ND609 – Medical Nutrition Therapy

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**Enteral Feeding and Parenteral Nutrition Calculations Reflection**

Tube feeding is probably one of the topics in the field of nutrition that I’ve always had trouble understanding. Especially when it comes to calculating feeds for different patients. Both of these videos do a great job of methodically explaining the enteral standard formula and the parenteral custom 2-in-1 calculations. Both the case studies had the relevant data present that we’d work with and the needs of each macronutrient were calculated in a step-wise fashion for better understanding.

For the Enteral Feed Calculations video, I really appreciated the presenter bringing up indirect calorimetry as the more accurate option for assessing energy needs, which was something I didn’t expect. I also liked how she mentioned some aspects to look at for patients when determining their choice of formula. These include the patient’s gastrointestinal function, volume tolerance, and disease state.

One thing I realized over the course of this video, was that each formula has its own free water and it constitutes the majority of the formula, which makes sense when looking at the standard fiber-containing formula that was being used in the case study (760 mL free water/L). I really liked the handwritten worksheet format that she was using in the video and writing down what she was explaining made things easier to understand.

In the Parenteral Nutrition Calculations video, the presenter describes the step-by-step calculation process for a custom 2-in-1 with a lipid piggyback. I really liked how she first eliminated enteral feeding as an option in the patient due to him possibly having a gut-based surgery and that he doesn’t have full gut integrity in his current condition. For these reasons, a 24-hour parenteral feed was being calculated for him.

One thing I wasn’t aware of was the Glucose Infusion Rate, which is the speed at which glucose is administered intravenously to the patient. We don’t want patients to get Hyperglycemia, which is why it’s necessary to calculate the infusion rate during the carbohydrate calculations. I also wasn’t aware that dextrose gives 3.4 kcal/g which is less than the 4 kcal/g that carbohydrates usually give.

Overall, I really enjoyed listening to both these videos. They were interactive, informative and I had no difficulty understanding the calculations. The presenter explained everything very well and the instructions were precise and easy to understand.