Abstract

Enteral nutrition therapy (ENT) is an essential part in the management of critically ill patients, having a significant impact on these patients’ clinical results. It can be administered on a continuous or intermittent basis using an infusion pump. There is a discussion on which of these techniques has the best performance, involving a number of factors such as nausea, diarrhea, and particularly the relationship between diet volume and the ratio of programmed calories to calories effectively supplied to the critical patients.

Objectives: To compare the forms of continuous or intermittent infusion of enteral nutrition, using as primary outcome the level of estimated caloric needs daily supplied. Methods: Observational prospective randomized clinical study carried out in an intensive care unit on 41 patients divided into two groups, of intermittent (ENT during 18 hours with a 6-hour nocturnal pause), or continuous (ENT during 24 hours continuously) administration. The secondary outcome variables measured in this study were bowel evacuation, distension, emesis, with the primary outcome variable being the relationship between infusion volume and the estimated-to-supplied ratio of caloric needs. The rejection index of the null hypothesis was established at 5% for all the tests.

Results: Most of the patients received more than 60% infusion of enteral diet over the 5 days of study (p = 1.0), with no difference regarding the provision of caloric needs. No statistically significant difference between groups was found in the variables vomiting, abdominal distension or diarrhea. Conclusion: The administration modalities of continuous or intermittent enteral nutrition are similar in which regards the comparison of the variables included in this study. (Nutr Hosp. 2014;29:563-567) DOI:10.3305/NH.2014.29.3.7169

Keywords

Enteral nutrition. Intermittent and continuous administration.