

# Newsletter

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## President's Welcome

I wish everyone happy holidays ahead of time! I am honored and privileged to continue to serve as the President of GASPEN for another year. I am excited to have Laura Costlow, MA, RD, LD, CNSC, as the new president-elect and Nathan Schober, MS, RD, LD, CNSC, CET, as the new secretary-treasurer alongside me. Thank you to the entire GASPEN board for their continuous support. As a chapter, we are ready to close out 2022 and look forward to making plans to make 2023 an even better year.

To recap, we had a great year at GASPEN in 2022. We hosted a joint meeting with the Southeast Chapter of the Society of Critical Care Medicine, continued collaborating with Children's Healthcare of Atlanta (CHOA) to provide monthly nutrition support WebEx events, and hosted our first-ever hybrid annual conference in August. Did you miss any of these educational opportunities? Don't worry; you can access all GASPEN-related information, such as Newsletters and recorded past event presentations, from our website, [www.GASPEN.org](http://www.GASPEN.org). Don't forget to bookmark us and subscribe to stay abreast!

This next year, we will continue striving to improve our annual conference experience for members. We want to grow our membership and we would love for you to join one of the GASPEN committees to help us grow as a chapter. Furthermore, please be on the lookout for survey questions from the GASPEN board, so we can better serve you. As always, we welcome any suggestions and comments from GASPEN members. You can email us at [GASPENGA@gmail.com](mailto:GASPENGA@gmail.com).

I look forward to another fantastic year with GASPEN! Happy Holidays!



*Vivian Zhao*, PharmD, BCNSP, FASPEN  
GASPEN President



***We would like to recognize current and former GASPEN members for their contributions to the field of nutrition and nutrition support***

## **Vivian Zhao, PharmD, BCNSP, FASPEN**

Vivian Zhao has served as GASPEN president since 2020 and served on the GASPEN board since 2016. Vivian has grown our chapter by leaps and bounds. She designed GASPEN's first ever website ([www.gaspen.org](http://www.gaspen.org)), has increased board member involvement in the chapter as well as coordinating three very successful GASPEN annual meetings, live, virtual and hybrid. In March 2022, Vivian was inducted into the 2022 class of fellows of ASPEN (FASPEN). This designation is the highest honor available to ASPEN members for their contributions to the society and to the field of nutrition support. In addition, Vivian was elected as a member of the Nutrition Support Pharmacy Specialty Council (2023-2025 term) by the Board of Pharmacy Specialties (BPS). Congratulations on all of your accomplishments and on your excellent leadership of GASPEN!

## **Ashley DePriest, MS, RDN, LD, CNSC**

Ashley has served on the GASPEN board since 2017 and is the immediate past-president of the Southeast chapter of the Society for Critical Care Medicine (SESCCM) and is still involved with the chapter. In January 2023, Ashley will be inducted as a fellow of SCCM (FCCM) at the SCCM Annual Meeting in San Diego. This award recognizes a SCCM member who has significantly contributed to the field of critical care. Ashley was also featured on a Dietetics in Nutrition Support (DNS) Podcast in August 2022 as a Nutrition Celebrity Interview. Congratulations Ashley for your years of contribution to the fields of nutrition and critical care!

## **Alison Evans, RD, LD, CNSC**

Alison has been a GASPEN board member since 2019. Alison recently presented a poster at ASPEN's 2022 Nutrition and Science Conference on inpatient prescribing practices of newly formulated multi-trace element products. Alison plans to present another poster at the 2023 ASPEN Conference in Las Vegas in April 2023. Congratulations Alison on your continued contributions to the existing literature on nutrition support!

## **Adina Hirsch, PharmD, BCNSP, FASPEN**

Adina has been a GASPEN board member since 2011 and served as GASPEN president from 2013 - 2018. She recently relocated to Baltimore, Maryland to be closer to family; however, she continues to be an active board member of GASPEN and now serves as the pharmacy liaison of the Maryland ASPEN chapter (MSPEN). Along with Vivian Zhao, Adina was inducted into the 2022 class of fellows of ASPEN (FASPEN). This designation is the highest honor available to ASPEN members for their contributions to the society and to the field of nutrition support. Congratulations on your accomplishments and come back to visit us in Atlanta!

