Refeeding electrolyte abnormalities:

Definition: In significantly malnourished patients, the initial stage of oral, enteral, or parenteral nutritional replenishment causes electrolyte and fluid shifts that may precipitate disabling or fatal medical complications. The refeeding syndrome is marked by:

- ●Hypophosphatemia (hallmark of the syndrome)
- ●Hypokalemia and ↓Mg
- ●Vitamin (e.g. thiamine) deficiencies
- ●Congestive heart failure
- ●Peripheral edema

Pearl: The risk of developing the refeeding syndrome is directly related to the amount of weight loss during the current episode and the rapidity of the weight restoration process. Patients who weigh less than 70 percent of ideal body weight or lose weight rapidly are at greatest risk for the syndrome

Rx: Complications of the syndrome may be reduced by slowing the rate of nutritional support; proactively correcting electrolyte abnormalities, especially phosphorous levels; and monitoring for and treating cardiovascular and pulmonary complications

Question:

A 31 year-old female with significant weigh loss is admitted to the ICU with urosepsis. She is started on broad spectrum antibiotics and fluid boluses during the first few hours of admission. Things that will significantly increase her mortality rate during this admission include:

a. Aggressive nutritional support to correct her cachexia
b. Judicious use of vasoactive agents
c. De-escalation of broad spectrum antibiotics based on culture report
d. Aggressive correction of her hypophosphatemia

Answer: A - The risk of developing the refeeding syndrome is directly related to the amount of weight loss during the current episode and the rapidity of the weight restoration process