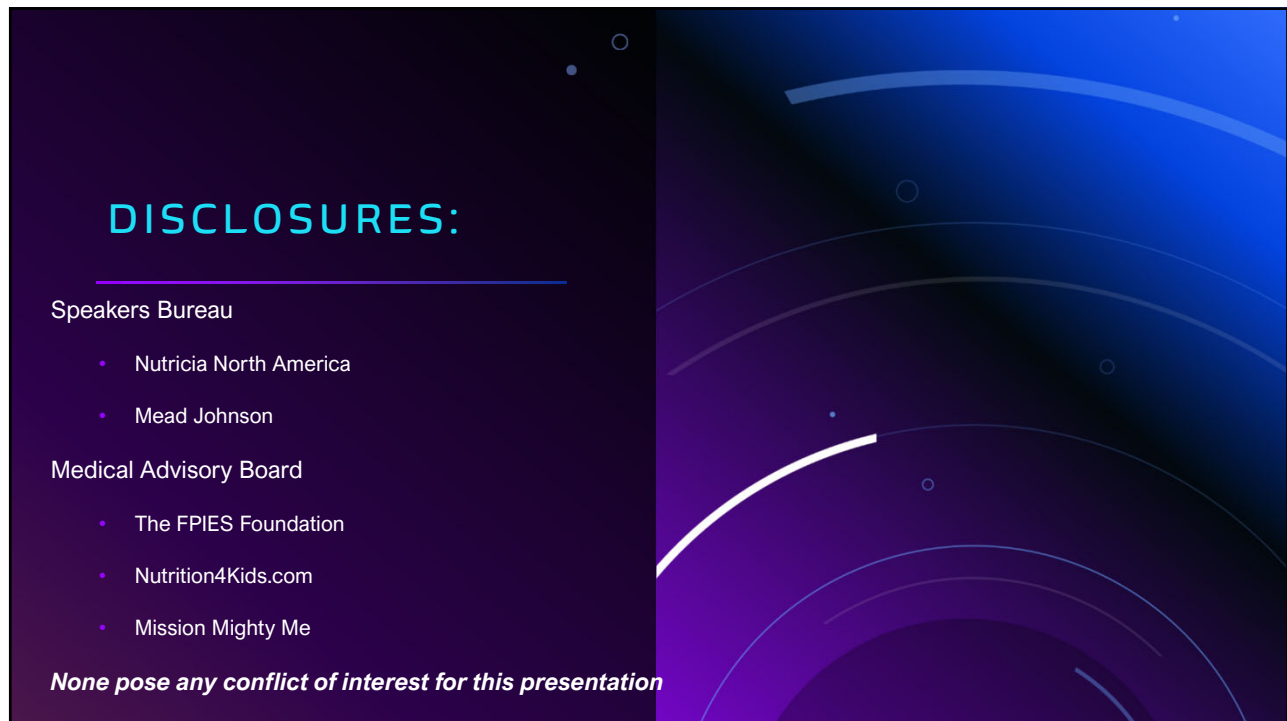




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LEARNING OBJECTIVES:

By the end of this presentation, participants will be able to:

1. Describe the history and evolution of blenderized tube feeding as a nutritional therapy.
2. Identify clinical & personal reasons for choosing blenderized tube feedings over commercial formula products.
3. Discuss appropriate methods for the safe preparation and administration of blenderized enteral nutrition.
4. Outline the steps involved in creating a nutritionally balanced homemade blenderized tube feeding formula

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WHAT ARE BTF'S?

- PUREED BY G-TUBE (PBGT), BLENDERIZED FORMULA, HOMEMADE BLENDED FORMULA AND HOMEBREW
- "BLEND OF FOOD AND LIQUIDS PROVIDED THROUGH A FEEDING TUBE"
- CAN BE SOLE SOURCE OR SUPPLEMENTARY TO PO INTAKE



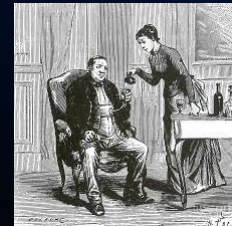
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BACK TO THE FUTURE: HISTORY AND EVOLUTION