***If you have a suggestion for a current or former GASPEN member for acknowledgment in our Kudos! section, please submit your information to either Adina Hirsch ([adina.hirsch05@gmail.com](mailto:adina.hirsch05@gmail.com)) or Yolanda Whitty ([ywhitty@gmail.com](mailto:ywhitty@gmail.com)) for inclusion in our next GASPEN newsletter!***

# Meeting in Review

## GASPEN Annual Meeting 2022 – Our First Hybrid Event!

**Vivian Zhao, PharmD, BCNSP, FASPEN**

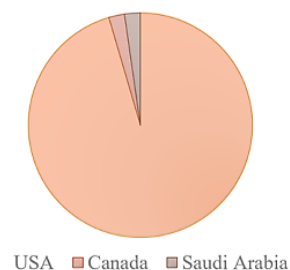
After two years of virtual meetings, GASPEN hosted an in-person meeting on August 19, 2022, with the option of virtual attendance. The in-person conference took place in Buckhead, Georgia, at the Roam Lenox conference center, while Zoom was used as the virtual platform.

The entire GASPEN board worked tirelessly, along with the support of ASPEN staff members, to produce a conference offering 5.5 CE hours for dietitians, nurses, pharmacists, and physicians with a wide range of topics. The speakers were from all backgrounds and were multi-disciplinary, appealing to all participants. The presentations included: Indirect Calorimetry – How can I Measure up; Application of Acid-Base Principles in Nutrition Support; Refeeding Syndrome: so Nutritious, It's Suspicious; Enteral Nutrition 101 – Choosing the Right Enteral Formulas; Enteral Feeding and the Oncology Patient; Transitions of Care: Reimbursement for the home PN and EN Patients; Homeward Bound: Transition of Nutrition Support Therapies from Hospital. The links to the recordings for most of these presentations are available on our website, [www.gaspen.org](http://www.gaspen.org).

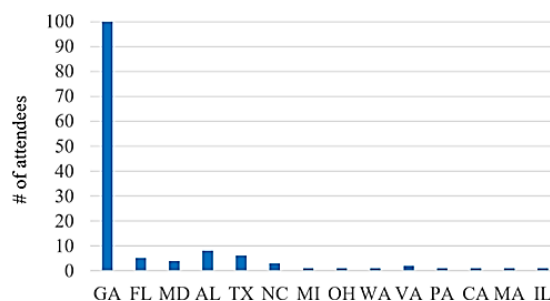
We were pleasantly surprised to see some international attendees and attendees from 14 states (Figures 1 & 2). We had 146 attendees (42 virtual & 102 in-person), including multi-disciplinary practitioners (Figure 3). The number of sponsors participating in our conference was at an all-time high, with overwhelmingly 17 sponsors with times allotted to showcase exhibitors both in-person and through pre-recorded short video presentations on [GASPEN's YouTube channel](#) for all our attendees. All the in-person attendees, who visited all 17 sponsors, were eligible to win some fabulous prizes, including an ASPEN \$50 gift certificate, a 4<sup>th</sup> generation Echo® Dot, free one-year membership for the Southeast Chapter of the Society of Critical Care Medicine, a Pocket Guide to bariatric surgery, the painless guide to mastering clinical acid-base, etc. It was an excellent opportunity to reconnect live with nutrition support professionals!

Despite some minor IT glitches in the morning, GASPEN received much positive feedback, and the event was a triumph! A special thanks to our sponsors; without them, we wouldn't be able to have such a successful event. Thank you to all the virtual and in-person attendees. We hope to see you all at the 2023 GASPEN Conference!

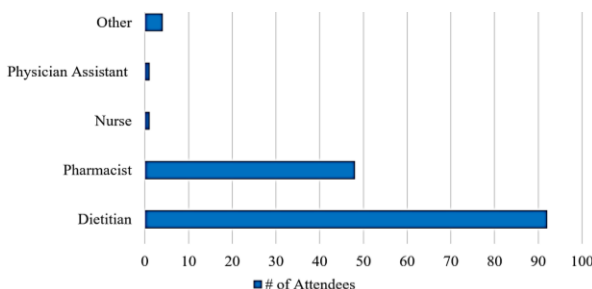
**Fig 1: Attendees by Country**



**Fig. 2: US Attendees by State**



**Fig 3: Attendees by Discipline**



## GASPEN/SESCCM Joint Meeting 2022

*Ashley DePriest, MS, RD, LD, CNSC*

On Tuesday June 21st, 2022, the Southeast Chapter of Society of Critical Care Medicine (SESCCM) and GASPEN held its annual joint educational lecture featuring Dr. Jayshil Patel, Associate Professor of Medicine at the Medical College of Wisconsin discussing, “The Why, How and What of Critical Care Nutrition Guidelines.” As an author of the 2021 ASPEN Guidelines for the provision of nutrition support therapy in the adult critically ill patient, Dr. Patel sought to clarify several questions many practitioners had following publication of the new guidelines including why there were so few recommendations, guidance on how to use previous recommendations that were not addressed in the updated version, and the future of nutrition critical care guidelines.

