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Nutrition support guidelines in the cardiac intensive care unit: Evidence or expert consensus based practice?

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The profound metabolic response of the patient admitted to the cardiovascular intensive care unit (CVICU) with a critical illness, including injury, surgical stress, or inflammation is not always predictable and varies in intensity and duration between individuals. The energy cost imposed by this metabolic response may be proportional to the severity and duration of the stress but cannot always be accurately estimated. Failure to recognize existing nutritional deficiencies and provide adequate nutrition support during the acute phase of the illness may exacerbate pre-existing malnutrition or result in new nutritional deficiencies. Both overfeeding and underfeeding should be avoided in order to decrease metabolic imbalances and development of malnutrition in critically ill patients. The nutritional plan should be individualized and customized to each patient during their CVICU admission. The impact of early enteral nutrition and optimal energy balance might be most relevant in patients with preexisting malnutrition, who cannot afford added nutritional worsening during the course of the acute illness. Enteral nutrition is preferred, but if enteral nutrition is not tolerated, parenteral nutrition should be started after patient condition has stabilized. A specialized nutrition support team in the CVICU and aggressive feeding protocols may enhance the overall delivery of nutrition, with shorter time to goal nutrition, increased delivery of enteral nutrition, and decreased use of parenteral nutrition. More research is needed in order to develop nutrition support guidelines for critically ill children admitted to the CVICU, in the mean time expert consensus recommendations should guide the care provided to these children.

Biography

Jorge Antonio Coss-Bu completed Pediatric residency and fellowship in Pediatric Critical Care Medicine at Baylor College of Medicine and Texas Children's Hospital, Houston TX, USA and was appointed Associate Professor at the same institutions. He is board certified in Pediatrics and Pediatric Critical Care Medicine by the American Board of Pediatrics. He has over 100 scientific publications including manuscripts, abstracts and book chapters in the area of nutrition and metabolism of the critically ill child and his research work has been presented in 75 scientific events and was invited to speak in more than 140 lectures in the US and worldwide.

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