- 1500 BC- EGYPTIANS PROVIDED RECTALLY
- 12TH CENTURY- ABLE TO FEED VIA TUBE INTO UPPER GI TRACT
- 1793- ABLE TO FEED INTO STOMACH USING CATHETER & SYRINGE BUT NOT VERY SUCCESSFUL



Photo Credits: Science Source, Notube.com



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BACK TO THE FUTURE: HISTORY AND EVOLUTION

- 20TH CENTURY- DEVELOPMENT OF MATERIALS TO ADMINISTER SUCCESSFULLY INTO UPPER GI TRACT
- MID 1900'S- NASOGASTRIC FEEDING NOW VIABLE MODE OF DELIVERY. COMMERCIAL FORMULAS ALSO BEING DEVELOPED AT THIS TIME.
- 1960-1970'S- COMMERCIAL FORMULAS START TO REPLACE BTF'S
- 2010+- RESURGENCE OF BTF HOWEVER MANY HCP'S STILL RELUCTANT



Photo Credit: LIBRARY OF CONGRESS/SCIENCE

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WHY THE RESURGENCE? CLINICAL REASONS

1. IMPROVED FEEDING TOLERANCE-

- Review in multiple databases by Schmitz et al found BTF reduced nausea, vomiting, diarrhea, gagging, reflux, constipation, abdominal pain and improved volume tolerance.
- Pentiuk et al, 2011 + Edwards et al, 2016: 73% of kids had >50% reduction in retching and gagging on BTF
- Batsis et al, 2020: 95% of kids had reduction in gagging, retching, vomiting and other symptoms of dysphagia or aspiration
- Schmidt et al, 2019: reduction in diarrhea of critically ill adult patients on BTF
- Reasons for improvement: higher viscosity leading to slower gastric emptying, higher fiber content of BTF + more physiological motility due to chyme stimulating regular hormonal response

2. IMPROVED GROWTH-

- Studies show improved weight z scores and height z scores on BTF's with CLOSE RD follow up
- Oley Foundation survey found that 90% of children and 85% of adults reported no weight loss compared to 59% of children and 52% of adults reporting no weight loss on commercial formulas.

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WHY THE RESURGENCE? CLINICAL REASONS

3. INCREASED INTEREST IN PO FEEDING

- 2011 Pentiak et al study found that 57% of the children in their study had increased PO intake
- Reasons for increased interest- decreased GI symptoms + increased variety of flavors they burp up

4. DECREASED HOSPITALIZATIONS and REDUCTION IN HEALTHCARE COSTS

- Hron et al, 2019: 53% less admissions including 67% fewer respiratory illness admits + 43% less ED visits
- Schmitz et al review: reduced infectious disease complications, greater weight gain and decreased number AND length of hospital admits

5. DIVERSITY IN MICROBIOME

- Whole food diets with less processed ingredients that include variety lead to diverse microbiomes-> better health outcomes

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WHY THE RESURGENCE? PERSONAL REASONS

- SOCIAL REASONS- participation in meal times, food prep
- FREEDOM TO CHOOSE FOODS TO INCLUDE/AVOID IN BLENDS
- PARENTS WANT TO NURTURE VS "JUST OPENING CAN OF FORMULA"
- MORE SENSE OF CONTROL IN LESS THAN IDEAL SITUATION
- FINANCIAL- LESS EXPENSIVE IF FORMULA NOT COVERED BY INSURANCE

"I can adjust it, if she's getting constipated, the next blend I could increase the fiber or use more juice or switch to flax oil. I've got control."

"I want all of my children to eat at the table together, and everyone to eat the same meal as a family"

"I changed to blended feeding when it dawned on me one day that my son had not had a vegetable or a fruit in 5 years."

"My child is the most vulnerable of us all yet I am feeding the most processed item to him, and the same thing every day for years!"

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WHO IS GOOD CANDIDATE FOR BTF?