Dr. Patel described the methodology ASPEN adopted to create the 2021 guidelines. Steps taken for guidelines creation were interrelated but not necessarily sequential and were the result of collaboration of a panel and several supporting groups who ultimately reported to the ASPEN Board. The GRADE (Grading of Recommendations, Assessment, Development and Evaluations) method was utilized for the 2021 guidelines in order to provide a transparent framework for the development of questions, collection of evidence and the translation of that evidence into recommendations using consistent language. A major change to the ASPEN guidelines with the utilization of the GRADE method was the exclusion of non-randomized clinical trial data as well as the exclusion of “expert opinion”. This was cited as the reason for the limited number of recommendations as compared to previous guidelines published in 2009 and 2016.

The guidelines team, including Dr. Patel, delineated five questions they sought to answer, utilizing the PICO format. PICO stands for Population, Intervention, Comparator and Outcome, and the benefit to using this focused and specific style of questions is the answers will lead clinicians to an action. The team then collected and summarized the evidence related to each question and judged the quality of evidence. According to Dr. Patel, quality of evidence was based on whether “confidence in the estimate of the effect of a study or outcome is adequate to support a particular recommendation.” Again, consistent language describing the quality of evidence is a benefit of using the GRADE method, which includes very low, low, moderate, or high levels of evidence. Dr. Patel then discussed several factors that could affect the quality of evidence such as limitations in study design or execution (risk of bias), inconsistency of results, indirectness of evidence, imprecision and publication bias.

Once the body of evidence was collected and a judgment made on its quality, practice recommendations were made. These recommendations were assigned a level of strength (Strong or Weak) based on whether desirable effects outweighed undesirable effects. In some cases, a “No Recommendation” was made for several reasons: For example, the panel could determine the effect estimate to be too speculative or tradeoffs especially considering values/preferences of patients, as well as resource implications could be too variable, or two compared options could have different undesirable variables, making them difficult to compare.

### **Question 1: In adult critically ill patients, does provision of higher versus lower energy intake impact outcomes?**

RCTs included in the body of evidence included an intervention in which energy exposure was studied without causing secondary competing interventions (for example, a shift from EN to PN). The included evidence, given a moderate grade, showed no difference between patients receiving higher versus lower energy provision, and a weak recommendation to provide 12 - 25 kcal/kg in the first 7-10 days of ICU. Dr. Patel stated that the “less is more” approach was favored by the committee due to potential harm that may come with full feeding during the acute phase of critical illness such as feeding intolerance, increased endogenous glucose production, risk of refeeding syndrome in malnourished patients (must counterbalance with the need for full nutrition in this high risk population), mitochondrial failure under oxidative stress, and considerations for the benefits of autophagy which may be turned off if providing excess calories resulting in more oxidative stress.



## GASPEN/SE SCCM Joint Meeting 2022

Ashley DePriest, MS, RD, LD, CNSC

### **Question 2: In adult critically ill patients, does provision of higher versus lower protein impact clinical outcomes?**

There were three criteria for RCTs to be considered in this question. First, the study needed to report protein provision in grams/kg/day. Next, the intervention groups had to differ by at least 0.2 grams of protein/kg/d and finally, both intervention groups had to have equivalent energy intake. Ultimately, no new recommendations beyond the 2016 suggestions were made due to lack of new data. However, Dr. Patel reviewed new publications that may impact future recommendations including the EFFORT and REPLENISH trials.

### **Question 3: In adult critically ill patients who are candidates for EN, does similar caloric intake from EN vs. PN as the primary feeding modality in the first week of critical illness impact outcomes?**

The committee presented the evidence, which showed no difference in clinical outcomes between the two groups based on two large pragmatic RCTs, a high grade with a strong recommendation that either route (EN or PN) is acceptable during the first week. Of note, this is only one of two recommendations in the guidelines to have a high grade and strong recommendation. This recommendation is contrary to the 2016 ASPEN/SCCM guidelines which recommended to withhold PN for the first 7 days in patients who were not at high risk of malnutrition.

