

ORAL SUPPLEMENTS

Product Name	Nutrient Values per	Features	Indications for Use	Cal	PRO (g)
Ensure® Plus	8 fl oz	650 mg ALA/8 fl oz to support heart health; lactose- and gluten-free, low-residue, kosher	Fluid-restricted or volume-limited patients; interim sole-source feeding	350	13
Ensure® Fiber	8 fl oz	2.8 g dietary fiber and FOS/8 fl oz; lactose- and gluten-free, kosher	Interim sole-source feeding	250	8.8
Glucerna® Shake	8 fl oz	2.8 g dietary fiber and FOS/8 fl oz; helps manage blood glucose response; lactose- and gluten-free, kosher	Diabetes or impaired glucose tolerance	220	9.9
Enlive!®	8.1 fl oz	High calorie, fat-free, lactose- and gluten-free, low-residue, kosher	Clear liquid, bowel-prep, fat-restricted, or pre- or post-op diets, oncology	300	10
Ensure® Pudding	4 oz	5 g lactose and 1 g FOS/4-oz serving; gluten-free, low-residue, kosher	Swallowing impairments, fluid-restricted or volume-limited diets	170	4
Juven®	1 pkt (23 g)	Patented blend of arginine, glutamine, and HMB; lactose- and gluten-free, low-residue, kosher	Wounds, HIV/AIDS, Cancer; 2 servings per day recommended; do not mix directly with formula when tube feeding	78	14 g amino acids*
Resource® Beneprotein® Instant Protein Powder	1 scoop or 1 pkt (7 g)	Mixes easily; lactose-free, may be suitable for a gluten-free diet, kosher	High protein diet, renal (dialysis), wound prevention and treatment programs	25	6
Resource® Benecalorie®	1.5 oz	Cholesterol-free, lactose-free, may be suitable for a gluten-free diet, low-residue, kosher	Unintended weight loss, increased nutritional needs	330	7

*Contains 7 g L-arginine and 7 g L-glutamine. Two amino acids do not meet the dietary requirements for protein.

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Guidelines for Tube Feeding and Administration Schedule*

- VOLUME**
 - Total volume of formula needed is determined by the number of calories required.
 - Adjustments can be made for fluid requirements.
- INITIAL RATE**
 - Begin at a slow rate, 15–50 cc per tolerance.
 - Isotonic solutions may be started at 50 cc/hr, but a slower starting rate such as 25 cc/hr may be necessary for hyperosmolar solutions.
- INCREASE RATE AND STRENGTH**
 - Increase rate as tolerated.
 - Dilution of formula is not recommended for infection control purposes.
- DELIVERY**
 - Continuous 24-hour administration by enteral feeding pump is usually better tolerated and better absorbed than bolus feedings.
 - Feedings administered through a J-tube should be given continuous drip with a pump.
- TOLERANCE**
 - Signs of intolerance include diarrhea, abdominal distension, high residuals, etc. Adjust tube feeding as necessary.
 - Diarrhea is not always caused by tube feeding. Check medications (antibiotics, sorbitol-containing elixirs, Mg containing meds), GI problems, presence of hypoalbuminemia, etc. < 2.0 g/dL, etc.
 - Check residuals every 4 hours. If residual is greater than 250 cc, call the MD. Do not stop the feeding. If residuals are 500 cc or greater, stop the feeding and call the MD.
- BOLUS/INTERMITTENT**
 - Maximum volume tolerated for intermittent feedings is usually 400–450 cc.
 - For intermittent schedule, feedings are most often given 3–6 times per day.
 - Each feeding should be given over 30–45 minutes.
 - Protein supplement should not be mixed with tube feeding. Mix with water and flush.

