


Appendix 2 - Re-feeding Syndrome

Refeeding Syndrome (RFS)



What?

RE-FEEDING SYNDROME
Potentially fatal

Key complications

- Hypokalemia
- Hypomagnesaemia
- Hypophosphataemia
- Hypocalcaemia
- Thiamine deficiency
- Fluid shifts
- Cardiac arrhythmias
- Sudden death

When?

Rapid introduction of food in patients who have had little or no intake > 5 days

It **ONLY** occurs when the patient is being re-fed (NB: this can even occur with oral re-feeding)

Why?

Starvation causes cellular shifts in electrolytes.

Cellular shifts can cause serious complications such as cardiac arrhythmias, seizures and sudden death.

Who?

High risk groups:

- Eating disorders
- Chronic alcoholism
- Undergoing chemotherapy
- Chronic malnutrition
- Uncontrolled diabetes
- Polypharmacy

ReSTORe - Think Feeding : Think Re-feeding

Recognise	Screen for	Treat	Observe	Refer
<p>Has your patient lost weight?</p> <p>Are they already undernourished?</p> <p>Have they been eating only spoonfuls for 5 days or more?</p> <p>YES</p> <p>↓</p> <p>SCREEN</p> <p>→</p>	<p>(1) High risk One or more of:</p> <ul style="list-style-type: none"> • BMI <16 kg/ m2 • Unintentional weight loss > 15% in 3-6 months • No nutrition or only spoonfuls for > 10 days • Low potassium, magnesium or phosphate prior to feeding <p>Or</p> <p>Two or more of:</p> <ul style="list-style-type: none"> • BMI <18.5 kg/m2 • Unintentional weight loss > 10% in 3-6 months • No nutrition or only spoonfuls for > 5 days • History of alcohol abuse or treatment with certain drugs (e.g. insulin, chemo therapy, antacids or diuretics) <p>(2) Extreme risk BMI < 14 kg/m2</p> <ul style="list-style-type: none"> • Very little or no nutrition for >15 days 	<p>Nutrition should be introduced very slowly.</p> <p>The rate is dependent upon the level of risk - seek dietetic advice</p> <p>Commence Thiamine</p> <ul style="list-style-type: none"> • 100mg tds • first dose 30 mins before feeding <p>Commence Vitamin B-Co strong</p> <ul style="list-style-type: none"> • 1 tablet tds. 	<p>Monitor bloods and weight closely (i.e. on alternate days over a 2 week period)</p> <p>U/Es, Phosphate, Ca, Magnesium, Gluc, LFTs, FBC</p> <p>If electrolytes become disturbed or significantly deteriorate, admission to hospital may be necessary – discuss with the on-call Gastroenterology team.</p>	

GGD173838 - Version 1 March 2017

Reproduced with kind permission of NHS Grampian