### **Question 4: In adult critically ill patients receiving EN, does provision of supplemental PN (SPN), as compared to no SPN, during the first week of critical illness impact outcomes?**

Six RCT met criteria, five of which reported on mortality as an outcome. The evidence, which excluded malnourished patients, showed no benefit to supplementing PN in the first week of critical illness was given a high grade and the strong recommendation to not initiate supplemental PN in the first week of critical illness. Of note, this was the second of two recommendations to have high quality evidence and strong practice recommendations (see Question 3 above).

### **Question 5A: In the adult critically ill patient receiving PN, does the provision of mixed oil injectable lipid emulsions (ILE) as compared to 100% soybean ILE impact clinical outcomes?**

Included RCTs had to compare PN provided with a mixed ILE with PN provided with 100% soybean ILE and report clinical outcomes. Nutritional and biochemical outcomes were excluded. Evidence included seven trials that met criteria and was given a weak grade due to varied interventions and duration, no trial being powered for mortality, most trials not reporting energy provision, and a variability in mixed oil ILE. Additionally, two trials did not use intention to treat or analyze the difference between the groups who completed the trial versus who did not. The authors concluded that there was no difference in clinical outcomes between mixed-oil and soybean oil ILE. One major change from previous ASPEN/SCCM guidelines was the statement that ILE may be initiated during the first week of the ICU stay. Previous 2009 and 2016 ASPEN/SCCM guideline recommendations stated to withhold or limit ILE during the first week of the ICU stay.

## GASPEN/SE SCCM Joint Meeting 2022

Ashley DePriest, MS, RD, LD, CNSC

### Question 5B: In adult critically ill patients receiving PN, does provision of fish oil (FO) containing ILE compared to non-FO containing ILE impact outcomes?

Included RCTs needed to compare FO ILE to non-FO ILE and report pertinent outcomes. Nutritional and biochemical outcomes were excluded. While 10 trials were included in the body of evidence evaluated, the quality of evidence was determined to be low as most trials focused primarily on biochemical or inflammatory marker outcomes. Because only one clinical outcome showed statistical significance (decreased incidence of pneumonia) and the authors stated that these data were not supported by downstream outcomes (duration of mechanical ventilation), the recommendation was that either FO ILE or non-FO ILE could be provided to critically ill patients who are appropriate candidates for PN including within the first week of ICU admission.

Ultimately, the weak recommendation was made for both questions 5A and 5B to provide either mixed or soybean ILE, including in the first week of critical illness. However, many practicing in nutrition support questioned why this recommendation differs from those made by the 2019 European Society of Parenteral and Enteral Nutrition (ESPEN) critical care guidelines and recently updated 2022 Canadian Critical Care Guidelines. Dr. Patel explained that some of the evidence cited by ESPEN did not meet ASPEN's inclusion criteria and that ASPEN excluded any studies prior to Jan 2001 as critical care practices have vastly improved since that time. Dr. Patel's assessment of this evaluation was that the ASPEN group maximized the quality of data available. He did not comment on the recent Canadian Critical Care Guideline updates which utilized only RCT.

Dr. Patel wrapped up his robust discussion with an outline of the evolving knowledge and dissemination process ASPEN plans to take with any future guideline development. This effort is led by ASPEN statistician Liam McKeever, PhD, RDN. ASPEN plans to publish the guideline protocol in order to enhance transparency and to provide a timeframe to solicit feedback. ASPEN also plans to establish clinical and bias panels to better assess bias by incorporating the latest bias assessment tools. An algorithm for study inclusion was developed in order to avoid data conflation.

Lastly, many practicing clinicians are curious as to why there was such a dramatic reduction in the total number of guideline recommendations from 95 in 2016 to only 5 in 2021. The main reason for this was the removal of expert opinion. Dr. Patel shared his concern with including expert opinions in guideline, which he feels may lead to awarders shying away from giving grants for studies that are seeking to randomize an already published guideline recommendation.

The full recording of this lecture can be found on GASPEN's website at [GASPEN.org/events](https://GASPEN.org/events).

### References:

1. Compher, C., et al. (2022). "Guidelines for the provision of nutrition support therapy in the adult critically ill patient: American society for parenteral and enteral nutrition." *JPEN J Parenter Enteral Nutr*. 46(1): 12-41.
2. McClave, S. A., et al. (2016). "Guidelines for the Provision and Assessment of Nutrition Support Therapy in the Adult Critically Ill Patient: Society of Critical Care Medicine (SCCM) and American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.)." *JPEN J Parenter Enteral Nutr* 40(2): 159-211.
3. Singer, P., et al. (2019). "ESPEN guideline on clinical nutrition in the intensive care unit." *Clin Nutr* 38(1): 48-79.
4. Notz, Q., et al. (2022). "Omega-6 sparing effects of parenteral lipid emulsions—an updated systematic review and meta-analysis on clinical outcomes in critically ill patients." *Critical Care* 26(1): 23.

