

Fresenius Kabi support for patients in hospital receiving enteral and parenteral nutrition during COVID-19

Fresenius Kabi want to do everything we can to help you during this difficult period and ensure we are able to offer advice and support towards the contingency plans that are being made to help deal with the increased requirements during the COVID-19 pandemic.

The information below aims to reassure you that we are working hard to ensure that we are able to support you and your patients and also provide important information as to how you can access resources and up to date information

A COVID-19 landing page has been set up on our website, <u>www.fresenius-kabi.com/gb/covid-19</u>

We have robust plans in place to support the service we provide to our customers and patients, this includes investing in additional IT equipment to facilitate home working. Our sales and marketing team, medical information team and scientific affairs team are now all working from home and remain available for support and information on our products and can be contacted on the numbers below.

Medical Information (for parenteral nutrition stability and clinical enquiries):

Telephone: 01928 533575

Email: Medical.Information-UK@fresenius-kabi.com

Scientific Affairs (for enteral nutrition product enquiries)

Telephone: 01928 533516

Email: Scientific.affairsUK@fresenius-kabi.com

Alternatively, you can contact your Account Manager direct.

Staff Training

We appreciate that there is the need to train members of the team that may be non-ICU Dietitians or may not be familiar with how to use an enteral feeding pump or advise on enteral tube feeds and/ or parenteral nutrition products. To help with the upskilling required we do have a number of resources available;

1) Nutrition Events - www.nutritionevents.com

Offers a wide range of nutrition e-learning modules in the ICU and has online webcasts of leading professionals about nutrition therapy in critical illness. Below is a list of the e-learning training modules that we think will be most relevant to you:

- What matters in critically ill patient
- Basic principles and practical nutrition care algorithm
- Energy requirements
- Protein & amino acid requirements



- Monitoring
- Clinical & health economic evidence

2) Fresenius Kabi website

https://www.fresenius-kabi.com/gb/

The website requires an NHS email address for registration and will enable access to range of product information and resources on enteral and parenteral nutrition.

3) Medical Information website

https://medinfo.fresenius-kabi.co.uk

Product and stability information and training to help support you with your parenteral nutrition enquiries.

Enteral feeding in hospital

1) Amika[®] Pumps

We are currently receiving an increased number of requests for additional Amika pumps and giving sets.

We are reviewing each request individually and carefully allocating available stock, so we can support as many customers and patients as possible. If you have any additional Amika requirements, please let your Contract Account Manager know and we will do our best to meet them. If you are not a Fresenius Kabi contract account, please contact Scientific Affairs and we will be able to direct your call.

We will be launching on-line live classes to help train staff and training videos are available on the Fresenius Kabi website, which can be accessed using the following link https://www.fresenius-kabi.com/gb/products/amika

In line with the BDA Critical Care Specialist Group (CCSG) guidance we would suggest the following:

- a) Calculate the number of additional pumps and ancillaries that are required and contact us to determine whether we can meet your demand
- b) Check your usage of Amika pumps across the Trust and rationalise usage to one pump per patient
- c) Consider alternative feeding methods (e.g. gravity feeding/ bolus feeding for more stable patients) so that pumps can be made available for more vulnerable ICU patients

2) Alternative methods of feeding

If pumps are unavailable we would recommend that local hospital policy is followed regarding how best to deliver feed.



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Bolus feeding, and gravity feeding are both alternative options and further guidance is given below:

a) Gravity Feeding

We would advise that local protocol is always followed when bolus feeding. Fresenius Kabi produce the following giving sets which can be used for gravity feeding:

- Graviset (7751955)
- Amika Twoline set (7751994)
- Amika Pumpset Bag mobile (7751915)- this set does not have a drip chamber therefore the number of drips would have to be counted from the end of the giving set to estimate the rate.

Drip rate may vary depending on the viscosity of the feed used. The information below is based on gravity feeding based on drips per minute using water as a guide.

The standard rate of drip feeds is 20 drops per ml

e.g. Feeding rate of 100ml/hr

Divide by 60 to give ml/minute $(100 \div 60 = 1.7)$

Multiply by 20 to give drops/minute $(1.7 \times 20 = 34)$

ml/hr	Drops/minute
25	8
50	17
75	25
100	34
125	42
150	51

DRIP RATE FOR COMMONLY USED FEEDING REGIMENS

b) Bolus Feeding

We would advise that local protocol is always followed when bolus feeding.