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THE MEDICAL CENTER OF LOUISIANA



LSU
HEALTH CARE SERVICES DIVISION
MEDICAL CENTER OF LA AT NEW ORLEANS

ENTERAL NUTRITION FORMULARY

Registered Dietitian's Office
903-3037

Developed and Approved by the
NUTRITION COMMITTEE

June 2007

THE MEDICAL CENTER OF LOUISIANA — ENTERAL NUTRITION FORMULARY

Category	Product Name	Features	Nutrient Values per	Cal/mL	Cal to meet 100% RDIs*	PRO (g)	PRO % Cal	CHO (g)	CHO % Cal	FAT (g)	FAT % Cal	Osmolality (mOsm/kg H ₂ O)	Na (mg)	K (mg)	P (mg)	Ca (mg)	Water (mL)	Fiber (g)
TUBE-FEEDING FORMULAS																		
Concentrated Calories With Fiber	Jevity® 1.5 Cal	Lactose- and gluten-free, kosher	1 L	1.5	1500	63.8	17.0	215.7	53.6	49.8	29.4	525	1400	2150	1200	1200	760	22.0
High Calorie, High Protein	Osmolite® 1.5 Cal	Lactose- and gluten-free, low-residue, kosher	1 L	1.5	1500	62.7	16.7	203.6	54.3	49.1	29.0	525	1400	1800	1000	1000	762	—
Diabetes	Glucerna® Select	High protein; carbohydrate blend for enhanced glycemic control; lactose- and gluten-free, kosher	1 L	1.0	1420	50.0	20.0	95.7	31.0	54.4	49.0	470	940	1810	705	705	839	21.1
Very High Protein With Fiber	Promote® With Fiber	Lactose- and gluten-free, kosher	1 L	1.0	1000	62.5	25.0	138.3	50.0	28.2	25.0	380	1300	2100	1200	1200	831	14.4
Immunonutrition	Impact® Glutamine	15 g glutamine and 16.3 g L-arginine/L; lactose-free, may be suitable for a gluten-free diet, kosher	1 L	1.3	NL	78	24	150	46	43	30	630	1320	2160	1200	1200	807	10
Metabolic Stress	Perative®	8 g total arginine/L; lactose- and gluten-free, low-residue, kosher	1 L	1.3	1500	66.7	20.5	180.3	54.5	37.3	25.0	460	1040	1735	870	870	790	6.5
ALI/ARDS/SIRS/Sepsis	Oxepa®	Elevated levels of antioxidants; 4.6 g EPA/L, 4 g GLA/L; lactose- and gluten-free, low-residue	1 L	1.5	1420	62.7	16.7	105.3	28.1	93.8	55.2	535	1310	1960	1060	1060	785	—
Renal (Dialysis)	Nepro® with Carb Steady™	High protein; contains ingredients clinically shown to help manage blood sugar levels; lactose- and gluten-free, kosher	1 L	1.8	1700	81.0	18.0	166.8	34.0	96.0	48.0	600	1060	1060	700	1060	725	15.6
Hepatic	NutriHep®	High in branched-chain amino acids (BCAAs) and low in aromatic and ammonia-forming amino acids (AAAAs); lactose- and gluten-free, kosher	1 L	1.5	1500	40	11	290	77	21.2	12	790	160	1320	1000	956	NL	—
Elemental	Peptamen® AF	100% whey based; balanced peptide profile	1 L	1.2	NL	75.6	25	107	36	54.8	39	390	800	1600	800	800	NL	5.2
PEDIATRIC FORMULAS																		
Pediatric Elemental	Peptamen Junior®	Peptide-based, elemental; low-cholesterol; lactose- and gluten-free	1 L	1.0	NL	30	12	137.6	55	38.4	33	260 (Unflavored), 380 (Van., Choc.), 400 (Str.)	460	1320	800	1000	NL	—
Pediatric	PediaSure® Enteral Formula	Milk-based; lactose- and gluten-free, low-residue, kosher	1 L	1.0	1000 / 1500†	30	12	131	53	38	35	335	380	1310	845	972	845	—
Pediatric With Fiber	PediaSure® Enteral Formula With Fiber and FOS	Milk-based; lactose- and gluten-free, kosher	1 L	1.0	1000 / 1500†	30	12	138	53	38	35	345	380	1310	845	972	845	8.0

Any other enteral products may be ordered through a non-formulary request.

NL = Not listed on corporate Web site.

*Calories to meet 100% RDIs for key vitamins and minerals.

†Meets or exceeds 100% of the DRIs for children 1–8 years in 1000 Calories; for children 9–13 years, 1500 Calories are required.

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