

Nutrition Team Assessment

Date:

| | |
|---------------|---|
| Baby Name/CHI | Staff present: Medical: Dietitian: Nursing: Pharmacist: |
|---------------|---|

| | | | |
|-------------------------------|---------------------------------|-------------------|---------------------|
| Gestation at birth: | | CGA: | |
| BW | BW centile/ z score: | Birth OFC | Birth OFC centile |
| Current weight Date: | Current weight centile/z score: | Current OFC Date: | Current OFC centile |
| Growth Chart Review comments: | | | |

| | | | |
|---------------------|--------------|-----------|--------------------------|
| Day of Life | Week of life | Sytron | Y / N Dose: |
| Total daily fluids: | | Abidec | Y / N Dose: |
| | | Phosphate | Y / N Alk phos Phosphate |

| | | | |
|--|---|---|-------------|
| Other supplements? | | | |
| IV Fluids ml/kg/day | 10% glucose ml/kg | Other ml/kg | |
| Parenteral Nutrition (PN) ml/kg/day | 2.4g PN ml/kg/day 3.1g PN ml/kg/day SMOF Lipid ml/kg/hr | Line type: Date line inserted: No. of days on PN: | |
| PN Protein intake: | g/kg/day | PN Energy intake: | kcal/kg/day |
| PN Protein Requirements: | g/kg/day | PN Energy requirements: | kcal/kg/day |

| | | | |
|---|---|--|--|
| Enteral Nutrition (EN) ml/kg/day | On Regimen A B C (Circle option) | | |
| | MEBM ml/kg | | |
| | DEBM ml/kg | | |
| | Formula name ml/kg | | |

| | | |
|----------------------|--|-----------------------------------|
| Human Milk Fortifier | Yes No 25%, 50%, 75%, 100% (Circle) | Reason if fortifier is not added: |
|----------------------|--|-----------------------------------|

| | | | |
|--------------------------|----------|-------------------------|-------------|
| EN Protein intake: | g/kg/day | EN Energy intake: | kcal/kg/day |
| EN Protein Requirements: | g/kg/day | EN Energy requirements: | kcal/kg/day |

| | | |
|---|----------------------------------|-----------------|
| Biochem: Urea: Sodium: PO4: | Ca: Bil: Conj Bili: Hb: | Other comments: |
|---|----------------------------------|-----------------|

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|---------------------|
| Plan and rationale: |
|---------------------|

Nutrition Team Assessment

- Parenteral Nutrition Requirements for preterm infants
(Ref: NICE (2020) Neonatal Parenteral Nutrition guideline)

| | Starting dose | Maintenance aim |
|----------------------|---------------|-----------------|
| Energy (Kcal/kg/day) | 40 – 60 | 75 – 120 |
| Protein (g/kg/day) | 1.3 – 1.8 | 2.7 – 3.6 |
| Glucose (g/kg/day) | 6.0 – 9.0 | 9.0 – 16.0 |
| Lipid (g/kg/day) | 1.0 – 2.0 | 3.0 – 4.0 |

- Enteral Nutrition Requirements (ESPGHAN 2010)

| | Birth weight <1000g | Birth weight 1000 – 1800g |
|----------------------|---------------------|---------------------------|
| Energy (kcal/kg/day) | 110 – 135 | 110 – 135* |
| Protein (g/kg/day) | 4.0 – 4.5 | 3.5 – 4.0 |

Tsang et al (2005) suggests energy requirements for <1000g can be as high as 150kcal/kg

- Nutritional Content of EN/PN

| | Protein (g/100ml) | Energy (kcal/100ml) |
|--------------------------------|-------------------|---------------------|
| MEBM | 1.3 | 69 |
| DEBM | 0.9 | 66 |
| 25% Fortifier | 0.3 | 4 |
| 50% Fortifier | 0.6 | 8 |
| 75% Fortifier | 0.9 | 12 |
| 100% Fortifier | 1.2 | 16 |
| Full-term formula | 1.3 | 66 |
| NP1 | 2.7 | 80 |
| NP2 | 2.0 | 72 |
| Infatrini/ Infatrini Peptisorb | 2.6 | 100 |
| 10% glucose | 0 | 40 |
| 2.4g RIE Amino Acids | 2.4 | 50 |
| 3.1g RIE Amino Acids | 3.1 | 76 |
| SMOF Lipid | 0 | 200 |

Transition Times

- **Sytron:** Start at 6 weeks of age. Dose = 0.2ml/kg once daily.
- **Abidec:** Start once on full enteral feeds. Dose = 0.6ml once daily (unless on ≥4 sachets breast milk fortifier per day).
- **Human milk fortifier:** Start at 2-3 weeks of age and tolerating full feeds (180 ml/kg) of MBM or DBM after discussion with parents, as long as discharge planning has not started. Grade over 1/4, 1/2, 3/4, Full strength over 4 days
- **DEBM:** Consent should be sought at 24h and started within 48h until exclusive MEBM is available. Use until 30 weeks CGA, then transition to preterm formula if required.
*If started in infants 27-31+6 weeks gestation continue for 3 weeks, after which DBM will be replaced by preterm formula unless discharge planning is ongoing.
- **Preterm Formula:** Any baby on > 150ml/Kg/day where insufficient MBM at 30 weeks CGA and who is more than 3 weeks old. If breast milk is already fortified there can be an immediate switch with no grading. In other cases, grading may occur if indicated from clinical assessment over 4 days (25%/50%/75%/100%)