- "BEFORE INITIATING BTF, CONSIDER THE PATIENT'S ENTIRE CLINICAL PICTURE, INCLUDING PATIENT-RELATED FACTORS (PSYCHOSOCIAL, SOCIOECONOMIC, AND CLINICAL), EAD, NUTRITION NEEDS AND DIETARY REQUIREMENTS, DIETARY PREFERENCES, ACCESS TO RESOURCES AND FOOD, TOLERANCE, FOOD SAFETY ISSUES, AND COSTS"- ASPEN PRACTICE RECOMMENDATIONS
- FAMILY DYNAMICS-
 - HOME ENVIRONMENT- ACCESS TO BLENDER, REFRIGERATION, SANITARY CONDITIONS
 - FAMILY SUPPORT
 - COST
 - HISTORY OF COMPLIANCE OR NONCOMPLIANCE
- MEDICAL SUPPORT-
 - ACCESS TO RD FAMILIAR WITH BTF'S

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WHO IS GOOD CANDIDATE FOR BTF?

- PATIENT ASPECTS-
 - HEALTHY, ESTABLISHED GT SITE
 - TYPE OF TUBE AND SIZE
 - GT PREFERRED BUT JT/GJT CAN BE USED
 - WOULD USE COMMERCIAL BTF IF VIA JT/GJT DUE TO HANG TIME LIMITS
 - 14 FRENCH OR LARGER PREFERRED BUT SMALLER CAN WORK
 - COMMERCIAL BTF CAN GO THROUGH TUBES AS SMALL AS 6-8 FRENCH- GO BY MANUFACTURER RECS
 - IN PEDS, WE HAVE USED SMALLER WITHOUT ISSUE
 - MEDICALLY STABLE FOR TRANSITION
 - PREFERABLY ON BOLUS FEEDS
 - VOLUME TOLERANCE

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HOMEMADE BTF OR COMMERCIAL BTF

Table 1. Potential Benefits and Risks of Home Blenderized Tube Feeding and Commercial Blenderized Tube Feeding Products Compared With Commercial Enteral Formula.

	Home Blenderized Tube Feeding	Commercial Blenderized Tube Feeding Products
Potential benefits		
Improved gastrointestinal tolerance ^{24,44,5,17}	Yes	Yes
Increased oral intake ^{12,14,15,17}	Yes	Yes
Increased caregiver/patient satisfaction ^{10,14,15,17}	Yes	Yes
Less expensive	Cost highly variable as depends on ingredients used however may be less expensive than out-of-pocket cost of commercial enteral formula	May be a less expensive option depending on type of commercial enteral formula and out-of-pocket cost
Potential risks		
Caregiver stress/burnout due to preparation	Increased	Decreased
Tube clogging (depends on size of feeding tube and/or general viscosity of feeding type)	Increased because of highly variable nature of viscosity	Decreased risk due to more consistent viscosity
Microbial contamination ^{19,37,38}	Higher because of variable caregiver preparation methods, food safety knowledge, inherent microbial content of food, lack of processing	Lower because of processing/packaging
Growth/weight concerns and risk of inadequate nutrition ^{11,14,17,19,38}	Increased risk; depends highly on healthcare provider involvement and patient follow-up	Decreased risk due to consistent nutrient composition
Other		
Recommended hang time (in home setting) ¹⁹	≤2 hours	2–12 hours depending on product
Method of feeding ⁴⁰	Appropriate for oral use Pump or syringe depending on Viscosity	Appropriate for oral use Pump or syringe
Need for healthcare provider involvement ^{15,19}	Increased	Decreased
Suitable for inpatient use ^{19,41}	Yes, but with limitations and requires detailed policies and procedures	Yes
Preparation time	Increased	Decreased
Travel ability	More difficult	Less difficult
Shelf stable	No	Yes

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COMMERCIAL BTF OPTIONS

- FUNCTIONAL FORMULARIES- PLANT BASED, CAL/ML VARIES, 12 OZ POUCHES
 - PEDIATRIC- NOURISH, NOURISH PEPTIDE, NOURISH PEPTIDE BERRY MEDLEY
 - ADULT- LIQUID HOPE, LIQUID HOPE PEPTIDE, LIQUID HOPE PEPTIDE BERRY MEDLEY
 - SPECIALTY- KETO, LIQUID HOPE HIGH PROTEIN KETO SUSTAIN
- KATE FARMS- PEA PROTEIN, 1 CAL/ML, 8 OZ POUCHES
 - PEDIATRIC BLENDED MEALS- 3 DIFFERENT FLAVORS
- NESTLE COMPLEAT BLENDS- PLANT BASED & CHICKEN BASED OPTIONS, 10 OZ POUCHES
 - PEDIATRIC- 1.2 CAL/ML
 - ADULT- 1.3 CAL/ML