If bolus feeding using Fresubin ONS Easybottles, these can be decanted directly into the syringe and do not require any adaptors.

If bolus feeding with Fresenius Kabi EasyBag the Easybag Bolus Adaptor (7755694) can be attached to the all Easybags to allow for easy attachment of a syringe for bolus feeding.

The Freka extension 30cm set (7981397) can be used for bolus feeding through the Freka Belly Button low profile gastrostomy tube used with a syringe. The Freka 100cm extension set (7755693) can be attached to any ENFit feeding tube for use with syringe for bolus feeding or alternatively can be attached to a gravity giving set for a gravity bolus .



Please find additional resources on alternative feeding methods on the link below

https://www.northdevonhealth.nhs.uk/services/care-homes-team/links/nutrition/

3) Enteral Nutrition Helpline

Our Dietitians are here to support you with any product enquiries and can be contacted Monday – Friday 9am- 5pm (excluding bank holidays) to offer advice on the use and composition of Fresenius Kabi enteral nutrition products.

Scientific Affairs

Telephone: 01928 533516

Email: <u>Scientific.affairsUK@fresenius-kabi.com</u>

4) Product availability

We continue to closely monitor orders to reduce the risk of stock being reduced unexpectedly due to large requests for particular lines.

We request that hospitals do not order more stock than is necessary to meet your current needs – we appreciate there may be the need to plan for a potential increase in patient numbers and we are working hard to build this into are stock management process to ensure continuity of supply.

In line with current CCSG guidance and ESPEN 2019¹ guidelines for clinical nutrition in the intensive care Fresubin Intensive would be our first line feed for intensive care patients and meets recommendations regarding hypocaloric feeding in the early phase of acute illness. Fresubin Intensive is a nutritionally complete (1.2kcal/ml) tube feed, high in protein (33% energy), with MCT and a low ratio of non-protein energy to nitrogen (52:1) allowing protein requirements to meet without exceeding calorie requirements.

Further information on our Fresubin product range is available on our website.



Parenteral Feeding in Hospital

a) Product availability

Fresenius Kabi currently have good stock levels of parenteral nutrition. We continue to closely monitor orders to reduce the risk of stock being reduced unexpectedly due to large requests for particular lines.

We request that hospitals do not order more stock than is necessary to meet your current needs – we appreciate there may be the need to plan for a potential increase in patient numbers and we are working hard to build this into are stock management process to ensure continuity of supply.

In line with ESPEN 2019 guidelines for clinical nutrition in the intensive care SmofKabiven extra Nitrogen meets the recommendations regarding hypocaloric feeding in the early phase of acute illness. SmofKabiven extra Nitrogen has beneficial composition of high protein and moderate energy and is optimised to initiate parenteral nutrition in critically ill adult patients¹⁻³.

The Summary of Product Characteristics for SmofKabiven extra Nitrogen can be found here

<u>SmofKabiven extra Nitrogen</u> <u>SmofKabiven extra Nitrogen – Electrolyte Free</u>

Further information on our range of parenteral nutrition 3CBs and components is available on our website.

b) Medical Information

Our Medical Information team remain available to



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answer your stability queries as normal (Monday to Friday 9am – 5pm). From Monday March 23rd, 2020 – the team will be working remotely, and it may take slightly longer to respond to calls.

Customers should contact the Medical Information Team either by phone or email. All phone calls will go through to voicemail – so please only leave a short message leaving your name/ hospital and contact number. Someone from the department will return your call shortly. Please do not leave regimen details on the voicemail as these will be requested once we call you back.

Medical Information will not be able to provide stability information via fax – so please remember to include an email address in order for the team to respond.

Telephone: 01928 533575

Email: Medical.Information-UK@fresenius-kabi.com

Additional product/ stability information can also be found on the Medical Information website: https://medinfo.fresenius-kabi.co.uk/

References

- 1. Singer P et al. ESPEN Guideline on Clinical Nutrition in the intensive care unit. Clin Nutr 2019;38:48-79
- 2. Singer P et al. Pragmatic approach to nutrition in the ICU: expert opinion regarding which calorie protein target. Clin Nutr 2014; 33(2):26-251
- McClave SA et al. Guidelines for the Provision and Assessment of Nutrition Support in the Adult Critically III Patient: Society of Critical care Medicine (SCCM) and American Society for Parenteral and Enteral Nutrition (A.S.P.E.N) JPEN J Parenter Enteral Nutr 2016:40(2);159-211