## RESENIUS KABI FRESENIUS KABI FEED

Welcome to the latest edition of Fresenius Kabi NewsFeed. Fresenius Kabi NewsFeed contains brand information and promotional content.

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Click HERE>> for Parenteral prescribing information









Adverse events should be reported. Reporting forms and information can be found at: http://yellowcard.mhra.gov.uk Adverse events should also be reported to Fresenius Kabi Limited. Email: pharmacovigilance.gb@fresenius-kabi.com

## Welcome to the latest edition of Fresenius Kabi NewsFeed

The newsletter that provides you with a window into Fresenius Kabi enteral and parenteral nutrition.

Our Clinical Nutrition Scientific Affairs team have come together to offer a newsletter to disseminate clinical updates and provide a window into Fresenius Kabi enteral and parenteral nutrition, directly to healthcare professionals who deliver nutritional care. The aim is to provide both educational and product updates around clinical nutrition, including oral nutritional supplements, dysphagia, enteral tube feeds and feeding tubes, and parenteral nutrition products.

In this edition we look at our new product launch of Fresubin® PRO COMPACT Drink, as well as the Fresubin<sup>®</sup> spoonable range. We include a reminder about the ongoing enteral nutrition product label changes, a reminder about how to access the enteral nutrition product app and update you on some recent product discontinuations. In parenteral nutrition, we take a look at the Fresenius Kabi multi-chamber bag portfolio, and hear from Nina Taherzadeh, Principal Pharmacist at the Royal Free London NHS Foundation Trust, who shares her thoughts regarding the use of commercially available standardised multi-chamber parenteral nutrition bags.

### If you have a colleague who would like to receive these updates

Please ask them to contact us and provide us with their contact details and we will add them to the mailing list.

Please get in touch via Scientific.AffairsUK@fresenius-kabi.com

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# Small in size, rich in nutrition and *great in taste*



# Fresubin® PRO COMPACT Drink

High energy (2.4 kcal/ml), high protein (24% energy) oral nutritional supplement, for the dietary management of patients with or at risk of disease-related malnutrition, in particular with increased energy, protein, calcium and vitamin D needs e.g. sarcopenia, frailty or age-related musculoskeletal deficits.

Contains 300 kcal and 18 g protein per 125ml bottle.

Proven pleasant taste, and 96% compliance in patient study.

ONS which are low volume, energy dense, ready to drink and palatable can help to stimulate nutritional intake.<sup>2</sup>

For further information and or to arrange a tasting session contact your local Fresenius Kabi Account Manager

### References

Available in Vanilla, Cappuccino, and Apricot-Peach flavour in 125 ml EasyBottle Fresubin PRO COMPACT Drink is available to order via the Fresubin sample service.



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samples.fresubin.com/uk

Higher energy density can help to support compliance, resulting in improved energy intake which is linked to clinical benefits  $^{\rm 2.3\!\!\!\!\!A}$ 

Contains 18g (24% energy) of high quality milk protein with 1.8 g leucine per bottle. Leucine supplementation is useful to address the age-related decline in muscle mass in elderly individuals<sup>4</sup>

High in calcium and vitamin D. Adequate protein, calcium and vitamin D may significantly contribute to improve functionality and to reduce falls and fracture risk in advanced ages<sup>5</sup>

High protein ONS (20% energy) can produce clinical benefits with economic implications  $^{\rm 6}$ 

LUK Acceptability Study: Fresubin PRO. October 2022. Data on file. 2.Nieuwenhuizen WF et al. Older adults and patients in need of nutritional support: review of current treatment options and factors influencing nutritional intake. Clin Nutr. 2010 Apr;29(2):60-9. doi: 10.106/j.clnu.2009.09.003. Epub 2009 Oct 13. PMID: 19828215 3. Hubbard G et al. A systematic review of compliance to oral nutritional supplements. Clinical Nutrition 2012; 31(3): 293-312 4. Xu Z et al. The effectiveness of leucine on muscle protein synthesis, lean body mass and leg lean mass accretion in older people: a systematic review and meta-analysis. British Journal of Nutrition. 2014 Sep;113(1):25-34. 5De Rui M et al. Diatry strategies for mitigating osteosarcopenia in older adults: a narrative review. Aging Clin Exp Res. 2019 Jul;31(7):897-903. to ito 10.1007/s40520-019-01130-9. Epub 2019 Jan 23. PMID: 30674008. 6.Cawood AL et al Systematic Review and Meta Analysis of the effects of high protein oral nutritional supplements. Ageing Res Rev. 2012 Apr;11(2):278-96.



