



Effect of intermittent enteral feeding schedule on the occurrence of gastrointestinal complications and hospital stay among critically ill patients

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Abstract:

Nutrition support can result in improved wound healing, a decreased catabolic response to injury, enhanced immune system function, improved gastrointestinal structure and function, and improved clinical outcomes. The appropriately and timely nutritional intervention can improve patient recovery and survival, decrease complication rates, and decrease costs. Gastrointestinal complications (vomiting, diarrhea, constipation, and abdominal distension) are most commonly associated with complications derived from enteral feeding. Aim: this study was carried out to investigate the effect of the intermittent enteral feeding schedule on the occurrence of gastrointestinal complications and the length of the hospital stay among critically ill patients at Assiut University Hospitals. Design: a quasi-experimental design. Setting: trauma ICU at Assiut University Hospitals and the study took approximately one year started from July 2010 till July 2011. Patients: A convenience sample of 80 adults' critically ill patients on enteral feeding constituted the study sample. The patients were assigned randomly into two equal groups (control group and study group, 40 patients each).. Methods: The only manipulation was in the rest period and time interval in which the study group subjects were rested 8 hours at night as compared to 6 hours for the control ones, as well study group subjects were having 4 hours time interval between each two consecutive feedings as compared to 2 hours for control group subjects. Results: There was a significant statistical difference between both groups ($p=0.000$) indicating lesser hospital stay among study group subjects (52.5% of the study group subjects were hospitalized less than one month as compared to 35% of the control group subjects who stayed between 30 to less than 45 days). It was also found that, 57.5% of control group patients developed gastrointestinal complications as compared to 45% of the study group patients (n.s). Conclusion: intermittent 4-hour enteral feeding schedule had lowered the incidence of gastrointestinal complication and length of the hospital stay.

Keywords:

Enteral Feeding , Gastrointestinal Complications , Critically Ill Patients

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