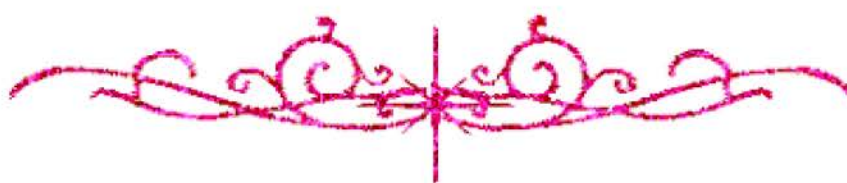


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شبكة المعلومات الجامعية

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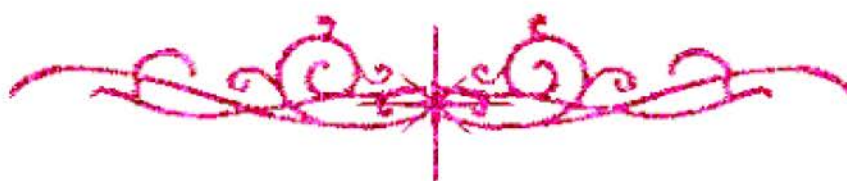
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شبكة المعلومات الجامعية



# شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم



حسام مغربي



شبكة المعلومات الجامعية

# جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

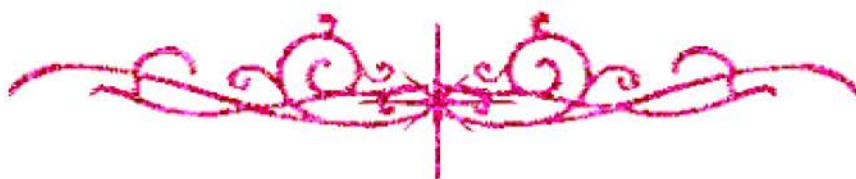
## قسم

نقسم بالله 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



B15179

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

**Thesis**

**Submitted to the Faculty of Nursing**

**Alexandria University**

**In partial fulfillment of the requirements of**

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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*

# List of Contents

Chapter	Page
I. Introduction .....	1
Review of Literature .....	5
II. Aim of the study .....	35
III. Material and Method .....	36
IV. Results .....	49
V. Discussion .....	73
VI. Conclusion and Recommendation .....	88
VII. Summary .....	91
VII. References .....	94
Appendices	
Arabic summary	

# List of Tables

<b>Table</b>	<b>Page</b>
<b>I. Description of the study sample</b>	<b>50</b>
<b>II. Description of enteral feeding characteristics</b>	<b>55</b>
<b>III. Distribution of study sample according to diagnosis</b>	<b>59</b>
<b>IV. Mechanical complications resulting from enteral feeding</b>	<b>59</b>
<b>V. Gastrointestinal complications experienced by patients during enteral feeding</b>	<b>63</b>
<b>VI. Metabolic parameters measured in the study sample</b>	<b>66</b>
<b>VII. Bolus enteral feeding and it's characteristics and related complications</b>	<b>68</b>
<b>VIII. Slow gravity drip feeding and it's characteristics and related complications</b>	<b>70</b>
<b>IX. Relation between tube size and mechanical complications</b>	<b>72</b>
<b>X. Distribution of patients according to forms of medications administered to patients through nasogastric tube</b>	<b>72</b>

# List of Figures

Figure	Page
I. Normal metabolic response and response after 7 days of starvation	9
II. Metabolic response after 7 days and 14 days of starvation	11
III. Control of diarrhea associated with enteral feeding	34
IV. Aspiration of gastric content	44
V. Injecting and auscultating air through nasogastric tube	45
VI. Flexibo easy feed ( feeding bag)	46
VII. Tommy 60 cc syringe	46
VIII. Sharp pH tester	47
IX. Reason to start enteral feeding	52
X. Reason to end enteral feeding	53
XI. Enteral feeding formula	57
XII. Distribution of patients according to diagnosis	60
XIII. Mechanical complications of enteral feeding	61
XIV. Gastrointestinal complications of enteral feeding	64

# **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<sup>(1,2)</sup>.

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<sup>(2)</sup>. 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.<sup>(3)</sup>

Although the parenteral route was preferred for feeding patients with multiple trauma<sup>(4)</sup>, research now overwhelmingly indicate that enteral feeding is the preferred route of delivering nutrients, as it is the preferred method for providing safe<sup>(5,6)</sup>, well tolerated, and cost effective nutritional support<sup>(7)</sup>. 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<sup>(8,9)</sup>. Additionally, it has the advantages of maintaining the gastric acid secretions, which are naturally bactericidal<sup>(10,11)</sup>

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<sup>(12)</sup>

Randall (1990)<sup>(13)</sup> 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