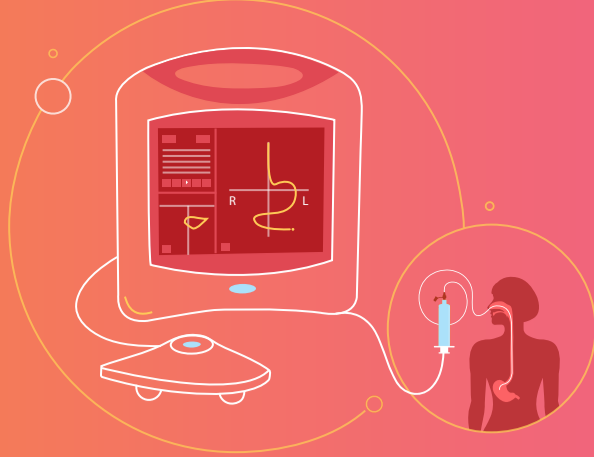


OVERCOMING CHALLENGES OF NASOENTERIC FEEDING WITH CORTRAK* 2 EAS AND CORGRIP*



Enteral nutrition (EN) is the preferred means of nutrition delivery in the hospital setting owing to its gastrointestinal (GI) and immune benefits.^{1,2}

- EN is usually provided through a tube, catheter, or stoma into the digestive tract²
- It enables short and long-term nutrient delivery to patients who cannot maintain their oral intake requirement²



Did you know ?

In a hospital setting, malnutrition can occur in up to 88% patients and is often associated with adverse outcomes such as weakened immune system, poor wound healing, muscular atrophy, longer hospital stays, higher treatment costs, and increased mortality.^{3,4}

Identifying the patients with malnutrition or who are at malnutrition risk is essential to provide optimal solution. Therefore, nutrition screening is strongly recommended in line with published best-practice guidelines to effectively target and reduce the incidence of hospital malnutrition. A nutritional assessment can help document baseline nutrition parameters, identify risk factors, establish nutrition needs, and identify factors that may influence the provision of nutrition support therapy.^{2,3,4}

Different guidelines support nutritional assessment of the patients:

- **American Society for Parenteral and Enteral Nutrition (ASPEN)** mandates that nutrition screening be performed within 24 hours of hospital admission, with a full nutrition assessment completed if the screen identified an at-risk patient³
- **European Society for Clinical Nutrition and Metabolism (ESPEN)** guideline recommends a general clinical assessment should be performed to assess malnutrition in the ICU, until a specific tool has been validated⁵
- **British Association for Parenteral and Enteral Nutrition (BAPEN)** guideline recommends that the nutritional status of patients is assessed, and adequate nourishment provided in the safest and most effective way⁶

Selection of an appropriate enteral access device is based on the patient's GI anatomy and function, accessibility, disease state, and expected duration of therapy.⁷

Nasoenteric Feeding Tubes and Enterostomy Feeding Tubes:^{8,9}

Nasoenteric tubes

- Mainly used for short-term enteral feeding (4–6 weeks) and in situations where other methods of enteral feeding are contraindicated⁸
- Any feeding tube put through the nose is referred to as a nasoenteric tube⁹
- Nasoenteric feeding tubes are often referred based on the tube tip location, such as nasogastric, nasoduodenal, or nasojejunal. Nasoduodenal and nasojejunal tubes can also be referred to as nasointestinal⁹

Enterostomy tubes

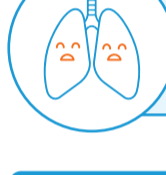
- Placed for long-term enteral feeding (>4 weeks)⁹
- Includes gastrostomy, jejunostomy and gastrojejunostomy⁹



Did you know ?

