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Summary

THE OLIVE TREE: AN ELECTRONIC TOOL TO SAFELY INITIATE PARENTERAL NUTRITION IN ADULT HOSPITALIZED PATIENTS WITH INTESTINAL FAILURE

Tim Vanuytsel

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A decision support tool (OLIVE TREE) integrated into prescribing software significantly changed parenteral nutrition prescribing behavior in 52.4% of patients but did not affect regimen change timing, complications, or weight outcomes.

KEY POINTS

- The OLIVE TREE decision tree impacted prescribing behavior in 33 of 63 patients (52.4%; 95% CI 39.4-65.1; $p < 0.001$), resulting in more calories prescribed in 27.0% of cases, fewer calories in 9.5%, and more refeeding protocols in 6.3%.
- No significant differences were found between OLIVE TREE and non-OLIVE TREE cohorts in mortality (1.6% vs 3.2%; $p = 0.747$) or complications (31.9% vs 48.1%; $p = 0.284$).
- Initial PN regimens were altered in 54.0% of both cohorts with a median time to change of six days ($p = 0.820$), showing no difference in regimen modification frequency or timing.
- Weight evolution between PN initiation and discontinuation or discharge showed no significant differences between cohorts.
- This study is relevant for clinicians and institutions implementing clinical decision support tools for parenteral nutrition prescribing.

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