**BACKGROUND AND IMPORTANCE**

- **Refeeding syndrome (RFS)** is a metabolic disorder that can be triggered after nutritional replacement. This condition can be life-threatening, so early identification and prevention is important.

**AIM AND OBJECTIVES**

- Describe a system of screening and nutritional support in patients at risk of RFS. **Assess the degree of adequacy** of initial parenteral nutrition (TPN) to published NICE guidelines.

**MATERIAL AND METHODS**

- **Retrospective observational study**
- Patients from January 2020 to September 2022 identified with RFS risk* at the beginning of TPN.

* according to NICE guidelines criteria

**RESULTS**

- Mean BMI: **20.2 (SD: 4.0)**
- 33 patients included
- Mean age: **59.6 years (SD: 15.5)**
- 54.5% men

- Mean kcal/kg of TPN at the start was **20.4 (SD: 3.7)**
- Establishment of total kcal in: 2 days – **63.6%** of patients, 3 days – **36.4%** of patients
- **75.8%** low/no intake prior introduction of TPN
- **90.9%** high risk of developing RFS

- 3 patients developed RFS: **3/3** at high risk, **2/3** onco-haematological

**CONCLUSION AND RELEVANCE**

- Most patients who developed RFS were onco-haematologic, a group at risk for RFS, and had **little/no intake prior to the initiation of TPN**.
- The kcal/kg provided by TPN at baseline are **higher than recommended** by NICE guidelines (20.4 vs. 10 kcal/kg). The **total kcal** were reached between 2-3 days, the recommendations being between 4-7 days.
- Only 9.1% of the patients developed RFS, so that future studies could consider a less restrictive caloric start in TPN than that proposed in the guidelines.
- The role of the **pharmacist** has allowed **early detection** and **prevention** of developing RFS in 90.9% of the patients.