BACKGROUND AND IMPORTANCE

According to nutritional recommendations in patients with pancreatitis, adequate nutrition from the beginning has a high impact on the pathology, since these are patients at risk of malnutrition.

AIM AND OBJECTIVES

The aim was to review the adequacy of individualized total parenteral nutrition (TPNs) in patients admitted with a diagnosis of acute (AP) or exacerbated (rPAP) pancreatitis.

MATERIAL AND METHODS

A retrospective observational study was conducted including patients admitted in our hospital from January 2020 to September 2021, all diagnosed with AP or rPAP.

COLLECTED VARIABLES

- Demographic (age, sex, height, weight)
- Diagnostic
- TPN related variables:
  - Initial TPN composition (lipids, carbohydrates, proteins)
  - Days from admission to initiation of TPN
  - Reason for initiation

All of the variables were collected from the HCIS® clinical history and Kabisoft® TPN prescription program

RESULTS

| 53 patients, 33 men |

DIAGNOSTIC

42 with AP (79,25%)  
10 with rPAP (18,87%)

Average caloric intake (ACT)

- Twenty-eight of the TPNs had an ACT lower than the calculated patients’ requirements.
- The average non-protein kcal/g nitrogen (KcalNP/gN) was 94.8 (±19.20) and non-protein kcal/kg on average was 16.8 (±3.84).

CONCLUSION AND RELEVANCE

- In line with the ESPEN guidelines, protein, carbohydrate and lipid intake, and non-protein kcal/kg, were lower than recommended.
- Total TPN kilocalories were also lower than the calculated requirements. This may be due to the fact that energy needs change according to AP severity and stage, and the risk of refeeding syndrome.
- KcalNP/gN ratio was adequate, ensuring that protein was used for tissue formation. The caloric intake of carbohydrates with respect to ACT was between the recommended 50-70%.
- More clinical nutrition interventions will be necessary, always integrated by a multidisciplinary team.