حسام مغربى

شبكة المعلومات الجامعية

# بسم اللّه الرحمن الرحيم


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# التوثيق الالكتروني والميكروفيلم

حسام مغربى

شبكة المعلومات الجامعية

# جامعة عين شمس

## التوثيق الإلكتروني والميكروفيلم

# قسم

## نقسم باللّه العظيم أن المادة التي تم توثيقها وتسجيلها علي هذه الأقراص المدمجة قد أعدت دون أية تغيرات

# يجب أن

## تحفظ هذه الأقراص المدمجة بعيدا عن الغبار

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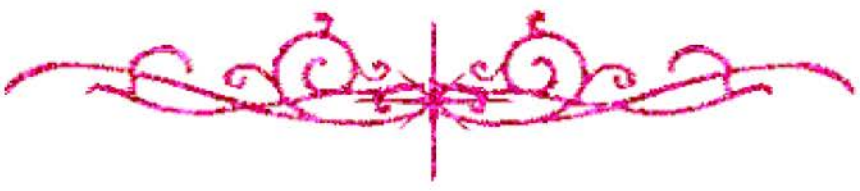
# بعض الوثائق الأصلية تالفة



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# بالرسالة صفحات لم ترد بالأصل

# THE EFFECT OF TWO METHODS OF INTERMITTENT ENTERAL FEEDING ON CRITICALLY ILL PATIENTS

**Thesis**

**Submitted to the Faculty of Nursing**

**Alexandria University**

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*I pray to God*

*May I be a dedicated caring nurse*

*May my HANDS be competent and soothing*

*May my SMILE be sincere and understanding*

*May my MANNER be warm and professional*

*May my HEART be compassionate and giving*

*And*

*May my SPIRIT be hopeful and uplifting*

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# Introduction

# Introduction

The critically ill patient presents complex nutritional and metabolic challenge to the critical care team as malnourished patients have poor muscle power, defective healing and increased rate of sepsis, all of which have the potential to significantly complicate an intensive care unit (ICU) stay [1,2].

Enteral feeding is defined as an ancient art that involves passing tubes of various calibers into the gastrointestinal tract for feeding either into the stomach or small intestine[2]. Enteral nutrition is indicated for the maintenance of nutritional status in patients who have a functioning gastrointestinal tract, but cannot ingest sufficient food and nutrients to meet energy requirements, and it is used to nourish patients who are either already malnourished or have potential to develop malnutrition and in whom oral feeding is not possible, and inadequate to maintain nutritional status. [3]

Although the parenteral route was preferred for feeding patients with multiple trauma [4] , research now overwhelmingly indicate that enteral feeding is the preferred route of delivering nutrients, as it is the preferred method for providing safe [5,6], well tolerated, and cost effective nutritional support [7] . Feeding enterally rather than parenterally blunts catabolism and is associated with decrease in rates of nosocomial infections, liver failure, length of stay in hospital and over all hospitalization.

Administering nutrients via the gastrointestinal tract helps to promote immuno-competence of the gut, and maintains gut integrity by preventing villous atrophy by promoting blood flow to the portal and lymphatic circulation. Moreover, enteral nutrition prevents bacterial translocation, which can contribute, to sepsis and multiple organ failure [8,9]. Additionally, it has the advantages of maintaining the gastric acid secretions, which are naturally bactericidal [10,11]

Consequently, Nursing care is the key to positive outcome in-patients who require enteral nutrition. Understanding the decision making process for the use of this therapy along with steps of feeding initiation, advancement, monitoring and complication prevention gives nursing personnel the tools they need to deliver nutrition in a safe cost effective manner [12]

Randall (1990) [13] reviewed the historical background of enteral nutrition and noted that the earliest form of enteral nutrition other than eating and drinking was to give nutrients rectally. This form of feeding was said to have been used more than 2000 years ago as part of a custom to preserve health, rectal feeding was accomplished by the use of pipe with bladder tied to one end. This type of feeding led to irritation of rectal mucosa because the rectum is not appropriate for nutrient absorption.

It was by 1790 that the stomach was utilized as a reservoir for nutritional supplementation via the nasogastric route. Crude methods and mechanisms for gastric feeding were used over the next 20 to 25 years. In 1810, a pump was developed for the use in gastric lavage, and was later used for gastric feedings. The first soft rubber tube for gastric feeding