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COMMERCIAL BTF OPTIONS

- REAL FOOD BLENDS- 6 MEAL + 1 SNACK + 2 CAL DENSE, HIGH PROTEIN OPTIONS
 - DO NOT CONTAIN ADDED VITAMINS OR SODIUM SO YOU MUST ADD IN IF SOLE SOURCE
- WHOLE STORY MEALS- REAL FOOD POWDERED MEALS, PLANT OR CHICKEN BASED
 - 100 CALS PER SCOOP- CAN CONCENTRATE
 - ORIGINAL- NO ADDED VITAMIN, SODIUM
 - PLUS- NOW COMPLETE
 - PEDIATRIC, ADULT AND RENAL OPTIONS

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SAFE PREPARATION & ADMINISTRATION

- FOOD SAFETY & STORAGE
 - FOLLOW FOOD SAFETY GUIDELINES FOR PREP, STORAGE AND SANITIZING EQUIPMENT
 - CAN BLEND EACH MEAL SEPARATELY- FEED IMMEDIATELY
 - CAN PREPARE 1 DAY'S WORTH – KEEP UNUSED PORTION IN AIRTIGHT CONTAINER IN REFRIGERATOR AND USE WITHIN 3-4 DAYS
 - CAN PREPARE LARGE BATCHES & FREEZE-
 - FREEZER TEMP SHOULD BE <0 DEGREES FAHRENHEIGHT
 - IDEAL TO USE WITHIN 3 MONTHS
 - FOLLOW MANUFACTURER RECS FOR COMMERCIAL BTF'S REGARDING STORAGE

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SAFE PREPARATION & ADMINISTRATION

- EQUIPMENT NEEDED-
 - PROFESSIONAL BLENDER MAY BE NECESSARY IF BLENDING ALL FOODS
 - BLENDETEC, VITAMIX, VIKING
 - IF FREEZING, MAY NEED TO REBLEND AFTER THAWING FOR SMALLER PARTICLE SIZES TO GO THROUGH TUBE WITHOUT ISSUE
 - JUG OR WAND BLENDER CAN BE USED IF USING STORE BOUGHT PUREES
 - BLENDING TIME MAY VARY- PER ASPEN RECS, 3-6 MINUTES IS GENERAL REC TIME BUT WOULD NEED TO INCREASE BLENDING TIME IF USING LESS POWERFUL BLENDER OR BASED ON FOODS INCLUDED IN RECIPE
 - ENOUGH REFRIGERATOR SPACE TO STORE AND/OR FREEZER STORAGE SPACE IF PLANNING TO BLEND IN ADVANCE
 - AIRTIGHT STORAGE CONTAINERS SUCH AS MASON JARS, BREAST MILK STORAGE BAGS FOR EASY THAW
 - ICE CUBE TRAYS, SOUP SAVER TRAYS IF BLENDING INDIVIDUAL COMPONENTS IN ADVANCE TO FREEZE + FREEZER STORAGE BAGS TO KEEP CUBES IN



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SAFE PREPARATION & ADMINISTRATION

- EQUIPMENT NEEDED-
 - 60 ML SYRINGES WITH PLUNGER- SMALL BORE CONNECTOR O-RING = EASIER TO PUSH
 - LARGE-BORE GRAVITY BAGS AND REUSABLE BAGS
 - BOLEE BAGS WITH BOLINK LARGE CAP- 375 MLS BAG WITH CAP FOR STORAGE; CAN REUSE UP TO 15X (UDELIVERMEDICAL.COM)
 - BOLINK SMALL CAP ATTACHMENT- FIT ON KF BLENDS AND SOME OTHER BABY FOOD POUCHES AND CONNECT TO FEEDING TUBE OR EXTENSION SET (UDELIVERMEDICAL.COM)
 - STRAIGHT LEVEL EXTENSION SET- ALLOW BETTER FLOW SO LESS CLOGGING

