

Practical Management of Patients on Blended Diet

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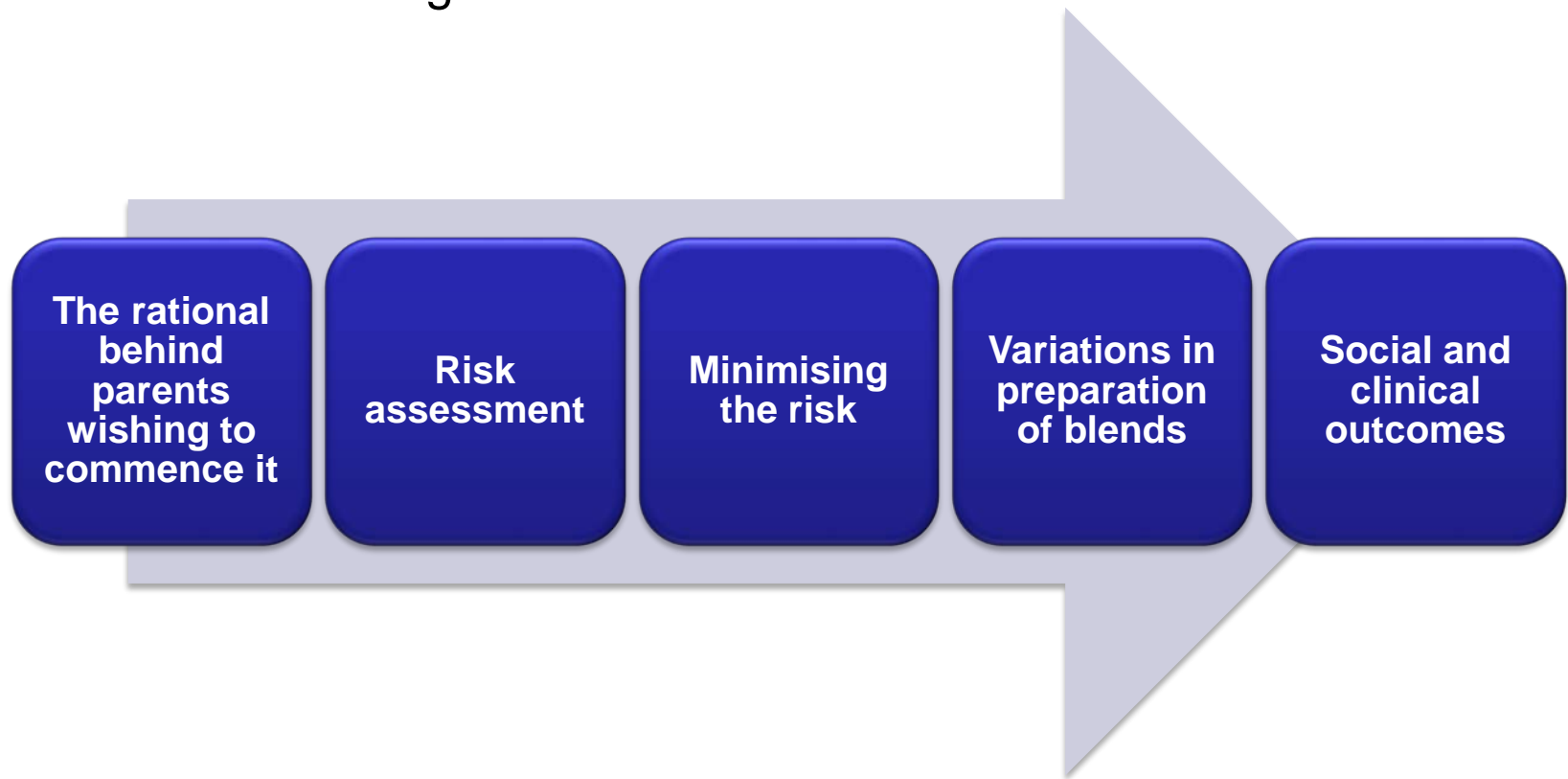
Deputy Home Enteral Nutrition Service

Manager and Highly Specialist

Paediatric Dietitian

Aim

To use 3 case studies to demonstrate the practical management of blended diet including:



Patient 1

- 16 years female with Retts Syndrome, scoliosis, dystonic seizures, global developmental delay and GORD.



