Nutrition Algorithm for the Pediatric Oncology Patient

**ADEQUATE**
>90% IBW

Wt Loss
- \(\leq 5\%\) over 1 mo
- \(\leq 7.5\%\) over 3 mos
- \(\leq 10\%\) over 6 mos

**Monitor/ Intervene as needed**

>80% Caloric and Protein needs met from diet/supplements

**DEPLETED**
81-90% IBW

Wt Loss @ 5% over 1 mo
- 7.5 % over 3 mos
- 10% over 6 mos

**INADEQUATE**
< 90% IBW

< 80% needed oral intake

**INADEQUATE**
< 80% needed oral intake

**SEVERELY DEPLETED**
<80% IBW

>5% over 1 mo
- >7.5% over 3 mos
- >10% over 6 mos

Monitor and make changes as necessary

Will impending treatment decrease oral intake?

- YES
- NO

Can patient safely tolerate/absorb nutrients from G.I. Tract?

- YES
- NO

Can intolerance be alleviated by changing formula/food, adding meds?

- YES
- NO

Gastric Feeds

Requirement for supplementation >3 mos

Jejunal Feeds

Is expected need for nutritional support > 7 days?

- YES
- NO

Nasogastric or Nasojejunal tube appropriate

TPN until G.I. Tract can be safely used

Implement changes

Consider permanent gastrostomy or jejunostomy tube feeding as appropriate

Adapted from Bowman LC et al Int J. Cancer;1998; Supp 11: 78 & Ideno KT. Nutrition Support Dietetics Core Curriculum; American Society for Parental & Enteral Nutrition. 1993: 83

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