# Clinical Alert Update

## **ASPEN Fact Sheets and Practice Tools & Summary of Transitions of Care for PN Patients Consensus Statement** *Alison Evans, RD, LD, CNSC*

Check out the most current ASPEN published FACT SHEETS, Practice Tools, and Consensus Statement! Nutrition support clinicians should be aware of the newest guidelines to provide safe PN infusion, prevention of associated complications and optimization of clinical outcomes.

ASPEN FACT Sheets and Practice Tools, published in 2022 (hyperlinks provided). May also access at [www.nutritioncare.org](http://www.nutritioncare.org)). Please note that several additional FACT sheets and practice tools published prior to 2022 are available as well!

- [Lipid Injectable Emulsion Safety Recommendations: Neonate and Pediatric Considerations](#)
- [Update on the Use of Filters for Parenteral Nutrition – Pocket Guide](#)
- [Use of Supplemental Parenteral Nutrition in Critically Ill Patients](#)
- [Use of Supplemental Parenteral Nutrition for Surgical Oncology Patients](#)
- [Definitions in Pediatric Intestinal Failure](#)
- [Parenteral Nutrition Therapy for Malnutrition](#)
- [Tip Sheet on Oral Nutrition Supplements \(ONS\)](#)
- [Safe Care Transitions for Patients Receiving Parenteral Nutrition](#)

ASPEN Consensus Statement, on safe transitions of care for patients receiving parenteral nutrition (PN)<sup>1</sup>

### Summary:

This paper was published by a working group of ASPEN's PN Safety Committee describing best practices to improve transitions of care from one healthcare setting to another for patients requiring PN. Safety concerns of risk-prone processes are identified, and risk-avoidance strategies recommended with optimizing communication and standardizing processes between the sending and receiving organizations. The paper stresses that all members of the team should have a high degree of competence in their respective roles and emphasizes that competency includes the patient and/or caregiver. As described in a recent "call to action" document, standardization of the PN order form across care settings based on ASPEN recommendations may improve communication, consistency of the process and reduce risk for error. The consensus statement includes checklists as well as a summary of key steps and considerations in the transition process. These tables can be found on the Safe Transitions of Care Practice Tool available on the ASPEN website.

The paper allows for organizations to evaluate their processes and develop and utilize standardized tools for the safety of the patient requiring PN.

### Reference:

1. Adams S, Gura, K, et al. Safe care transitions for patients receiving parenteral nutrition: *Nutr Clin Pract.* 2022;37(3):493-508.

# Parenteral Nutrition Component Shortages Update

**Yolanda Whitty, PharmD, BCPS, CACP**

Shortages of PN components, at time of publication, are summarized in the table below. Routine review of the [FDA Drug Shortages](#), [ASHP Drug Shortages](#), and [ASPEN Product Shortages](#) websites is recommended for more timely shortage information. The [ASPEN Product Shortage Recommendations](#) is a great resource for clinicians in times of shortage. Note, per ASPEN's Clinical Practice Committee Shortage Subcommittee, do not ration PN components if available in sufficient supply and return to optimal dosing when shortages are resolved. Also, avoid dose reductions of PN components due to any perceived cost savings incentive and presumption of lack of adverse effects to patients.

