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Decrease Dislodgements

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The graphic features a cross-section of a vein with a SecurAcath device inserted. The device has a yellow handle with 'LIFT' and 'HOLD' labels and 'securAcath' branding. The background is a gradient of orange and brown.



“Parenteral nutrition is needed in these infants because most cannot meet the majority of their nutritional needs using the enteral route. Despite adoption of a more aggressive approach with amino acid infusions, there still appears to be a reluctance to use early intravenous lipids” Salama et al (2015).

Reference:

Salama, G.S., Kaabneh, M.A., Almasaeed, M.N. and Alquran M.I.A. (2015) Intravenous lipids for preterm infants: a review. Clinical Medicine Insights. Pediatrics. 9, p.25-36. eCollection 2015.

Review of intravenous lipids for preterm infants [@ivteam #ivteam](http://ctt.ec/xP1q0+)

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Abstract:

Extremely low birth weight infants (ELBW) are born at a time when the fetus is undergoing rapid intrauterine brain and body growth. Continuation of this growth in the first several weeks postnatally during the time these infants are on ventilator support and receiving critical care is often a challenge. These infants are usually highly stressed and at risk for catabolism. Parenteral nutrition is needed in these infants because most cannot meet the majority of their nutritional needs using the enteral route. Despite adoption of a more aggressive approach with amino acid infusions, there still appears to be a reluctance to use early intravenous lipids. This is based on several dogmas that suggest that lipid infusions may be associated with the development or exacerbation of lung disease, displace bilirubin from albumin, exacerbate sepsis, and cause CNS injury and thrombocytopena. Several recent reviews have focused on intravenous nutrition for premature neonate, but very little exists that provides a comprehensive review of intravenous lipid for very low birth and other critically ill neonates. Here, we would like to provide a brief basic overview, of lipid biochemistry and metabolism of lipids, especially as they pertain to the preterm infant, discuss the origin of some of the current clinical practices, and provide a review of the literature, that can be used as a basis for revising clinical care, and provide some clarity in this controversial area, where clinical care is often based more on tradition and dogma than science.

Full Text

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