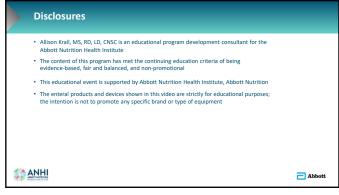
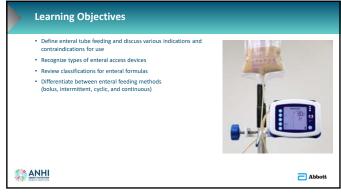


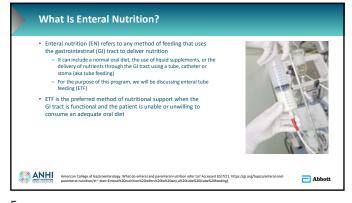


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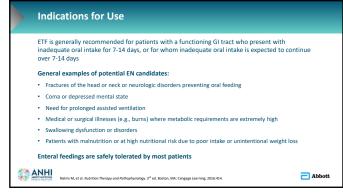


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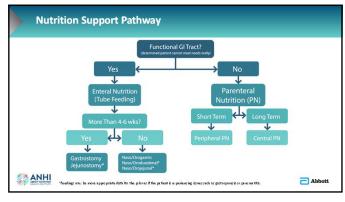


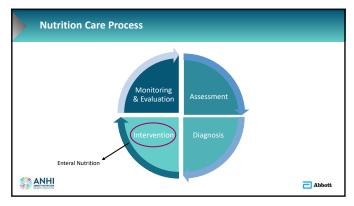


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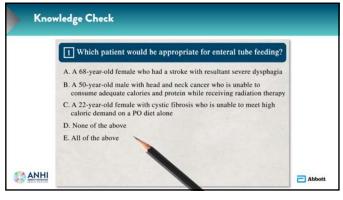




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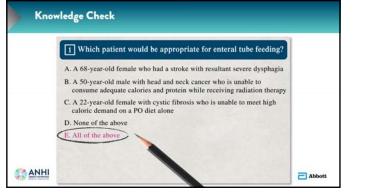


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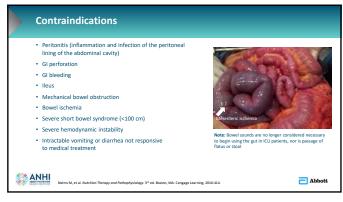




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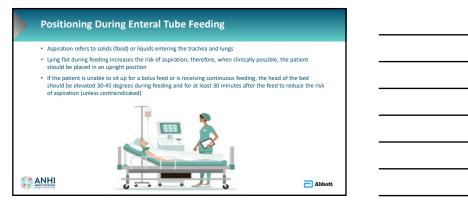


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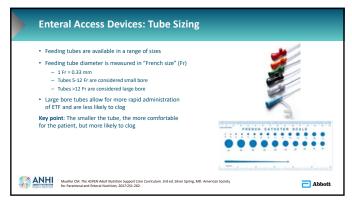


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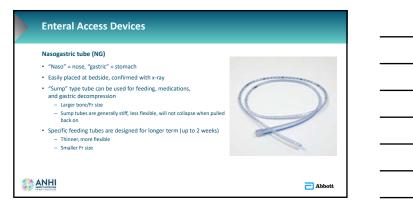


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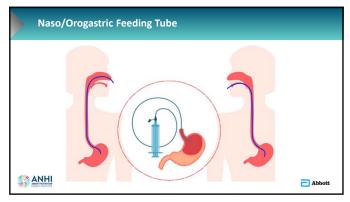


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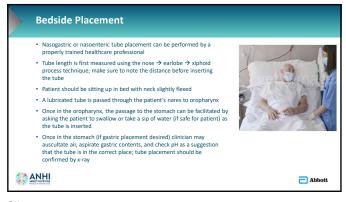


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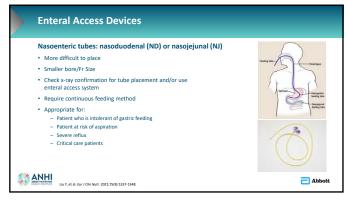




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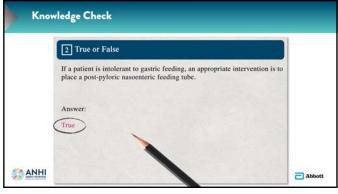