## Intravenous (IV) Parenteral Nutrition Component Shortages

PN Component	Reason for Shortage	Availability of Alternatives
<b>Calcium gluconate</b> 100 mg/mL	11/13/2022: Fresenius Kabi (FK) has shortage due to increased demand.	FK estimates availability of <b>calcium gluconate</b> 100 mg/mL 50 mL vials by early- to mid-Jan. 2023 and presently has 10-mL and 100-mL plastic vials available; both FK and WG Critical Care have various presentations of premixed bags available.
<b>Dextrose</b> 70% large volume bags	10/7/2022: ICU Medical (IM): Shortage due to increased demand. No reason provided for B. Braun (BB) shortage	Baxter has dextrose 70% 2-L bags available. BB has 2-L bags on allocation to contracted customers. IM has dextrose 70% 500-mL and 2-L bags on allocation.
<b>IV lipid emulsion</b>	11/07/2022: Baxter and BB have shortages due to increased demand.	Baxter has Clinolipid® 20% 100-mL, 250-mL, 500-mL, and 1-L available. Intralipid® 20% 100-, 250-, and 500-mL and the 30% 500-mL are on allocation. The 20% 1-L is available in limited supply. BB has Nutralipid® 20% 250-mL, 500-mL, and 1-L available. FK has SMOFlipid® 20% 100-mL, 250-mL, 500-mL, and 1-L available.
<b>Magnesium sulfate</b> 500 mg/mL 10-, 20-, and 50-mL vials and 40 mg/mL 100-mL and 80 mg/mL 50-mL premixed bags	11/28/2022: FK and Pfizer have shortages due to increased demand.	Baxter, BB, Sagent, FK, Exela, and WG Critical Care have some presentations of <b>magnesium sulfate</b> injection available. Pfizer estimates availability in Nov. and Dec. 2022 for the 500 mg/mL 10- and 20-mL vials and 80 mg/mL 50-mL premixed bags, respectively. FK reports release date of late Jan-early Feb for the 500 mg/mL 50-mL vials. Sagent has 40 mg/mL 100-mL premixed bags, expiring April 2023, available.
<b>Multiple vitamins for infusion</b> , adult and pediatric	10/30/2022: Baxter has Infuvite® on shortage due to third party supplier manufacturing delays.	Baxter has Adult Infuvite® 10-mL vials and Pediatric Infuvite® 5-mL vials on allocation. No estimated date of release provided. Review ASPEN's <a href="#">2021 Parenteral Nutrition Multivitamin Product Shortage Considerations</a> for guidance on vitamin management in the shortage.
<b>Potassium salts:</b>  <b>Potassium acetate</b> 2 mEq/mL; <b>potassium chloride</b> 2 mEq/mL, 10 mEq/100 mL, and 10 mEq/50 mL vials and 20 mEq/50 mL premixed bags; and <b>potassium phosphates</b> 3 mEq/mL	10/30/2022 <b>Potassium acetate</b> : Pfizer and Exela: Shortages due to increased demand. 10/30/2022 <b>Potassium chloride</b> : Baxter, Nexus, and Pfizer: Shortages due to increased demand. FK, IM: manufacturing delays. 11/2/2022 <b>Potassium phosphates</b> : FK: short-term manufacturing delay, Pfizer: shortage due to third party supplied component delays.	Exela's supply of <b>potassium acetate</b> 2 mEq/mL is limited; Pfizer estimates resupply of 50-mL and 20-mL vials in Nov. 2022 and Jan. 2023, respectively. Baxter, Nexus, Pfizer, and FK: various <b>potassium chloride</b> presentations available. FK has 40 mEq vials and IM has 20 mEq bags estimated for release Dec. 2022. IM also has small volume bags on allocation. Pfizer has 10 mEq/5 mL and 20 mEq/10 mL vials available in limited supply. Nexus is releasing 20 mEq/50 mL as the product becomes available. CMP Pharma has <b>potassium phosphates</b> 3 mEq/mL 15-mL vials. FK: 3 mEq/mL 5 mL, 15 mL and 50 mL vials available.
<b>Amino acid products</b> , various	11/06/2022: Baxter and IM have shortages due to manufacturing delays. No reason given for BB's shortage of TrophAmine® 10%.	BB has Plenamine™ 15% 1-L and 2-L available and allocated to current customers; TrophAmine® 10% 500-mL on allocation. Baxter: Clinisol® 15% 500-mL and 2-L, Premasol® 10% 500-mL and 2-L, and Prosol® 20% 2-L available. Premasol® 10% 1-L available in limited supply. Travasol® 10% 1-L on allocation and 500-mL iback ordered without a release date. IM has Aminosyn®-PF 7% available. Aminosyn® II 10% 2-L and 15% 1-L back ordered and released as they become available.
<b>Sodium salts:</b>  <b>Sodium acetate</b> 4 mEq/mL and 2 mEq/mL; <b>sodium chloride</b> 14.6% and 23.4%, <b>sodium phosphates</b> 3 mEq/mL	10/24/2022 <b>Sodium acetate</b> : FK has shortage due to increased demand; Pfizer has shortage due to production delays from a third-party supplier. 11/14/2022 <b>Sodium chloride</b> : FK and Pfizer have shortages due to increased demand. 11/21/2022: <b>Sodium Phosphates</b> : Pfizer: shortages due to increased demand.	Woodward has <b>sodium acetate</b> 2 mEq/mL 50- and 100-mL vials. FK has 4 mEq/mL 100-mL vials backordered without a release date. Pfizer has 2 mEq/mL 20-, 50-, and 100-mL vials back ordered with release dates of Nov. 2022 for the 20- and 100-mL vials and Dec. 2022 for the 5-mL vials. FK has <b>sodium chloride</b> 14.6% 20- and 40-mL and 23.4% 30-, 100- and 200-mL vials back ordered. Only the 23.4% 100- and 200-mL vials have estimated release dates of late Nov. to mid-Dec. and mid- to late-Dec., respectively. Pfizer reports release dates of Nov. 2022 and May 2023 for the 23.4% 100-mL and 14.6% 40-mL vials, respectively. <b>Sodium phosphates</b> : FK: 5-, 15-mL vials available. 50-mL on backorder no release date. Pfizer has 15-mL vials in limited supply.

