

Establishing and Improving Cancer Nutrition Programs in the Community Cancer Setting

An Education Program from ACCC's Center for Provider Education

Optimizing Enteral Nutrition for Oncology patients Theresa Fessler, MS, RD, CNSC Self Study Questions

- 1) Reported outcomes of PEG tube feedings in head and neck cancer patients include:
 - a. Better ability to advance oral diet after treatment
 - **b.** Decreased weight loss, fewer interruptions to treatment, less dehydration
 - c. Regulation of bowel function
 - d. None of the above
- 2) A 48-year old patient with a new diagnosis of oral cancer complains of severe dysphagia and 25 pound weight loss during the past 3 months. His height is 5'10" and weight is 170 pounds. Chemoradiation and surgery is planned. Choose the true statements.
 - a. No nutrition support needed due to normal BMI (body mass index)
 - **b.** Severe malnutrition based on weight loss and reduced ability to take oral nutrition.
 - c. RD consult and medical evaluation for feeding tube placement is appropriate.
 - d. b and c
 - e. a and b
- 3) A serious and life-threatening consequence of refeeding syndrome is:
 - a. Severe hypophosphatemia and hypokalemia
 - b. Elevated potassium levels
 - c. Hyperglycemia
 - d. Dehydration resulting from vomiting and diarrhea
- 4) One of the most important feeding adjustments to make for patients at risk for refeeding syndrome is:
 - a. Provide scheduled anti-emetics
 - **b.** Provide a concentrated protein source to avoid catabolism
 - c. Underfeed the patient for the first 3 to 5 days and advance gradually to the goal calories
 - d. Avoid potassium supplements



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- 5) A 66-year old man with cancer of the tongue had a prophylactic PEG tube placed 2 weeks ago and has been referred to a home health infusion company to provide enteral tube feeding. Plans include surgery at a later date. He is 6 feet tall with usual body weight of 200 pounds and current weight, 187 pounds. He states that he is able to drink 2 cans of liquid nutritional supplement daily in addition to soups, milkshakes, and pureed foods prepared by his wife as well as other soft foods that he enjoys. He has recently gained 4 pounds since starting radiation therapy and states that he has not used EN formula at all in the past 2 weeks. Choose the most appropriate plan.
 - a. Advise the patient to stop eating by mouth and consume all nutrition via feeding tube.
 - b. Advise the patient to notify the physician and dietitian for home tube feeding referral at a later date when or if he experiences decreased ability to eat by mouth and/or weight loss.
 - **c.** Consult GI service to find out when it is safe to remove the feeding tube.
 - d. Start enteral feedings slowly to prevent refeeding syndrome.
- 6) The daughter of a patient with esophageal cancer calls and states that her mother is having severe diarrhea and abdominal discomfort after taking each can of enteral feeding via Jejunal feeding tube. She states that she administers one can four times per day. Choose the most appropriate answer.
 - a. Change to a fiber-containing enteral formula
 - b. Change to an Elemental enteral formula
 - c. Dilute the current formula with water
 - **d.** Ask if the patient is using the feeding pump and if not, instruct to use pump for a controlled feeding rate.
- 7) A 67-year old patient (who has Medicare coverage) has a PEG tube and is expected to require enteral feedings for approximately 4-6 weeks. Choose the more appropriate plan.
 - a. Start on service with a local home enteral infusion company that bills Medicare.
 - **b.** Advise the patient to self- purchase a standard enteral formula from local drug store or grocery store and take the feedings by syringe bolus.
 - c. None of the above



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8)	"Sandra" is 49 and is S/P surgical resection and reconstruction for cancer of the tongue and floor
	of mouth. You are seeing her in clinic several weeks after hospital discharge. Weight: 48 Kg (106
	lbs), Usual Weight prior to illness =140 lbs; and after hospital discharge: 120 lbs. She has a PEG
	feeding tube and states that she has been using her tube feeding regularly. She c/o some
	fullness with enteral feeding but otherwise feels that she is tolerating it well.

a.	Is Sandra meeting feeding goals?
b.	What change in formula or regimen might be helpful?