

# Indications for enteral feeding

Indications for enteral feeding include traumatic brain injury, stroke, dementia, and gastric dysfunction with malnutrition.

- Traumatic brain injury can alter the level of consciousness to the point where the patient can't eat or drink safely. Occasionally, a coma is induced to reduce pressure inside the brain or promote respiratory support.
- About 55% of patients with stroke experience dysphagia. Enteral feeding is an option if a speech therapist can't find a safe consistency of food that the patient can tolerate by mouth.
- For patients with dementia, enteral feeding is controversial if the condition stems from a progressive disease. In 2014, the American Geriatrics Society released a position statement against enteral feeding in advanced dementia, stating that hand feeding produces the same outcomes in terms of aspiration pneumonia, functional status, comfort, and death rates. However, family members may opt for enteral feedings out of concern that their loved one may experience hunger.
- Gastric dysfunction with malnutrition (for instance, from chronic pancreatitis or gastroparesis) may warrant a postpyloric (jejunal [J]) feeding tube. Patients with chronic pancreatitis also may benefit from a J tube due to complications of prolonged decreased nutrient intake. J tube feedings help prevent ileus in these patients, minimize further organ damage, and reduce pancreatic stimulation. In patients at high risk for aspiration due to gastroparesis, a postpyloric tube can help prevent tube-feeding intolerance.

## Other indications

Patients recovering from treatment for cancer of the throat, esophagus, or stomach also may require nutrition through enteral feeding. Sedated and mechanically ventilated patients may receive nutrition through an orogastric tube. Other conditions that may require enteral feeding include liver failure, prolonged anorexia, and critical illness that causes significant nutrient depletion.