

Enteral Nutritional Management in Children and their Clinical Outcomes

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DESCRIPTION

Enteral nutrition is a form of nutrition therapy that involves providing nutrients through the gastrointestinal tract. It is often used in children with acute leukaemia-related pancreatitis, a condition characterized by inflammation of the pancreas that can lead to malnutrition and other complications. In this article, we will discuss the importance of enteral nutrition for children with acute leukaemia-related pancreatitis, the types of enteral nutrition that can be used, and how to manage complications associated with this therapy. Importance of enteral nutrition for children with acute leukaemia-related pancreatitis the children with acute leukaemia-related pancreatitis are at high risk of malnutrition due to the inflammation and damage to the pancreas, which can impair the absorption of nutrients from food. Malnutrition can lead to a range of complications, including delayed wound healing, impaired immune function, and increased risk of infections. Enteral nutrition is important in these children because it can provide essential nutrients to support growth and development, prevent malnutrition, and improve clinical outcomes. In addition, enteral nutrition can help reduce the risk of complications associated with other forms of nutrition therapy, such as parenteral nutrition, which involves providing nutrients intravenously.

There are several types of enteral nutrition that can be used in children with acute leukaemia-related pancreatitis, including:

- 1. Polymeric formulas are standard formulas that contain intact proteins, carbohydrates, and fats. They are usually well-tolerated and can be used in most children with pancreatitis.
- 2. Semi-elemental formulas contain partially broken-down proteins and carbohydrates, which may be easier to digest and absorb in children with pancreatitis who have impaired digestive function.
- 3. Elemental formulas contain fully broken-down proteins and carbohydrates, which may be useful in children with severe pancreatitis who have significant malabsorption.

4. Modular formulas contain specific nutrients, such as amino acids or fatty acids that can be added to other enteral formulas to meet specific nutritional needs. The choice of enteral formula will depend on the severity of pancreatitis, the degree of malnutrition, and the individual needs of the child.

Although enteral nutrition is generally safe and well-tolerated in children with acute leukaemia-related pancreatitis, there are some potential complications that need to be managed. These include:

- In gastrointestinal intolerance some children may experience nausea, vomiting, or diarrhea when starting enteral nutrition. These symptoms can often be managed by adjusting the rate of feeding or changing the formula.
- In Tube-related complications the enteral formulas are usually administered through a feeding tube, which can cause complications such as infection, dislodgement, or obstruction. Regular monitoring and care of the feeding tube can help prevent these complications.
- In Hyperglycemia the enteral formulas can contain high amounts of carbohydrates, which can cause hyperglycemia in some children. This can be managed by adjusting the formula or adding insulin to the enteral feeding regimen.
- In Electrolyte imbalance the enteral formulas can also affect the balance of electrolytes in the body, which can lead to complications such as hyponatremia or hypokalemia. Regular monitoring of electrolyte levels can help prevent these complications.

CONCLUSION

Enteral nutrition is an important therapy for children with acute leukaemia-related pancreatitis. It can provide essential nutrients to support growth and development, prevent malnutrition, and improve clinical outcomes. The choice of enteral formula will depend on the severity of pancreatitis and the individual needs of the child. Although enteral nutrition is generally safe and

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well-tolerated, there are some potential complications that need to be managed to ensure the best possible outcomes.