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SAFE PREPARATION & ADMINISTRATION

- DELIVERY METHODS
 - BOLUS VIA SYRINGE OVER 20-30 MINUTES PREFERRED
 - SHOULD NOT BE OUT OF REFRIGERATOR FOR LONGER THAN 2H AT ROOM TEMP, AND LESS THAN 1H IF OVER 90 DEGREES
 - GRAVITY AND PUMP CAN BE USED WITH CONSIDERATIONS ALREADY DISCUSSED
 - HOMEMADE BTF- <2H HANG TIME
 - COMMERCIAL BTF- FOLLOW MANUFACTURER RECS
 - BE AWARE THAT PUMP IS NOT USUALLY ACCURATE WITH BTF- TELL FAMILIES THAT FULL AMOUNT SHOULD BE USED EACH FEED! ADJUST RATE ACCORDINGLY.
 - NO OPTIMAL CONSISTENCY RECOMMENDATION- LARGE VARIABILITY BETWEEN HOMEMADE AND EVEN BATCHES OF COMMERCIAL BTF
 - WE AIM FOR STAGE 2 BABY FOOD CONSISTENCY
 - WOULD USE IDDSI TEST IF THERE IS A REC FOR SPECIFIC PATIENT, PUMP OR PRODUCT
 - CAN USE WATER, JUICE, MILK, FORMULA TO THIN AS NEEDED

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CREATING THE BTF

- BUILDING MEAL PLAN-
 1. ESTIMATED NEEDS- I USUALLY GO BY CALORIES THE PATIENT HAS BEEN THRIVING ON AND MATCH THAT, THEN USE DRI FOR PROTEIN, VITAMINS, MINERALS AND FLUID NEEDS
 2. CREATE RECIPE USING ESHA RESEARCH SOFTWARE (CRONOMETER ALSO GREAT).
 - START BY ADDING RECOMMENDED AMOUNTS OF FOOD GROUPS AND THEN SEE WHERE I AM WITH REGARDS TO ESTIMATED NEEDS + RECOMMENDED MACRONUTRIENT BREAKDOWN
 - 45-65% CALORIES FROM CARBOHYDRATES, PROTEIN AND FAT/TYPE OF FAT BASED ON AGE AND/OR DIAGNOSES

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CREATING THE BTF

- MILK GROUP:
 - COW'S MILK, MILK ALTERNATIVE IF FOOD ALLERGY OR FAMILY PREFERENCE, POWDERED MILK TO LOWER VOLUME
 - YOGURT/YOGURT ALTERNATIVES FOR PROBIOTICS
 - FORMULA AS BASE IF NEEDING MORE CONCENTRATED RECIPE AND FAMILY OK WITH THIS
- FRUITS/VEGETABLES: FROZEN, CANNED, FRESH, INFANT PUREES
 - JUICE TO THIN
 - LEAFY GREENS

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CREATING THE BTF

- GRAINS/STARCHES: BREAD, OATS, RICE, FLOURS
 - INFANT CEREALS FOR INCREASED VITAMINS/MINERALS
- PROTEINS: PLANT BASED VS ANIMAL BASED, BEANS, NUT BUTTERS, NUTS/SEEDS, INFANT MEAT PUREES, EGGS
- FAT: LIQUID OILS, MCT OIL
 - MUST BE LIQUID AT ROOM TEMP OR CLOGGING AN ISSUE
 - NUT BUTTERS, AVOCADO
 - FLAX OIL- GREAT TO HELP WITH CONSTIPATION
- SIMPLE SUGARS: SUGAR, AGAVE, MAPLE SYRUP, HONEY, JUICE, BLACKSTRAP MOLASSES

