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CHICAGO AREA SOCIETY FOR PARENTERAL
AND ENTERAL NUTRITION

A Chapter of the American Society for Parenteral and Enteral Nutrition

The CASPEN Connection – Volume 11, Issue 1, Winter 2020



Letter from the President

Hello everyone,

Happy New Year CASPEN members!

Thank you all for your continued interest and involvement in CASPEN! We are so lucky to have such devoted members. Our members drive our organization and we are proud to be one of the largest chapters of ASPEN.

I am pleased to announce that our new president for 2020 is Stephanie Send. Stephanie has been involved with CASPEN over the past few years and is eager to continue to promote and grow this chapter.

Please let Stephanie or our board members know if you are interested in volunteering and being on one of our many committees. We are always looking for more people to expand our network. Getting involved is a great way to meet people, stay up to date, and contribute to the field of nutrition support.

It has been a pleasure serving as your CASPEN president this past year! Hope to see some new faces on the board for the next year!

Sincerely,

Kristen Nowak, MS, RD, LDN, CNSC

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Kristen Nowak



Stephanie Send

CASPEN Member Spotlight

In this issue of the CASPEN Connection, we would like to highlight Courtney Susterich, MS, RDN, LDN, CNSC.

Hey Courtney! Tell us about your education and background!

I grew up in Muskegon, MI and completed my BS in Dietetics at Michigan State University (MSU). I completed a combined dietetic internship and master's program in clinical nutrition at Rush University Medical Center. I completed a thesis regarding lifestyle changes and body weight measurements in pediatric patients, as well as other research involving cancer patients. I also completed an in-depth clinical nutrition rotation where my love for nutrition support grew.

What is your current role?

I currently hold multiple different hats at my current job. I work at Rush University Medical Center as a Clinical Dietitian. I am mainly responsible for general neurology, epilepsy, neuromuscular, neurosurgery patients as well as cover a surgical step down unit where I do educations on bariatric nutrition and ileostomy educations. I am also the dietitian in a multi-disciplinary food allergy and sensitivity clinic. In addition, I am the relief dietitian for the three different ICU's that Rush has (neurosciences ICU, medical ICU, surgical ICU).

How did you become interested in nutrition support?

My love for nutrition support first was sparked in undergraduate when learning how to dose TPN and EN and I enjoyed the math involved with determining prescriptions. Once I began my internship at Rush, I was exposed to multiple different disease states requiring nutrition support and it grew my interest even more. The CNSC preceptors that I had for my rotations were inspiring and allowed me to grow my nutrition support knowledge. Many of my coworkers are involved in ASPEN/CASPEN and being surrounded by knowledge makes me always want to learn more.



Working at a large facility allows me the opportunity to write daily TPN for patients.

What is the member benefit you utilize most with CASPEN and what do you gain from CASPEN membership?

The benefit that I utilize most with CASPEN would likely be the great networking with other nutrition support clinicians and the different sponsors that come to the events. I enjoy learning what other clinicians do and new products available.

What is your favorite restaurant in Chicago?

Such a hard question! It depends on my mood in all honesty – Lou Malnati's for deep dish pizza for sure. Sushi Para – all about the BYOB and all you can eat sushi. I also love Quartino – great pasta and shared plates!



Did you miss our spring event?

Valerie Reynolds MS, RD, LDN, CNSC, CSO
Jennifer Larson MS, RD, LDN, CNSC

This past spring, CASPEN hosted an educational dinner event focused on the nutritional management of burn patients. Both of our speakers, Valerie Reynolds and Jennifer Larson, were extremely knowledgeable and did an amazing job shedding light on the day to day schedule, as well as their thought process when evaluating nutritional needs within this patient population. Valerie Reynolds MS, RD, LDN, CNSC, CSO is a burn and critical care dietitian at University of Chicago Medicine, that has been working with patients for close to 10+ years. Jennifer Larson MS, RD, LDN, CNSC is also a burn dietitian at Loyola Medical Center, who has also been working in the field for close to 8 years.