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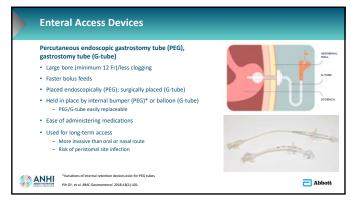




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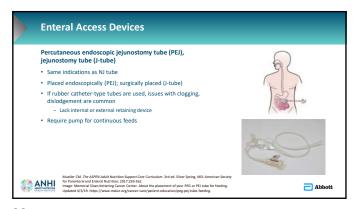


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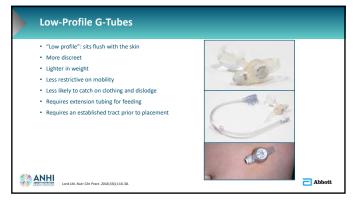


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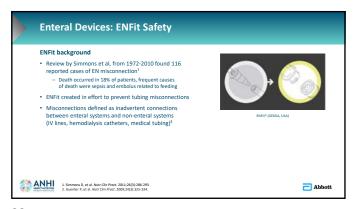


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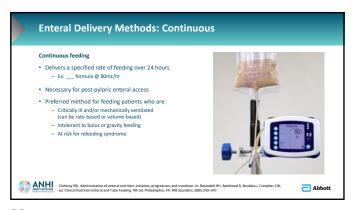


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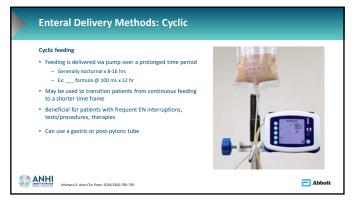




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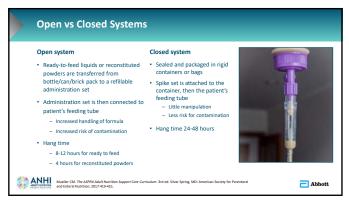


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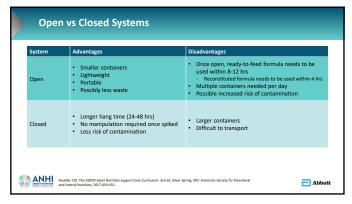


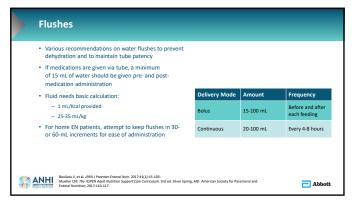
Feeding Method	Advantages	Disadvantages	Patient Population
Bolus	Physiologic Little equipment Inexpensive Ease of administration	Rapid delivery of feeding may cause GI intolerance	Medically stable Normal gastric function
Intermittent	Physiologic time unattached from feeding Possible for larger volume feedings	Requires gravity bags Requires IV pole or device to hang bags	Medically stable Normal gastric function Extremely rare cases could be used if pump is unattainable
Cyclic	Transition method from continuous Nocturnal feeds may stimulate hunger during daytime hours Allows for time off pump	Generally, feeding rate is higher volume/hour Patient will likely be attached to pump while sleeping	Patients transitioning off EN Supplemental EN Mobile patients Patients unable to tolerate bolus feeding
Continuous	Allows for small amounts of nutrition to be delivered Little manipulation once pump set	Patient attached to pump	Critical care Slow initiation necessary Compromised GI function Small bowel feeding

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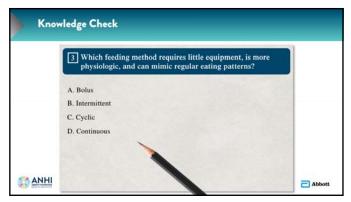


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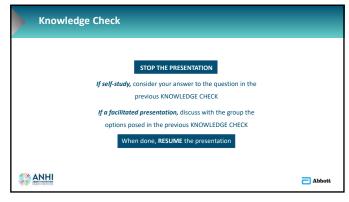


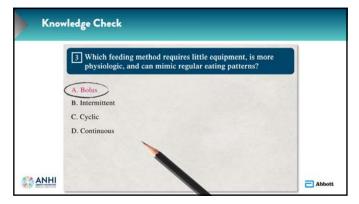


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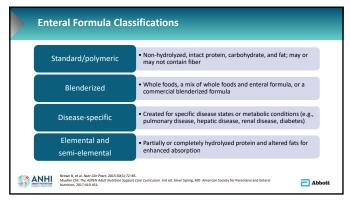


