



# HOSPITAL PHARMACIST INTERVENTIONS IN PATIENTS WITH ENTERAL NUTRITION FEEDING TUBES

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## BACKGROUND

Patients receiving **enteral nutrition (EN)** show several kinds of complications such as gastrointestinal disorders, lung aspiration, tube dislodgement, tube clogging, hyperglycaemia and electrolytic alterations. **Pharmacist key role** is to ensure the best patient nutrition and drug administration to solve and prevent problems related to this practice.

## PURPOSE

The aim is to analyze **hospital pharmacist interventions (HPI)** in patients fed with EN through feeding tubes.

## MATERIAL AND METHODS

- Prospective study from 1st July 2011 to 30th June 2012 in a 350 beds hospital.
- Twice a week a hospital pharmacist monitored patients fed with EN through feeding-tubes.

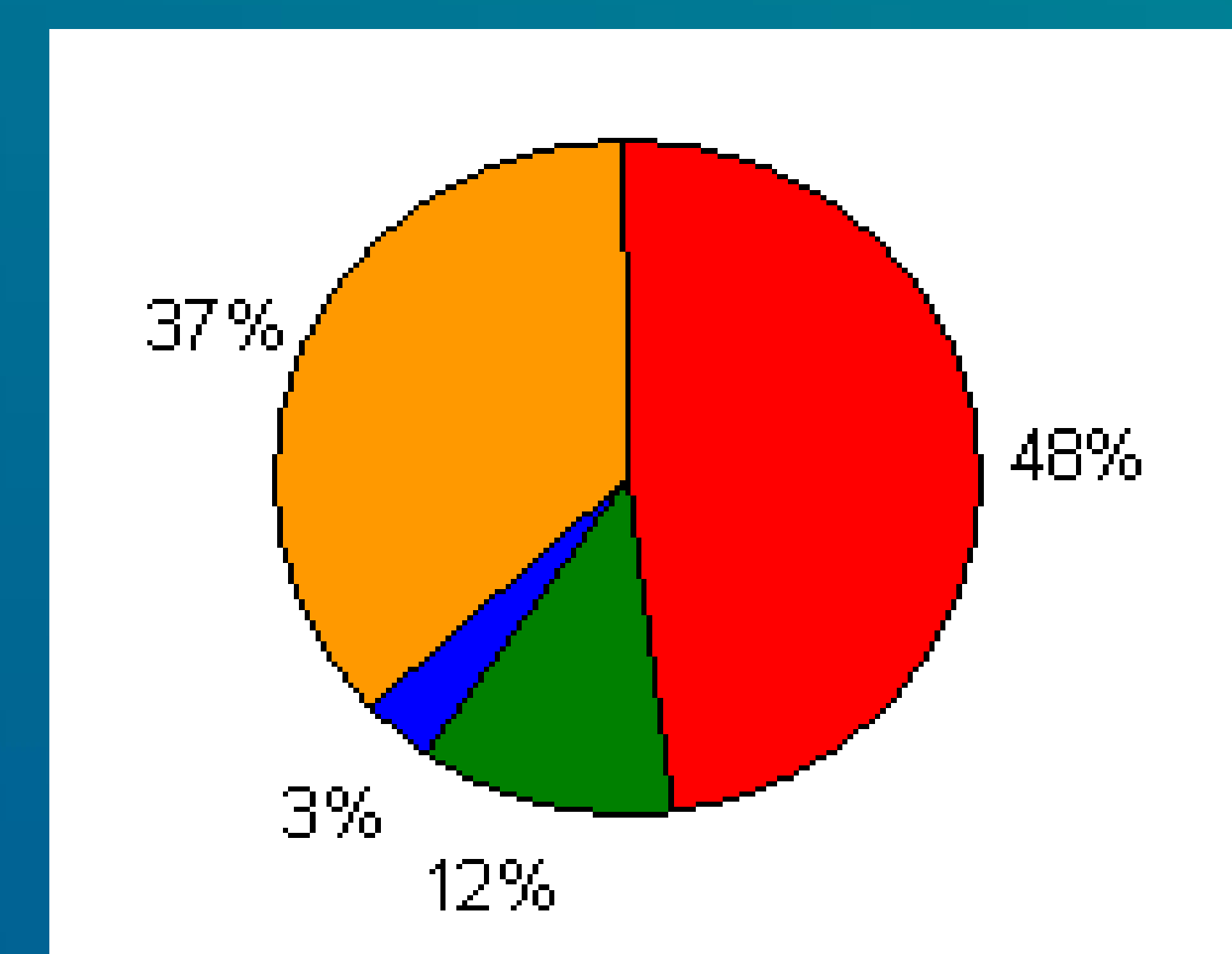
- **HPI** were classified in **four types**:

<b>Type 1</b>	EN formula recommendation (to increase nutritional support, to recommend another kind of formula, to modify regimen)
<b>Type 2</b>	to recommend flushing feeding-tubes with water
<b>Type 3</b>	to suggest nasogastric tube (NT) replacement (from PVC to silicone)
<b>Type 4</b>	to adjust pharmacotherapy (EN-drug interactions and drug incompatibilities)

## RESULTS

A total of **132 patients** were monitorized, with **94 HPI**:

<b>Type 1</b>	<b>45 (47,9%):</b> - 37 (82.3%) nutritional supports increase - 2 (4.4%) regimen modification - 6 (13.3%) new formula recommendations
<b>Type 2</b>	<b>11 (11,7%)</b>
<b>Type 3</b>	<b>3 (3,2%)</b>
<b>Type 4</b>	<b>35 (37,2%)</b> - 12 (34.3%) substitutions of omeprazole caps for omeprazole oral solution - 10 (28.6%) lactulose for lactitol - 9 (25.7%) delayed-release tablets for immediate-release tablets - 4 (11.4%) others).



**CONFLICT OF INTEREST:**

Nothing to disclose.



## CONCLUSIONS

- ✓HPI contribute to **improve pharmacotherapy adequacy** and EN formula in most of the patients with feeding-tubes.
- ✓To design an EN care multidisciplinary plan **improves patients' therapy** and **health outcomes**.