Within this education session, attendees learned about burn pathophysiology, common comorbidities associated with burns, medical management, and the optimal route of nutrition delivery. To no one's surprise, TPN is contraindicated in most cases due to infection risk. In fact, enteral access is obtained within the first 4 hours of admission for patients with a total burn surface area (TBSA) greater than 20%. This is done and feeds are started (pending hemodynamic stability) as soon as possible to minimize the negative effects of trauma-associated hyper-metabolism.

In fact, this patient population's resting metabolic rate peaks within seven to ten days of admission, further stressing the importance of early and adequate nutrition delivery. Valerie and Jennifer highlighted that in addition to early nutrition, macronutrient content and amount matters. Specifically, it was identified that no matter how much protein is delivered to these patients, they will always experience some degree of lean body mass loss due to the hormonal and inflammatory response. Additionally, lipolysis is suppressed and carbohydrates are the preferred energy source.

When identifying these patient's calorie and protein requirements a variety of strategies can be utilized. Both dietitians utilize different predictive equations, as well as their clinical judgment to identify appropriate caloric goals; however, both agree on protein delivery. In patients with greater than 20% TBSA, protein goals range from 2-3 gm/kg/day. Additionally, negative outcomes have been associated with fat delivery exceeding 35% of total energy requirements, emphasizing the need for higher carbohydrate-content tube feeding formulas with this population. Last but definitely not least, micronutrient supplementation was addressed in the realm of wound healing. Nutrients of concern include zinc, selenium, vitamin E, vitamin A, Vitamin C, folic acid, vitamin D, riboflavin, and niacin. The presentation was rounded out with a case study that put all of this information into practice. Again, this dinner was extremely informative and CASPEN can't thank Valerie and Jennifer enough for their willingness to educate others. Can't wait to see you all at the next event!

Did you miss our winter event?

CASPEN would like to thank all of our knowledgeable speakers that presented at our winter seminar. Our speakers were

Sheela Mahendra, MD
Nikki Burzawa RD, LDN, CNSC
Marlene Moreno BSN, RN, CRNI
Marisa Mozer MS, RDN, CSO, LDN, CNSC
Natalie Ratz MS, RDN, CSP, CNSC, LDN

This seminar was entitled "Management of the Parenteral Nutrition Patient". Our speakers discussed a variety of topics within this realm including line care, home health coverage, complications, and case studies on challenging patients.

CASPEN is ecstatic that this learning opportunity promoted interdisciplinary care as physicians, dietitians, and nurses presented on various topics. Dr. Mahendra started out the day by discussing common complications of parenteral nutrition support. The highlighted topic during this presentation was intestinal failure associated liver disease (IFALD), which is a common complication we see with long-term parenteral nutrition (PN) patients. Strategies to avoid this complication were discussed, as well as new lipid emulsions available.

Nikki Burzawa spoke on her involvement with home health coverage and management of PN patients. Her presentation provided insight into the common obstacles that are encountered when working to obtain nutrition support coverage for patients. Nikki's presentation also highlighted the importance of interdisciplinary care to help our patients thrive at home.



Marlene Moreno discussed vascular access and management. As an RN on a vascular team at a large academic hospital, she provided information on what to consider when selecting a type of line, placement, care, and common complications.

Lastly, Marisa Mozer and Natalie Ratz discussed two case studies about challenging patients. Marisa discussed a bone marrow transplant patient, who required PN for graft vs host disease of the GI tract. Marisa provided insight on the struggles of managing a patient of this complexity, as well as the uphill battle to safely dose PN and maintain a hyper catabolic patient's weight. Natalie Ratz also discussed a challenging pediatric case about a patient with short bowel syndrome. Natalie provided highlights of parenteral and enteral nutrition management throughout the past seven years of this patient's life. This case study did an excellent job highlighting that clinical practice may not always align with clinical guidelines.

We hope everyone enjoyed the winter seminar as much as we did. Our next educational opportunity will be coming up this spring. Be on the lookout for an email asking for topic preferences.



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We are always looking for volunteers to help with our committees. Please email caspenboard@gmail.com with questions!