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Summary

Intestinal failure and parenteral nutrition

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Endoscopy | Radiology & Imaging | Small Intestine & Nutrition | Stomach & H. Pylori | Surgery

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This educational talk by a specialist dietitian identifies ten common mistakes in managing intestinal failure patients requiring parenteral nutrition, both in hospital and at home.

KEY POINTS

- Albumin is not a marker of nutritional status but an acute phase reactant; patients with severe malnutrition such as anorexia nervosa have normal albumin levels.
- Micronutrient levels (zinc, selenium, vitamins A and D) are unreliable when CRP is above 20 and should only be checked when CRP is normal or less than ten.
- Parenteral nutrition bags contain four litres of fluid, and clinicians frequently make the mistake of prescribing additional IV fluids, risking sodium and fluid overload.
- Bloodstream infection is the most common complication in PN patients; paired blood cultures from the line and elsewhere are essential for diagnosis, and the speaker recommends attempting line salvage with antibiotic locks rather than automatic removal.
- In short-term cases deranged liver function tests are almost never due to PN but usually due to sepsis or antibiotics, with many other causes including bacterial overgrowth and lack of enteral nutrition.
- Not all intestinal failure patients require daily PN; the speaker reported that dependency has the greatest impact on quality of life and tries to maximize nutrients in five to six days to allow patients a night off.

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