1. Product Shortage Management. ASPEN. [https://www.nutritioncare.org/Guidelines\\_and\\_Clinical\\_Resources/Product\\_Shortages/Product\\_Shortage\\_Management/](https://www.nutritioncare.org/Guidelines_and_Clinical_Resources/Product_Shortages/Product_Shortage_Management/).
2. Drug Shortages List. ASHP. <https://www.ashp.org/drug-shortages/current-shortages/drug-shortages-list?page=CurrentShortages#top>. Accessed Nov. 15, 2022.
3. FDA Drug Shortages. US Department of Health and Human Services. <https://www.accessdata.fda.gov/scripts/drugshortages/>. Accessed Nov. 15, 2022.



# Enteral Nutrition Shortages Update

*Adina Hirsch, PharmD, BCNSP, FASPEN*

Recent and ongoing shortages of enteral and infant formulas, at the time of newsletter publication, are summarized in the table below. The [ASPEN EN Product Shortages](#) website is updated frequently with data from manufacturers, and it is recommended to check often for timely shortage information and updates. The Oley Foundation also has tools and resources to assist EN consumers on their [formula shortages webpage](#).

ASPEN recently published an [Infant Formula Shortage Resources Practice Tool](#) with educational, clinical, community, and legislative resources to help clinicians and parents manage during the current shortage.

## Enteral Nutrition Shortages

EN Formula	Reason for Shortage	Availability of Alternatives								
EleCare® (Abbott)	Bacterial contamination at plant in Sturgis Michigan Plant – recently reopened	<b>November 2, 2022 update from Abbott</b> If a patient has an urgent need and cannot obtain EleCare through normal channels, Abbott will continue to provide EleCare Infant and EleCare Jr Vanilla products in the U.S. through the EleCare Urgent Product Request process. Parents and caregivers in urgent need should contact their healthcare provider or Abbott at 1-800-881-0876 for additional information.								
Metabolic formulas (Abbott): Pro-Phree®, Ketonex®-1 and 2, Phenex®-1, Similac PM 60/40®, Cyclinex®-1, I-Valex®-1, Glutarex®-1, Propimex®-1 Phenex-2 Unflavored and Vanilla, I-Valex-2, Cyclinex-2, Hominex®-2, Tyrex®-2, Glutarex-2, Propimex-2 January 2023 Hominex-1, Tyrex-1)	Bacterial contamination at plant in Sturgis Michigan Plant – recently reopened	<b>Sept 12, 2022 update from Abbott:</b> To obtain product for a patient in urgent need, order via urgent release process: <ol style="list-style-type: none"><li>Download the form at <a href="http://www.abbottnutrition.com/metabolics">www.abbottnutrition.com/metabolics</a></li><li>A Physician needs to fill out the form with patient information and to attest that the patient is in urgent need of the product. One form per patient.</li><li>Fax form to 1-877-293-9145 or email to <a href="mailto:metabolicorders@abbott.com">metabolicorders@abbott.com</a></li></ol> <table><tr><th>Estimated Release Month for the U.S.</th><th>Product</th></tr><tr><td>October 2022</td><td>Pro-Phree®, Ketonex®-1 and 2, Phenex®-1, Similac PM 60/40®, Cyclinex®-1, I-Valex®-1, Glutarex®-1, Propimex®-1</td></tr><tr><td>November 2022</td><td>Phenex-2 Unflavored and Vanilla, I-Valex-2, Cyclinex-2, Hominex®-2, Tyrex®-2, Glutarex-2, Propimex-2</td></tr><tr><td>January 2023</td><td>Hominex-1, Tyrex-1</td></tr></table>	Estimated Release Month for the U.S.	Product	October 2022	Pro-Phree®, Ketonex®-1 and 2, Phenex®-1, Similac PM 60/40®, Cyclinex®-1, I-Valex®-1, Glutarex®-1, Propimex®-1	November 2022	Phenex-2 Unflavored and Vanilla, I-Valex-2, Cyclinex-2, Hominex®-2, Tyrex®-2, Glutarex-2, Propimex-2	January 2023	Hominex-1, Tyrex-1
Estimated Release Month for the U.S.	Product									
October 2022	Pro-Phree®, Ketonex®-1 and 2, Phenex®-1, Similac PM 60/40®, Cyclinex®-1, I-Valex®-1, Glutarex®-1, Propimex®-1									
November 2022	Phenex-2 Unflavored and Vanilla, I-Valex-2, Cyclinex-2, Hominex®-2, Tyrex®-2, Glutarex-2, Propimex-2									
January 2023	Hominex-1, Tyrex-1									
Glucerna® Original – Vanilla, Chocolate, Strawberry (Abbott) 8- ounce cartons in 24-count case	Lyons Magnus, third-party manufacturer for Abbott, is expanding its voluntary recall initiated on <b>July 28, 2022</b>	Check ASPEN website for updates – last update August 16, 2022 regarding expanded recall								
Pediasure® Harvest (Abbott) 8- ounce cartons in 24-count case	Lyons Magnus, third-party manufacturer for Abbott, is expanding its voluntary recall initiated on <b>July 28, 2022</b>	Check ASPEN website for updates – last update August 16, 2022 regarding expanded recall								
Ensure® Harvest (Abbott) 8- ounce cartons in 24-count case	Lyons Magnus, third-party manufacturer for Abbott, is expanding its voluntary recall initiated on <b>July 28, 2022</b>	Check ASPEN website for updates – last update August 16, 2022 regarding expanded recall								

