

Pancreatitis: Nutritional support

Initial management of a patient with acute pancreatitis consists of **supportive care with fluid resuscitation, pain control, and nutritional support**

Fluid replacement: aggressive hydration (watch for CV, renal or other comorbid issues)

Pain control – opioids ok

Monitoring – Vital signs, SE, glucose, abdominal pressures (bladder pressure), urine output

**Nutrition** – oral ASAP especially for mild, and enteral > parenteral for moderate/severe  
Enteral feeding rather than parenteral nutrition is recommended in patients with moderately severe and severe acute pancreatitis who cannot tolerate oral feeding

Enteral feeding is initiated when it becomes clear that the patient will not be able to consume nourishment by mouth (e.g. transfer to an intensive care unit, development of organ failure, or systemic inflammatory response syndrome [SIRS] persisting for 48 hours). This assessment can usually be made within the first three to four days of illness

**Pearl:** Two controlled trials comparing nasogastric with nasojejunal feedings found no significant differences in APACHE II scores, CRP levels, pain, or analgesic requirements

Question:

1. A 35 year old female is admitted with severe pancreatitis to the ICU. The best time to initiate enteral nutrition is:
  - a. As soon as she arrives to the ICU
  - b. After 10 days of starvation
  - c. Once it becomes evident she will be unable to tolerate PO intake
  - d. During the acute phase of SIRS

Answer: C - Enteral feeding is initiated when it becomes clear that the patient will not be able to consume nourishment by mouth