

# Nutrition Support Therapy

Nutrition Support Therapy is an active measure ensuring appropriate intake of energy, nutrients, trace elements and vitamins.

## Nutrition Support Therapy Algorithm

1. If intestines are working physiologically, enteral therapy is provided (sipping, nasogastric tube or nasojejunal tube);
  - if the enteral therapy is indicated for longer period than 4–6 weeks, nutrition is provided via stoma (PEG) with bolus portions, intermittently or continually.
2. In case of intestinal malfunction, parenteral nutrition is indicated (total, accessory);
  - short-term (up to 10 days) – via peripheral access;
  - long-term (over 10 days) – via central catheter.
3. Routes of intake:
  - all-in-one;
  - multiple bottle.
4. Nutrients in enteral therapy:
  - carbohydrates – basically glucose (150 g/day);
  - fat emulsions – 1–2 g/kg/day;
  - essential amino acids – Val, Leu, Ile, Phe, Try, Lys, Met, Thr.
5. Contraindications:
  - acute abdomen (ileus), megacolon toxicum, severe abdominal infections, intestinal bleeding;
  - when fat emulsions are provided, there is a risk of hyperlipoproteinemia, fat embolism, shock, sepsis, DIC.

## Dietetics

Dietotherapy stands for diet adjustment that leads to improving the initial patient's disease, so called saving-diet:

- mechanical saving – diet doesn't increase muscular tonus or peristalsis;
- chemical saving – diet doesn't irritate the mucosa and doesn't cause hypersecretion;
- temperature saving – diet doesn't irritate the mucosa with its heat, temperature.

### Diet classification

1. strict saving diet – in acute phase, not nutritionally complete;
2. basic saving diet – biologically and nutritionally complete diet, ideal for long-term use;
3. saving diet:
  - special – tea, fluid nutrition, strictly fat limited, diabetic;
  - basic – fluid nutrition, mushy, saving, fat limited, intestinal saving diet;
  - standardized – pancreatitis, lactose intolerance, gluten intolerance, hepatal insufficiency.

### Fiber in diet

- Polycarbohydrate with basically zero energy value.
- Ideal intake pro die should be 25–30 g (intake over 50 g brings a risk of intestinal obstruction).
- Fiber diet indicated in all patients who are not required to have a special intestinal saving diet, acts as a prevention against constipation, hemorrhoids, diverticulosis.
- Soft (water-soluble) fiber – fruit, vegetable, nuts, agar, pectins, slimes – absorbs excessive water from the intestines, swells, also absorbs toxic substances, increases the feces volume a softens it.
- Raw (non water-soluble) fiber – oats, wooden flowers – cellulose, lignin – increases the feces volume, adjusts peristalsis, constipation prevention.

## Parenteral nutrition

Iron

## Odkazy

### Související články

- Parenterální výživa (pediatrie)
- Biochemické hodnocení výživy
- Hodnocení výživového stavu
- Výživová doporučení

**Zdroj**

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Kategorie:Endokrinologie Kategorie:Vnitřní lékařství