

Appropriate choice of commercial enteral formula during the initiation of enteral feeding

Kyal Sin Yu Mon

Pun Hlaing Siloam Hospitals, Myanmar

An eighty years old lady from Yangon was presented with reduced consciousness GCS 3-4 and left-sided weakness, diagnosed as intracranial hemorrhage and intra ventricular hemorrhage on conservative treatment, referred from a private hospital in Yangon to Pun Hlaing Siloam Hospitals. She had underlying hypertension, diabetes and hypothyroid. Hypertension was poorly controlled. Diabetes was controlled. Her BMI was 26.7 kg/m², overweight. She used to live in sedentary lifestyle. No food and drug allergy was noted. She was referred to Nutrition Department with the complaint of unresolved diarrhea during the initiation of enteral feeding. She was already treated with anti – diarrheal medications for completed 48 hours. No signs of infection was seen according to lab reports. The enteral diabetic formula (1.2 g fiber/scoop and 753 mOsm/kg) was shifted non-diabetic formula (0g fiber/scoop and 573 mOsm/kg). Diarrhea stopped within 24 hour after changing the low fiber enteral formula. The cause of diarrhea was diagnosed as osmotic diarrhea due to high fiber and high osmolality during initiation of enteral feeding rather than expected infectious diarrhea. If diarrhea develop in patients with enteral feeding, before going to antibiotics and antidiarrheal medications, the composition of the enteral formula should be double checked and the chances of osmotic diarrhea should be kept in mind.