

***N045 Enteral nutrition in acute pancreatitis: Practice challenges in the intensive care setting.** J. K. Greenwood, RD¹; H. Y. Lovelace, RD, MSc¹; S. A. McClave, MD²; ¹Vancouver Coastal Health-Vancouver General Hospital, Vancouver, BC, Canada; ²University of Louisville School of Medicine, Louisville, KY.

Enteral Nutrition in Acute Pancreatitis: Practice Challenges in the Intensive Care Setting

Background: Enteral nutrition (EN) is becoming the standard of care for the artificial nutrition support of the patient with acute pancreatitis. This study was designed to describe the nutrition support practices for acute pancreatitis in Canadian intensive care units (ICUs), and to identify any barriers to the provision of EN in this patient population.

Methods: Following an initial letter of invitation, a survey was sent to all Canadian ICUs with a census of ≥ 8 beds. At each center, the critical care dietitian was asked 13 questions regarding usual practice of providing nutrition support to critically ill patients with acute pancreatitis. Results: Out of 62 ICUs successfully contacted through the initial letter which met entry criteria, responses were obtained from fifty-four (87%). EN was provided to patients with pancreatitis routinely in 13% (7/54) of units, occasionally in

72% (39/54), and never in 15% (8/54) of the ICUs. Technical difficulty obtaining small bowel access, reported by 38 units (72%), and lack of physician support for EN, as noted in 25 units (47%), were identified as the most common barriers to EN in this population. Enteral access was most commonly obtained via the nasojejunal route. The time frame from ICU admission to initiation of EN (when provided) differed widely between centers, varying from up to 24-48 hours in 22 units (48% of 46 ICUs), 3 to 5 days in 19 units (41%), and > 5 days in 5 units (11%). Supplemental parenteral nutrition (PN) was commonly added to EN, routinely at 8 centers (18% of 45 ICUs) and only occasionally in another 20 units (44%). The duration of supplemental PN when used in conjunction with EN was <7 days in 83% (24/29) of the ICUs. When EN was not initiated, PN was utilized in all but one ICU.

Conclusion: Although EN is being commonly provided to patients with acute pancreatitis, PN use remains prominent in many ICUs across Canada. Technical difficulty obtaining small bowel access and lack of physician support appear to be the most common barriers impeding use of EN.