many support groups for individuals with Crohn's and their caregivers that may be a valuable resource during this time.

OTHER INDICATIONS FOR USING EXCLUSIVE ENTERAL NUTRITION

Insurance prior authorization delay prior to Anti-Tumor Necrosis Factor (TNF) initiation

Intra-abdominal abscess or infection when immune-suppression is not indicated

Immunization completion status

Visit anhi.org for a digital copy of this resource



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1. Shaikhkhail AK, et al. *J Pediatr Gastroenterol Nutr.* 2018;66(6):909-914. | 2. Van Limbergen J, et al. *Can J Gastroenterol Hepatol.* 2015;29(7):351-356.