## **Fresubin**<sup>®</sup> Spoonable range

Ready to use in a variety of delicious flavours that can be spooned straight from the cup, offering a versatile range to help reduce taste fatigue and support patient compliance.





Fresubin<sup>®</sup> YOcrème

IDDSI\*

• Fresubin<sup>®</sup> 2 kcal Crème



- View our range »
- Fresubin<sup>®</sup> Dessert Fruit Purée
- International Dysphagia Diet Standardisation Initiative (IDDSI) Level 4 (Extremely Thick) www.iddisi.org

## Fresenius Kabi Oral Nutritional Supplement (ONS) and Tube Feed labels are changing

Our new labels have been developed in collaboration with healthcare professionals and patients to improve readability and highlight key information.

We are confident that the new labels will help make product recognition and selection easier for healthcare professionals. With the change in the labels there will be a product code change which will be communicated as each new product becomes available.

If you have any queries or would like to discuss any of the above further, you Fresenius Kabi Account Manager will be happy to assist.





Click <u>here</u> **•** to download for desktop





Nutritional information on all Fresenius Kabi enteral nutrition products



Quick access to Fresubin<sup>®</sup> patient sample service website



support enteral nutrition products

Resource folder with information to

Allergen information

# Discontinued products



Fresenius Kabi have taken the decision to discontinue Fresubin® Powder Fibre - Vanilla flavour and Fresubin® Original Drink Blackcurrant flavour. We hope this does not cause too much inconvenience for you or your patients.

For details of our full range of oral nutritional supplements and suitable alternatives, please visit our website:

### https://www.fresenius-kabi.com/ gb/products/standard-ons

where you will find further product information.



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# **SmofKabiven**® multi-chamber bags

## A portfolio of ready to use multi-chamber bags (MCBs) to meet the nutritional needs of your parenteral nutrition patients.

We have suggested MCBs from our range for clinical settings, considering national and international guidelines for nutritional intakes in specific adult patient populations. PN should be monitored, and doses adjusted according to individual patient response. Please refer to the Summary of Product Characteristics before prescribing.



## Find the right SmofKabiven<sup>®</sup>bag for your patients

		Possible multi-chamber bag	Suggested types of in-patients	Guidelines and expert opinions
ies		SmofKabiven® extra Nitrogen (amino acids, electrolytes, glucose, lipid emulsion)	ICU patients where protein intake is a priority	For adult critically ill patients, guidelines state:
lo				<ul> <li>ESPEN (2019): 1.3g/kg/day of protein can be delivered progressively<sup>1</sup></li> </ul>
Lower calories				<ul> <li>ASPEN (2022): Until more data are available, we suggest clinicians should individualise protein prescriptions based on clinical assessment of estimated needs</li> </ul>
		SmofKabiven <sup>®</sup> Central	Patients whose nutrition requirements are stable	For stable* adult patients, NICE guidelines (2006) recommend (for macronutrients):
		(amino acids, electrolytes, glucose, lipid emulsion)		25-35kcals/kg/day total energy
				• 0.8-1.5g of protein (0.13-0.24gN)/kg/day
		SmofKabiven® Peripheral (amino acids, electrolytes, glucose, lipid emulsion)		<ul> <li>30-35ml of fluid/kg/day (with allowances for extra losses and inputs)</li> </ul>
: v		Berinheral (amino acids term PN when e	Patients requiring short-	For cancer patients <sup>+</sup> requiring PN, ESPEN guidelines (2021) recommend: <sup>4</sup>
GIOLIE			term PN when energy intake is a priority	<ul> <li>Protein intake should be above 1g/kg/day and if possible up to 1.5g/kg/day</li> </ul>
HIGNEL CALOFIES				<ul> <li>The total energy expenditure of cancer patients, if not measured individually, should be assumed to be similar to healthy subjects, and generally ranging between 25 and 30kcal/kg/day</li> </ul>
		ICU - Intensive Care Unit ESPEN - European Society of Parenteral and Enteral Nutrition ASPEN - American Society of Parenteral and Enteral Nutrition NICE - National Institute for Health and Care Excellence PN - Parenteral Nutrition		*People who are not severely ill or injured, nor at risk of refeeding syndrome These guidelines refer specifically to cancer patients, however, other patient groups may require short-term PN with energy intake as a priority SmofKabiven products contains SMOFlipid <sup>®</sup> (soya-bean oil, medium-chain triglycerides, olive oil and fish oil)

Fresenius Kabi understands the pressure to provide appropriate nutritional care to help improve outcomes for hospitalised patients.