- EN can be achieved through gastric or post-pyloric feeding¹⁰
- The recommendations for gastric access are generally suitable for patients with a functional stomach that is free of blockage, fistula, or delayed gastric emptying. Post-pyloric feeding should be given to patients with known reflux, gastric feeding intolerance, severe gastroparesis, and blocked gastric outlets^{9,10}
- Post-pyloric feeding may result in–
 - Fewer interruptions in EN¹⁰
 - Increased nutrition delivery to patient¹⁰
 - Lower incidence of high gastric residual volumes¹⁰

In short-term enteral access, techniques such as blind placement, direct visualization and real time indirect visualization are used for the placement of small-bore feeding tubes.⁷



Challenges in NG/NE feeding

Tube dislodgement	Tube misplacement
<ul style="list-style-type: none"> • May be caused due to inadvertent tube removal, either by the patient or by accident like snagging on clothing or vomiting¹¹ • Can delay nutrition, increase risk of aspiration, malposition of the tube at the time of replacement and add to cost¹² 	<ul style="list-style-type: none"> • Insertion of a feeding tube is not always successful¹³ • Misplacement is common and can lead to a long list of complications including pneumothorax^{13,14} • Misplacements can occur in 13%–20% of adults and 39%–55% of pediatric patients¹³ • Many regions consider nasoenteric tube misplacement as a 'never event' and a serious avoidable event¹³
<p>There is a need for a safe, accurate, and reliable method for tube insertion and confirmation.¹³</p>	

Benefits of using NG/NJ feeding tube retention system	Benefits of using electromagnetic (EM)-guided placement technique
<ul style="list-style-type: none"> • Reduced use of healthcare resources¹⁵ <ul style="list-style-type: none"> • Reduced exposure to x-rays¹⁵ • Reduced number of healthcare personnel involved in patients who tolerate insertion¹⁵ • Prevents removal of the tube due to itchy sensation of the tape¹⁵ 	<ul style="list-style-type: none"> • Helps avoid lung placement⁷ • Increased efficiency of post pyloric placement⁷ • Enables expedited bedside placement by trained nurses or dietitians⁷ • Decreased radiation exposure⁷ • Cost savings associated with reduced X-ray usage^{7,16} • Reduced time to placement and feed⁷ • Accuracy comparable to x-ray⁷

Our Solution

CORGRIP* NG/NI tube retention system

Keeping feeding tubes in place.¹⁷

- Designed to prevent inadvertent removal or displacement of feeding tubes in adult patients, CORGRIP* NG/NI tube retention system is indicated for use with enteral feeding tubes of 8 Fr and greater and NG decompression, suction and drainage tubes up to 18 Fr¹⁷



CORTRAK*2 EAS

Feed patients faster, so that they recover faster.¹⁸

- The CORTRAK* 2 Enteral Access System (EAS) is a guided feeding tube placement system that uses an electromagnetic sensing device to show the relative path of Avanos CORTRAK* 2 feeding tubes during a placement procedure¹⁸
- On-screen visualization at bedside supports qualified clinicians in placing feeding tubes, confirming placement per institution protocol and reducing secondary insertion attempts¹⁸



Efficient placement¹⁸

- Visualize feeding tube placement at bedside
- Place tubes and confirm placement per institution protocol
- Minimize and identify misplacements in conjunction with institution protocols
- Identify potential complications, such as lung placement



Timely feeding¹⁸

- Can significantly reduce the time-to-feed
- More efficient than blind placements by reducing secondary insertion attempts



Reduced burden¹⁸

- Address feeding needs more quickly
- Can improve patient outcomes
- Save time and resources

CORTRAK* 2 EAS helps qualified clinicians manage the placement of feeding tubes to support patient nutrition delivery.¹⁸

Contraindications For Use: DO NOT use the CORTRAK* 2 Enteral Access System for patients with implanted medical devices that may be affected by electromagnetic fields.¹⁹ Warning: The CORTRAK* 2 is not intended to replace qualified clinicians in the supervision of feeding tube placements.¹⁹ Only clinicians trained according to Avanos training should use the CORTRAK* 2.¹⁹ Institution protocols must always supersede the use of the CORTRAK*2. Clinical judgment must always take precedence.¹⁹

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