gutflix
GI learning, personalised

Summary

Refeeding syndrome: From ER admission to full clinical management

Dorota Mankowska Wierzbicka

Postgraduate Teaching Programme Barcelona 2026 | Presentation

Primary Care | Small Intestine & Nutrition

October 17, 2026

The speaker presented a systematic approach to preventing and managing refeeding syndrome in high-risk malnourished patients through early risk identification, electrolyte monitoring, thiamine supplementation, and cautious caloric advancement.

KEY POINTS

- Refeeding syndrome is defined as a metabolic response to nutrition reintroduction after starvation, characterized by insulin-driven intracellular shifts of potassium, magnesium, and phosphates, along with thiamine depletion and fluid retention.
- The speaker stated that patients at very high risk include those with BMI below 14, and recommended starting nutrition at 5 to 10 kilocalories per kilogram per day with gradual advancement to full requirements by day 10.
- Thiamine should be administered 30 minutes before any dextrose or caloric intake, and the speaker cited recommendations for 100 to 300 milligrams intravenously in acute care settings.
- Oral and enteral feeding elicit a stronger insulin response than intravenous glucose at the same glucose load due to incretin hormone release, but enteral feeding should not be avoided.
- If major electrolytes fall rapidly during refeeding, the speaker recommended decreasing energy delivery by approximately 50 percent, aggressively replacing electrolytes, and monitoring with EKG for at least 3 days before slowly advancing nutrition by 30 percent per one to two days.
- The speaker emphasized that nutrition should be adjusted rather than stopped when refeeding syndrome develops, and that severely malnourished patients require fluid restriction to 20 to 25 milliliters per kilogram per day with strict monitoring of weight and fluid balance.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/cde71e7c-d14f-11f1-9fe0-daaa6dbee0a2

AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.