For over 20 years, Fresenius Kabi have continuously crafted a range of MCBs designed to meet the nutritional needs of the majority of hospitalised adult patients requiring parenteral nutrition, whilst offering an alternative to individual compounded regimens.<sup>5-10</sup>

To see how Fresenius Kabi's range of bags could fit the needs of your parenteral nutrition patients, contact your local Business Development Manager, or visit our multi-chamber bag navigator via the QR code (Link to promotional information).



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References

- Singer P, et al. ESPEN guideline on clinical nutrition in the intensive care unit. Clin Nutr 2019;38:48-79.
- 2. Compher C, et al. Guidelines for the provision of nutrition support therapy in the adult critically ill patient: The American Society for Parenteral and Enteral Nutrition. JPEN J Parenter Enteral Nutr 2022;46:12-41.
- 3. National Institute for Health and Care Excellence. Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition. Available at: https://www.nice.org.uk/guidance/cg32. Accessed April 2024.
- 4. Muscaritoli M, et al. ESPEN practical guideline: Clinical Nutrition in cancer. Clin Nutr 2021;40:2898-2913
- 5. SmofKabiven extra Nitrogen Electrolyte Free, Emulsion for Infusion Summary of Product Characteristics. Fresenius Kabi Limited.
- 6. SmofKabiven Central, Emulsion for Infusion Summary of Product Characteristics. Fresenius Kabi Limited.
- 7. SmofKabiven Electrolyte Free Central, Emulsion for Infusion Summary of Product Characteristics. FreseniusKabi Limited.
- 8. SmofKabiven Low Osmo Peripheral Emulsion for Infusion Summary of Product Characteristics. Fresenius Kabi Limited.
- 9. SmofKabiven Peripheral Emulsion for Infusion Summary of Product Characteristics. Fresenius Kabi Limited.
- 10. SMOFlipid 200mg/ml Emulsion for Infusion Summary of Product Characteristics. Fresenius Kabi Limited.



## Using Commercially Available Standardised Multi-Chamber Bag Parenteral Nutrition in Intestinal Failure Patients

Standardisation, where clinically appropriate, can be key to improving care quality, reducing errors and reducing wastage across all healthcare organisations.<sup>1,2</sup> A recent (2018) NHS improvement survey showed there is still significant opportunity to standardise parenteral nutrition (PN).<sup>1,2</sup>

Below, Nina Taherzadeh, Principal Pharmacist - Gastroenterology & Nutrition, from the Royal Free London NHS Foundation Trust, shares her thoughts regarding the use of commercially available standardised multi-chamber parenteral nutrition bags in intestinal failure patients.

## What are the benefits of using a multi-chamber bag (MCB)?

There's lots of work going on nationally at the moment around standardisation, with the choice of MCBs, both supplemented and un-supplemented, and the range available has become quite big which is a gamechanger. These bags are licensed and so are preferably what we should be using.

The MCBs will help with cost efficiencies and with time efficiencies; allowing the nutrition teams to see more patients, and allowing aseptic teams to do more of the work they need because they are not focussing on compounding bags. It really has introduced a whole new way of working in terms of supplying parenteral nutrition (PN) to patients.

### Which types of patients are most suitable for MCBs and are there any patient types that are less suitable?

With the wide range of MCBs available, there are actually more and more patients whose requirements will be able to fit into the MCB ranges. Looking at type I intestinal failure patients with quite standard requirements, that are going to be on PN for short periods of time, supplementing a MCB is an option as well as making additions. Those are the patients in which MCBs are most suitable to use.

This doesn't mean that you can't use MCBs for your more complex patients. There are certainly challenges associated with these patients, so think about what needs to be in the bag, can you meet additional requirements outside of the PN and whether this is a short-term or a long-term PN journey. Also, in terms of other things such as electrolytes, a standard type I intestinal failure patient is more likely to fit an MCB, and supplementing electrolytes or fluids tends to be appropriate and easier to work around, whereas when dealing with longer term, more complex patient needs, this is when to begin to consider whether you may require an unlicensed compounded bag.

