

**Title:** Enteral Nutrition and Vasopressor Therapy in Critically-Ill Patients

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**Objective:** This study assessed the relationship between enteral nutrition (EN) and hemodynamically unstable patients requiring vasopressors. EN is thought to increase the risk of bowel ischemia while on vasopressors.

**Design:** Retrospective Cohort Study

**Methods and Instruments:** Chart reviews were performed on 19 patients identified as concurrently receiving vasopressors infusions and EN for >24 hours while admitted to a medically-fragile ICU. Data was collected by patient including: number and length of time of vasopressors, stool output, episodes of emesis, and/or diagnosis of bowel ischemia.

**Results:** The average age was 58.4 years and average length of stay of 5 days. Eleven deaths occurred during admission. Among 8 survivors, 2 were readmitted within 30 days. On average, this sample was administered 1.7 vasopressors per admission though varied daily (range: 1-4 medications per day). Five of the 19 patients were prescribed a fecal management system averaging 455 mL/day of stool output. No emesis was reported in any patients. Three patients were diagnosed with bowel ischemia. In those patients, no correlation was found in either the length of time nor number of vasopressors prescribed (patient 1: 9 days on 1 vasopressor; patient 2: 2 days on 2 vasopressors; patient 3: 4 days on 2 vasopressors). Only one of these three patients required a fecal management system with output averaging 300 ml/day.

**Conclusions:** Based on these criteria, only 3 of 19 patients did not tolerate EN while on vasopressor therapy. Given a small sample size, more data should be collected to determine if a correlation does indeed exist.

**Conflicts of Interest:** None

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