Drugs and the impact on nutrition in critical care

For key information on drugs and nutrition in critical care see **Table 16.9**.

Table 16.9. Drugs and nutrition in critical care.

Drug	Nutritional consideration
Opioid analgesics / sedatives e.g. morphine, fentanyl	Can cause reduced gut motility and therefore reduced gastric emptying resulting in constipation, nausea and vomiting.
Propofol (1 and 2%)	An additional source of energy in the form of lipid (1.1kcal/ml) Risk of fat overload and hyperlipidaemia.
Neuromuscular blocking agents e.g. atracurium, rocuronium	Decrease gut motility and energy expenditure.
Inotropes and vasopressors e.g. noradrenaline, adrenaline, dobutamine, vasopressin	High doses cause reduced hepatic, renal and splanchnic perfusion Risk of gut ischaemia with high doses.
Intravenous fluids e.g. crystalloids, colloids	Can contribute to sodium overload. Can be an additional source of energy (e.g. dextrose).
Prokinetics e.g. metoclopramide, erythromycin	Promote gut motility and gastric emptying.
Phenytoin / rifampicin / ciprofloxacin	If given enterally, requires a break from enteral feeding to allow for drug absorption.
Stress ulcer prophylaxis e.g. lansoprazole, omeprazole, ranitidine	Alters gastric pH and can make confirmation of nasogastric (NG) tube placement by pH paper unreliable.
Citrate and glucose-based dialysis solutions	An additional source of energy.
Diuretics e.g. furosemide, spironolactone	Risk of hypokalaemia, hyponatraemia, hypernatraemia, hypomagnesia and metabolic acidosis.
Laxatives e.g. Senna, lactulose	Can cause bloating, abdominal distension and diarrhoea.
Anti-diarrhoeal e.g. codeine phosphate, loperamide	Can cause bloating, abdominal cramps and constipation (if given in excess) Liquid anti-diarrhoeals may actually promote diarrhoea due to the addition of sorbitol.
Antimicrobials e.g. metronidazole, tazocin, gentamicin	Can cause alterations in gut flora and diarrhoea.
Sliding scale insulin	Risk of hypoglycaemia with interruptions to feeding.

16.18a

16.18b