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CREATING THE BTF

3. COMPARE RECIPE TO ESTIMATED NEEDS AND TWEAK.
4. ADD VITAMIN, SALT IF NEEDED.
 - NANOVM (SOLACE NUTRITION), PHLEXY VITS (NUTRICIA), SPECTRUM- POWDERED OPTIONS
 - LIQUID OPTIONS AND CRUSHABLE OPTIONS WORK AS WELL
 - CALCIUM/PHOS/VITAMIN D- POWDERS, LIQUIDS, CRUSHABLE OPTIONS
 - SALT
 - GO BY ASPEN DAILY SODIUM REQUIREMENTS
 - TABLE SALT, IODIZED SALT, LITE SALT
5. LOOK AT FREE WATER FROM RECIPE AND CALCULATE ADDITIONAL WATER NEEDED OUTSIDE OF RECIPE.
 - RECOMMEND FLUSHES, WATER TO THIN BASED ON THIS.

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February 26, 2025 **PBGT (pureed by a tube) Recipe**

The feeding formula should be prepared fresh daily. To prepare this formula safely, you must always:

1. Wash your hands.
2. Use clean equipment and utensils.

Recipe:

- 12 oz whole milk (ok to use lactose free if preferred)
- 4 oz **Activia** yogurt (or other brand = 90 calories in 4 oz)
- 4 oz 100% fruit juice (prune or apple for constipation)
- 1/3 cup infant oatmeal (measure dry)
- 1 slice whole wheat bread (1 slice = ~100 calories)
- 1 Tbsp oil (any oil is ok so long as it is liquid at room temp- flax oil for constipation)
- 8 oz pureed fruit * (2.4 oz infant jars)
- 8 oz pureed vegetable * (2.4 oz infant jars)
- 2 Tbsp spinach or kale leaves
- 1 oz pureed meat* (0.5 infant jar)
- 1.5 Tbsp almond butter (or other nut butter)
- 1 scoop Nano VM 1-3 powder (order from www.solacnutrition.com)

*Change out for variety. Measure before pureeing.

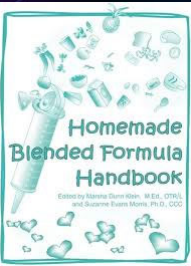
- Divide recipe into 4-6 feeds per day. Administer as bolus feeds using 60 ml syringe over 15-20 minutes. Feed every 2-4 hours. You may warm the formula prior to feeding by placing the filled syringe into a hot water bath.
- Flush tube with 10 **mls** water after each feed.
- Refrigerate formula in an airtight, clean container or individual jars immediately after mixing. Formula can be safely used within 24 hours. Any formula left at room temperature over 2 hours should be discarded.

This recipe provides:

Volume: ~39 ounces
 Calories: ~1090 calories (28 kcal/oz)
 Carbohydrate: ~142 gm/recipe
 Protein: ~33 gm/recipe
 Fat: ~46 gm/recipe
 Fiber: ~14 gm/recipe
 Sodium: ~440 mg/recipe (80 mg/kg/d)
 Free water: 925 **mls**/recipe (not including water given outside of recipe)

Kcal distribution: 12 % **Protein**, 37 % **Fat**, 51 % Carbohydrate

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RESOURCES

- **HOMEMADE BLENDERIZED FORMULA HANDBOOK** by Marsha Dunn Klein and Suzanne Evans Morris
- <https://www.compleat.com/blend-at-home>
- <https://www.choosemyplate.gov/resources/MyPlatePlan>
- *Complete Tube Feeding*, by Eric Aadhaar O'Gorman
- ASPEN Consensus Statement on BTF- list of resources

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ASPEN PRACTICE RECOMMENDATIONS

- NUTRITIONAL ANALYSIS IS RECOMMENDED WITH REGULAR ADJUSTMENTS PRN
- CAN USE SAME RECIPE DAILY OR VARY IT SO LONG AS IT MEETS PATIENTS NEEDS
- MODULARS CAN BE USED TO MEET NEEDS (BUT ARE NOT ALWAYS NECESSARY)
- FLUID NEEDS SHOULD BE MET AND FLUID FROM RECIPE SHOULD BE TAKEN INTO ACCOUNT. USE CAUTION WHEN ADDING TO RECIPE- CAN DILUTE NUTRIENT CONTENT, AFFECT HANG TIME AND ADVERSELY AFFECT VISCOSITY WHICH COULD AFFECT TOLERANCE/MEDICAL REASON FOR USING BTF
- HOSPITAL CONSIDERATIONS INCLUDED IN RECS.
- FOLLOW UP WITH RD OR NUTRITION SUPPORT SPECIALIST KNOWLEDGEABLE IN BTF IS ESSENTIAL. IT IS RECOMMENDED TO FU EVERY 1-2 MONTHS INITIALLY AND CAN MOVE TO EVERY 4-6 MONTHS BASED ON PATIENT STABILITY.
- LAB PARAMETERS SHOULD BE MONITORED BASED ON NUTRITION ASSESSMENT AND INDIVIDUAL SIGNS OR SYMPTOMS OF DEFICIENCIES.

