



PATIENT HISTORY:

Chief Diagnosis:

- Sepsis secondary to gastroenteritis with profuse diarrhea
- Multiple organ system failure

Secondary Diagnosis:

- Ischemic colitis

CASE HISTORY:

- **Reason for tube feeding:** Intubation
- Sole source of nutrition
- Nasogastric tube feeding for ~3 months prior to trial of Liquid Hope Peptide

NUTRITION MANAGEMENT:

- **Type of previous formula:**
 - Whey/casein-based renal polymeric formula + soluble corn fiber modular
 - Whey/casein-based diabetes specific 1.2 kcal/mL polymeric formula + soluble corn fiber modular
 - Whey peptide-based high protein/low fat formula + banana flakes fiber modular
 - All formulas provided via continuous feeding pump over 18-24 hours at the rate of 40-75 mL/hr
- **Intolerances/reasons for switching:**
 - Constant diarrhea (Bristol Stool Type 7) despite multiple formula changes and addition of 2 different fiber modulators providing up to 45 additional grams of fiber/day
 - Difficulty in stabilizing glucose levels despite medications
- **Transitioning to Liquid Hope Peptide:**
 - Previous formula as well as additional fiber modulators discontinued and Liquid Hope Peptide started continuously and transitioned over 2 weeks to intermittent feeds
 - Nursing massaged Liquid Hope Peptide pouch prior to pouring into the feeding bag
- **Additives/supplements to Liquid Hope Peptide:**
 - NaCl (0.5 mg) tablet daily (due to hyponatremia)
 - Protein modular (beef collagen hydrolysate):1 packet/day

METHOD OF DELIVERY	AMOUNT PER DAY	FEEDING SCHEDULE
Continuous feeding pump	1080 mL Liquid Hope Peptide at goal rate	Started at 40 mL/hr and advanced to goal of 60 mL/hr over 18 hours
Over a 2 week time frame transitioned to final plan:		
Pump feeds over 1 hour	1320 mL Liquid Hope Peptide	330 mL over 1 hour (330 mL/hr) 4 times/day with 75 mL water flush before and after each feeding

INSIGHTS:

- Patient's bowel patterns have been regulated (Bristol Stool Type 4), with no added fiber modulators, since starting Liquid Hope Peptide
- Patient had weight stability and blood sugar stabilization on Liquid Hope Peptide
- Positive staff reports based on reduced workload as a secondary benefit from reduced stooling frequency
- A seamless transition to Liquid Hope Peptide with GI improvement based on the Bristol Stool Score after several different formulas + fiber modulators had failed to improve GI symptoms
- Patient will continue to use Liquid Hope Peptide with plans to transition to a subacute rehabilitation facility
- High satisfaction from the use of Liquid Hope Peptide from both the patient's family and clinical staff

Functional Formularies' products are conventional food products and are not intended to diagnose, treat, cure or prevent any disease. Individual results may vary. Functional Formularies does not claim that any individual experience described is typical or representative of what other consumers might experience.

