Background

Essential Fatty acid deficiency (EFAD) is a rare nutrition complication characterized by a diet or nutrition support regimen deficient in fatty acids, specifically linoleic acid (LA) and alpha-linolenic (ALA) fatty acids.

-LA and ALA requirements can be met with 2-4% of the calories in the diet come from omega-6, long-chain fatty acids (soy oil,

ILE for Home PN

Rasantasel reutritig no (RN) larex de tie nor conveixe individual as. components of amino acids, dextrose and intravenous lipid emulsions (ILE) along with the addition of vitamins, minerals and electrolytes to meet calorie, protein and nutrient needs. For many years, a soybean oil-based ILE (SO-ILE) was the only available ILE in the United States (US); however, SO-ILE dosing for many HPN patients has often been limited to try to prevent the deleterious effects that may be seen in patients who receive long term high levels of omega-6 FA. To assure adequate EFA, if 4-8%

Table 1. ILE and % of total calories to meet EFA requirement

When determining the amounts of 2-oil ILE or 4-oil ILE required to ILE prevent EFAD, a greater percentage of calories from the must be provided due to lower amounts of soybeah 8 il in each. (Table 1).

			1-1.5
4 oil ILE	30%SO,	13	1-1.5
	30% MCT,		
	25% Olive Oil (OO)		
	15% Fish Oil (FO),		
2 oil ILE	20% SO,	16	1-1.ť
	80% OO		
FO ILE	100% fish oil	NA	

Methods

An ILE Assessment Tool was development to assist clinicians in assuring that EFA needs were met (Figure 1). A Fatty acid panel (FAP) including LA and ALA is not necessary if the first part of the assessment indicates adequate ILE is being provided. If FAP is available, the assessment can include this data; however, a FAP is not necessary if the ILE is provided in adequate amounts, unless fat malabsorption is suspected.

It is important to note that the 2-oil and 4-oil ILE will generate

Assuring Adequate Fatty Acid Provision using an Assessment Tool for Nutrition Support Carol Ireton-Jones, PhD, RDN, CNSC, FASPEN, FAND / Mark DeLegge MD Good Nutrition for Good Living Carrollton TX / DeLegge Medical Charleston SC

5 gm/kg 5 gm/kg 5 gm/kg See PI

Dationt	

Patient:	age:	ht:
Recommended Energy/Protein Intake	e:	
Nutrition Support Regimen:		
PN: Dextrose: gm/d AA:	gm/d ILE:gm/d	ILE % of total calo
Total Kcal/d:	Total fluid/d:	
% of calories from PN:	% of calories from E	EN/oral:
ILE type: SO-ILE: 4-oil ILE:	: 2oil-ILE:	100% Fish oil:
Recommended ILE intake+:	ml/day	ml/w

Step 2 – Complete the EF

*If patient is receiving >50% of t from PN, oral/enteral diet should adequate EFA.

+ILE amount to meet EFA require 100% soy oil: 4-8% of daily total ca 4 oil ILE – ~13% of daily total calo 2 oil ILE – ~16% of daily total calo 100% FO = see PI – pediatric IFA

EFA Adequacy Assessment:

Patient is receiving inadequate type and amount of ILE provided Patient has signs or symptoms Patient does not have signs or s

FA Profile Assessment:

□ Patient has adequate EFA based on the type and amount of ILE provided with or without FAP – no change to ILE □ Patient has EFAD based on the type and amount of ILE provided with or without FAP – increase ILE □ EPA/DHA are normal/high and LA and ALA are low normal or deficient – evaluate ILE type and amount provided as FAP will be different with 2-oil and 4-oil ILE

Clinician:



The ILE Assessment Tool is easy to apply and has been used for patients receiving Home PN. Clinicians can use the ILE Assessment Tool to verify and assure that fatty acid needs are met in patients receiving PN in the hospital or home.

The authors recognize Terry Brown, MBA, MPH, RDN for her assistance in preparing this poster. Modifications to the ILE type and amount administered can be easily made without requiring additional lab testing.

	Figure 1. Il	E Assessment Tool
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Step 1 – Assess HPN Regimen

Assessment	Step 3 – Evaluate Fatty Acid Profile (FAP)			
total calories	Fatty Acid	Level – date	Normal level^	
d provide	LA C18:6		2270-3850 nmol/mL	
ments: calorie need. orie need. LD indication only	ALA C18:3		60-130 nmol/mL	
	Eicosapentanoic Acid (EPA) C20:3		14-100 nmol/mL	
	Docosahexaenoic Acid (DHA) C22:3		30-250 nmol/mL	
	Arachidonic Acid C20:6		520-1490 nmol/mL	
EFA based on the	Mead Acid (MA) C20:9		7-30 nmol/mL	
of EFAD	Triene:tetraene		n/a	
symptoms of EFAD	^Mayo clinic lab levels = reference standard – levels may differ from other labs			

Step 4– Complete the FAP Assessment (if available):

Date:

Summary and Implications for Practice

wt.:

M/F

ries*: %/d

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