### Note:

- Product Shortage Management. ASPEN. [https://www.nutritioncare.org/Guidelines\\_and\\_Clinical\\_Resources/Product\\_Shortages/Product\\_Shortage\\_Management/](https://www.nutritioncare.org/Guidelines_and_Clinical_Resources/Product_Shortages/Product_Shortage_Management/).
- Product Shortages. ASPEN. <https://www.nutritioncare.org/Productshortages/>. Accessed November 7, 2022.



**LIFT-ECHO**  
Learn Intestinal Failure TeleECHO

## **DISCOVER AND LEARN ABOUT INTESTINAL FAILURE!**

*Alison Evans, RD, LD, CNSC*

DISCOVER Learn Intestinal Failure TeleECHO (*LIFT-ECHO*)! Dr. Kishore Iyer, MBBS, director of the adult and pediatric intestinal rehabilitation and transplantation at Mount Sinai Medical Center in New York, initiated and leads the series.

*LIFT-ECHO* is an online community of medical professionals dedicated to supporting the treatment and management of intestinal failure patients. Weekly presentations utilize the ECHO model which links specialists at academic hubs with other clinicians and non-specialists in local communities to increase awareness of intestinal failure. Teams of practitioners with expertise in nutrition, gastroenterology, surgery/transplant, patient advocacy, and insurance provide virtual consultations during scheduled, web-based clinics.

Clinicians are encouraged to submit challenging cases. In this way, non-specialist clinicians can present to specialist teams (and to each other) to discuss treatment alternatives and provide updates to the online forum. To submit a case, click the link on the LIFT-ECHO website ([Home – Join the Conversation – Submit a Case](#)).

Webinars are held on select Tuesdays each month from 1-2 PM ET and include a 30-minute interactive case presentation and a 30-minute didactic presentation on either adult or pediatric intestinal failure topics. Most presentations offer one hour of multidisciplinary continuing education credit through ASPEN.

For more information, log onto ASPEN and go to Continuing Education > LIFT-ECHO or visit the LIFT-ECHO website at [www.liftecho.org](http://www.liftecho.org).

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## GI Nutrition Series for Clinicians

November 8, 2022 – February 8, 2023

Available at [www.nutritioncare.org](http://www.nutritioncare.org)



## Nutrition Care for Adults with Developmental Disabilities

December 15, 2022

Available at [www.nutritioncare.org](http://www.nutritioncare.org)



## Sodium and Zinc: Essential for Pediatric Growth and Development

January 11, 2023

Available at [www.nutritioncare.org](http://www.nutritioncare.org)



## The 18th International Congress of the Intestinal Rehabilitation and Transplant Association (CIRTA)

June 30<sup>th</sup> - July 3<sup>rd</sup>, 2023, Chicago, IL

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