## What does a hybrid approach to prescribing mean?

A hybrid approach is all about looking at trying to utilise which MCBs are available but acknowledging that there are some patients for which that might not be entirely suitable. Especially in the case of longer term, type II and type III intestinal failure patients and patients that require PN at home. A hybrid approach is using a combination of commercially available MCBs alongside unlicensed compounded bags to bridge the gap.



Nina Taherzadeh, Principal Pharmacist Gastroenterology & Nutrition Royal Free London NHS Foundation Trust





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## Continued...

## Which patient types are more suited to a hybrid approach and are any patient types less suitable?

Most patient requirements will fit a MCB in terms of their energy requirements because of the wide ranges that are available. There are a lot more bags we can now utilise compared to even ten years ago. It becomes a little more challenging with type II and type III intestinal failure patients with multiple comorbidities, when both fluids and electrolytes play a larger factor in their long-term requirements. For instance, in a patient that is having renal replacement therapy, there may be days in which they require more or less fluid, so it may be suitable to prescribe a MCB on some days and not other days. This is where using a combination of MCBs and unlicensed compounded bags may be required to achieve an optimal regimen for your patient. It is important to remember that a patient's journey will change over time, especially in type II to type III patients as the gut adapts, their requirements will change. What works now may not necessarily be the case later on; it is an evolving picture, and it is essential to assess your patient regularly to aid making these decisions.

## How important is a multi-disciplinary approach in nutrition support and patient care?

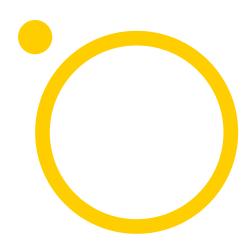
Both BAPEN (British Association for Parenteral and Enteral Nutrition) and NICE (National Institute for Health and Care Excellence) clinical guidance identify the importance of a multi-disciplinary team (MDT) in intestinal failure patient care. All acute Trusts should have clinicians, dietitians, nutrition nurses, pharmacists, microbiology; and it is that patient-centred approach and each member of the team bringing their own specialist knowledge and expertise that is integral to optimal patient care. Especially as we are now seeing more complex patients with a greater number of comorbidities and complex requirements, and at the same time utilising more of the licensed MCBs, all these things require you to utilise the expertise of everybody around you to help make these decisions and ensure the best outcomes for the patient.

## Do you have any take away messages?

My key advice would be to use your MDT, use the expertise of all the team around you to make these decisions for your patients. Think about utilisation of MCBs, look at your patients' trends, what are their requirements over a period of time, and how can I use this information to make the best PN regimen for my patient?

Also, to have the patient as the focus of everything that you do, so at some point perhaps needing to take a step back and think 'are all of these tweaks necessary?' 'Is hanging multiple bags appropriate?' 'What options do I have available?' and 'What haven't I thought of?' to ensure you get the best possible outcomes for your patients.

 NHS Improvement. Pharmacy Aseptic Services Review. Summary of Key Findings.
 Crews J, Rueda-de-Leon E, Remus D, Sayles R, Mateus J, Shakeel F. Total parenteral nutrition standardisation and electronic ordering to reduce errors: a quality improvement initiative. Pediatr Qual Saf, 2018;3(4):e093. Accessed April 2024.



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## Fresenius Kabi Research Grant



Are you a physician, scientist or healthcare professional with a focus in clinical nutrition in critical care or major surgery?

Learn more about how Fresenius Kabi can help your research idea become a reality by participating in the JUMPSTART research training and taking the chance to win the JUMPSTART research grant.

The JUMPSTART research programme was created and funded by Fresenius Kabi. It will offer up to 20 applicants from around the world the chance to participate in clinical research training modules. Once participants have completed the training, they will have a chance to submit their research proposal and win their healthcare organisation a grant to carry out their research project.

## A 4-day hands-on research training course providing knowledge in research methods, within the field of critical care and major surgery\*

- Mentorship by expert senior researchers
- Recognition in an international network
- A chance to recieve research funding by winning a grant out of a €250,000 JUMPSTART Clinical Nutrition Research budget
- Academic career development

Find further details on www.nutritionevents.com/jumpstart

\* Costs for travel, subsistence and accommodation associated with this activity will be covered by Fresenius Kabi, in accordance with the Association of the British Pharmaceutical Industry (ABPI) Code of Practice and Fresenius Kabi Standard Operating Procedures

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