246

ENTERAL VS PARENTERAL NUTRITION: INFECTIOUS COMPLICATIONS IN CRITICALLY ILL ADULT PATIENTS WITH AGGRESSIVE GLYCEMIC CONTROL

(A4) Do Quyen Le, Lorene Kong, Darren Malinoski. UC Irvine Medical Center, Irvine, CA, (doql@uci.edu) IRB approval received.

Nutrition support is essential to patients that are admitted to the hospital intensive care units to prevent malnutrition and improve clinical outcomes. Enteral and parenteral nutrition have been associated with complications, e.g. hyperglycemia and infections with parenteral nutrition. Studies have shown that parenteral nutrition is associated with higher infection rates as well as a greater frequency of hyperglycemia. There is evidence that high blood sugars may depress the immune system and increase the risk of infection. Recent studies have presented evidence that aggressive control of blood sugar levels maintained within accepted normal limits decrease infection rates in the critical care setting. The objective of this study is to evaluate the incidence of infection and electrolyte abnormalities in critically ill patients receiving enteral nutrition or parenteral nutrition with strict glycemic control. A retrospective chart review of adult surgical intensive care patients at UC Irvine Medical Center who received parenteral nutrition or enteral nutrition in 2008 has been initiated. The subjects are divided into four groups based on type of nutritional support and blood glucose levels. Data will include baseline demographics, comorbidities, type of infections, length of stay, electrolytes abnormalities. The results will be discussed.