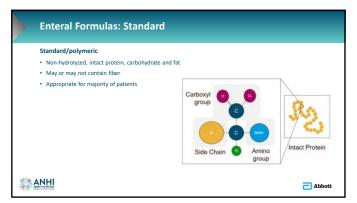


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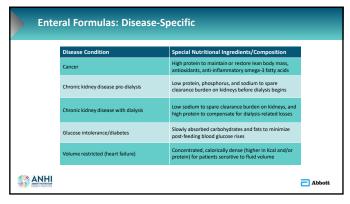


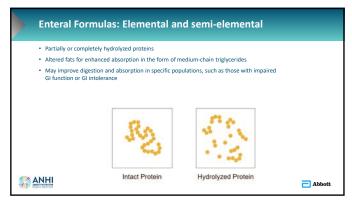


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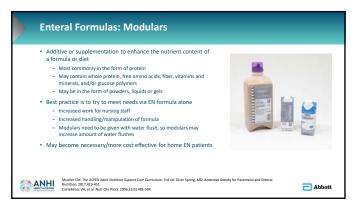


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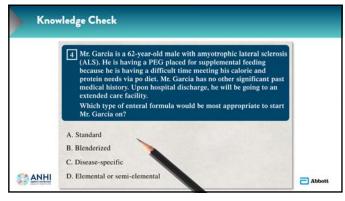




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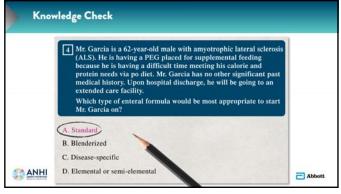


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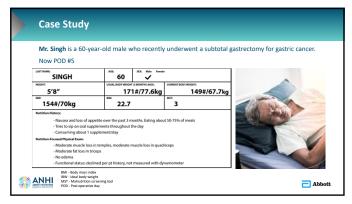


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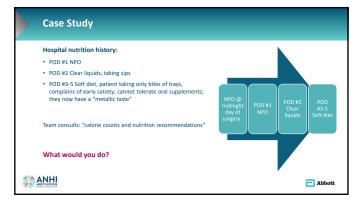


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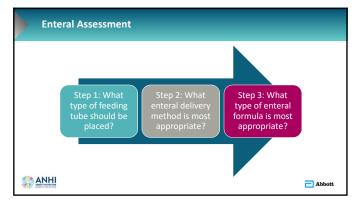


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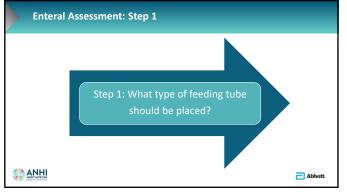


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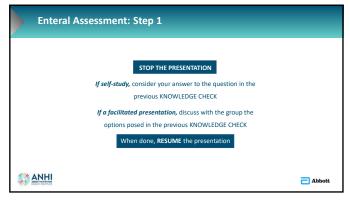


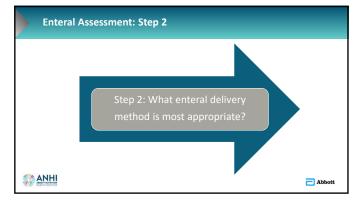


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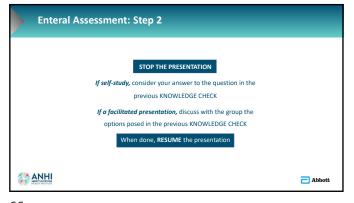


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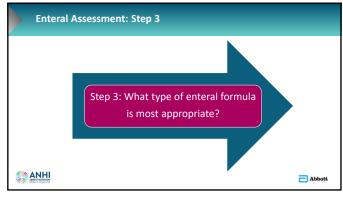


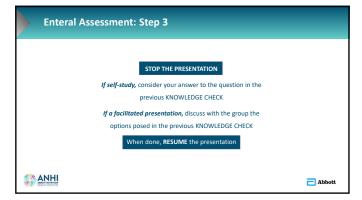


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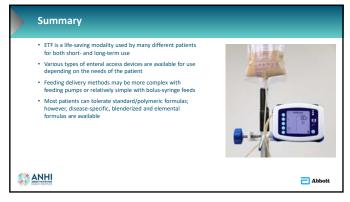




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