• Been NG fed 5 years

- Discharged from London on



- Readmitted due to aspiration from vomiting and changed to
- While on both feeds she suffered from tachycardia, sweating and vomiting.
- After 1 years on commercial feed her parents researched blended diet and informed us they were going to try it.



Patient 2

- 7 year old male, congenital nystagmus, refractory seizure disorder, gastro intestinal dysmotility
- Initially fed via gastrostomy and now fed jejunally via a G-Jet trans-gastric tube due to vomiting.
- Overnight bile bag on free drainage due to reflux.
- He was also on Rantidine and Domperidone due to severe reflux and excessive gastric acid which kept him awake at night.
- Parents heard about blended diet from other parents and requested to try it.



Patient 3

- 4 year old female with Charge syndrome, congenital heart defect, congenital hydronephrosis, facial nerve palsy and deaf.

- Previous feeds:



- Multiple admissions due to aspiration pneumonia, regular vomiting on all feeds tried.
- Been on Glycopyrralate, Gaviscon, Domperidone, Omeprazole.
- Mum started giving blended diet by adding porridge to Infatrini to help thicken it and found it was tolerated this well.





**KEEP
CALM
AND DO THE
RISK
ASSESSMENT**



Why do they want to start blended diet?

Benefits?

What else has been tried?

Using products against the licence?

RISK



Nutritional risk?

Infection risk?

How to minimise risk?



Risk Assessments

Patient 1	Patient 2	Patient 3
Small 10fr NG tube	G-Jet trans-gastric tube, requires GA to replace	15fr Freka PEG, requires GA to replace
Poor tolerance of volume	Gastric feeding not previously tolerated	Poor tolerance of volume
Nutritional deficiency due to full blended diet		Nutritional deficiency due to full blended diet
Previous lack of weight gain	Previous rapid weight gain	Previous lack of weight gain
Tubes and ancillaries not licenced	Tubes and ancillaries not licenced	Tubes and ancillaries not licenced



Minimising the risks:

- Starting with ready made stage 1 foods to ensure there are no lumps
- Practise getting the right consistency
- Draw blend up the syringes as lumps will get stuck on the way in, not out
- Ideally 14fr + tube to reduce risk of blockage.
- No pump feeding, no hanging feed to reduce infection risk
- Discuss food hygiene, storage, transport.
- Analyse the nutritional content regularly and suggest multivitamins where required
- Try to ensure blends are nutritionally dense
- Provide a few extra syringes as blended diet makes then stiff
- If out or at school suggest a back up e.g. Ella's kitchen pouch
- More frequent reviews approximately every 6 week to start.
- Request nutritional bloods when appropriate
- Agreement from the Consultant/GP and send them the risk assessment.



Daily Blended Diet Plans

Patient 1	Patient 2	Patient 3
<p>Oat bran Lentils Bulgur wheat Courgettes Carrots Onion Pineapple juice Molasses Rapeseed oil/coconut oil Hemp powder Chia seeds Coconut water Butternut squash Blueberries Oat milk Total 1000ml</p>	<p>Beef Potato Vegetable Yorkshire pudding Total 60ml</p> <div data-bbox="738 718 1153 1200" data-label="Image"> </div>	<p>Cereal, Banana Honey , Milk Yogurt and honey Bread, Corn beef, Tomatoes, Fruit juice Cake and water Fish pie/chicken casserole Vegetables Olive oil Total 750ml</p>



Clinical and social changes since starting blended diet

Patient 1	Patient 2	Patient 3
No vomiting	Better concentration at school	Proportional weight and height growth, 2nd centile
No sweating when fed	Sleeps at night	No vomiting or reflux
Dramatically reduced tachycardia	Reduced pain	Included in family meal times
Reduced admission from aspiration	Stopped Domperidone	Attends mainstream school and has BD
Learning at GCSE level	Reduced bile drainage	No admissions for aspiration
Reduced constipation	Continued rapid weight gain	Low Iron
Low B12 and Zinc		
Weight gain still poor		



Key Messages

Blended diet is not justified, suitable or practical for all patients

Patients needs to be risk assessed and closely monitored to reduce risks where possible

Blended diet may have a place to improve clinical outcomes and quality of life in specific patients