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KEY TAKEAWAYS

- BTF ARE SAFE AND EFFECTIVE
- RD'S SHOULD BE WILLING TO LEARN AND ASSIST FAMILIES WITH BTF.
 - "I FELT ANGRY (AFTER WORKING WITH 2 RDN'S). I FELT THAT WORKING WITH A DIETITIAN WAS NOT WORTH MY TIME. A PARENT IS TRYING TO DO THEIR VERY BEST; THERE IS RESEARCH SUPPORTING BLENDED FEEDS; AND MANY PEOPLE DO THEM ON THEIR OWN. JUST LOOK AT SOCIAL MEDIA" – *Bennett et al*
- THERE ARE A VARIETY OF CONSIDERATIONS WHEN DECIDING IF PATIENT IS GOOD CANDIDATE AS WELL AS WHETHER HOMEMADE BTF OR COMMERCIALY MADE BTF ARE BETTER OPTION.
- PATIENTS ON BTF SHOULD BE CLOSELY MONITORED BY RD FAMILIAR WITH BTF WHO HAS THE ABILITY TO ANALYZE RECIPES.

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EVALUATION

Which of the following is **not** a commonly cited reason families choose blenderized tube feeding over commercial formulas?

- A. Improved tolerance (less reflux or vomiting)
- B. Desire to provide real food ingredients
- C. Elimination of all feeding tubes
- D. Increased caregiver control and involvement in nutrition

Which patient would be the **best candidate** for a blenderized tube feeding regimen?

- A. A patient with frequent hospitalizations and no caregiver support at home
- B. A medically stable patient with a gastrostomy tube, motivated caregivers, and adequate blender access
- C. A newly post-op patient with high-volume jejunal feeds and feeding intolerance
- D. A patient receiving continuous jejunal feeds who requires a sterile diet due to neutropenia

When preparing a homemade blenderized tube feeding, which of the following is essential to ensure both safety and nutritional adequacy?

- A. Limiting variety to only 3 ingredients
- B. Avoiding the use of commercial blenders
- C. Collaborating with a registered dietitian to assess macro- and micronutrient needs
- D. Preparing large batches to store at room temperature

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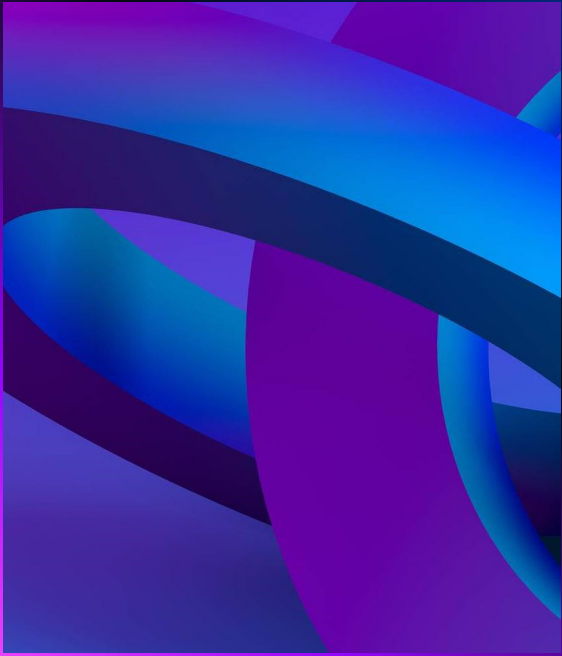
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QUESTIONS?

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