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**Nutritional Support**

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**Multiple choice questions**

1. When long-term EN (>8 weeks) is anticipated, insertion of a gastrostomy tube should be considered.
   
   (a) True.
   
   (b) False.

2. The refeeding syndrome is characterised by hypophosphataemia, hypokalaemia, hypomagnesaemia, thiamine deficiency, and fluid retention.
   
   (a) True.
   
   (b) False.

3. Oral standard nutrition must always be considered before initiating enteral nutritional therapy.
   
   (a) True.
   
   (b) False.

4. Standard formulas usually contain lactose in clinically relevant amounts.
   
   (a) True.
   
   (b) False.
5. Since the loss of protein stores directly affects body function, it is important to administer sufficient amounts of energy and protein. Protein synthesis and protein degradation occur simultaneously in all body tissues and the difference between these two processes determines whether the body is anabolic or catabolic. In severely ill patients, an increased protein intake of 1.5–1.7 g/kg body weight/day optimally stimulates protein synthesis, resulting in the least negative nitrogen balance.

(a) True.
(b) False.

6. The vitamin and mineral requirements for parenteral nutrition are described by the AMA. Serum values of these nutrients (e.g. calcium, phosphate, iron, zinc, selenium) should be monitored frequently. If the patient is low on iron, this is easy to add to the TPN solution.

(a) True.
(b) False.

7. Patients on TPN should not be fed intravenously in excess of their requirements as this can lead to a variety of metabolic problems, such as disorders in fat metabolism (hypertriglyceridaemia), glucose metabolism (hyperglycaemia), electrolyte (sodium, potassium) disorders, mineral imbalances (magnesium, phosphate), and hepatic disorders.

(a) True.
(b) False.