8.2. Nutrition artificielle :

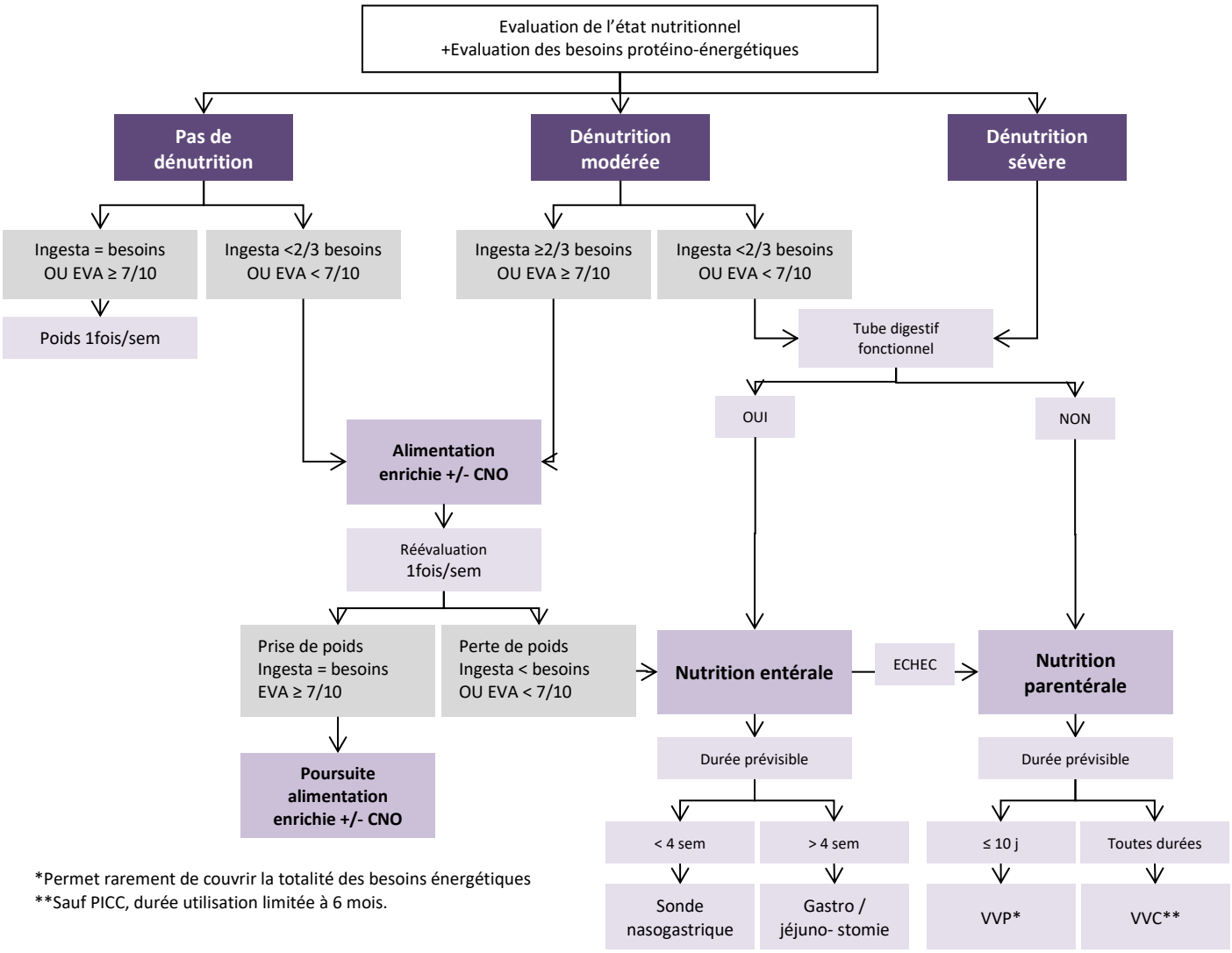

Figure 6 – Arbre décisionnel du soin nutritionnel de la SFNCM

Lors de la mise en place d'une nutrition artificielle chez un patient dénutri : supplémentation et surveillance ionique (phosphore ++) journalière et supplémentation systématique en vitamine B1 (prévention syndrome renutrition inapproprié)

- Nutrition entérale
  - La nutrition entérale est à privilégier si le tube digestif est fonctionnel, car moindre effets secondaires et favorise l'autonomie du patient.
  - Si risques d'inhalation ou vomissements : préférer un site jéjunal.
  - Si durée estimée > 4 semaines discuter gastrostomie percutanée.
  - Après une explication adéquate, le taux d'adhésion sont souvent élevés (111)
- Nutrition parentérale
  Compte tenu de ses risques métaboliques et infectieux, l'alimentation parentérale intraveineuse ne doit être réalisée **que dans des situations où l'alimentation entérale est contre indiquée**.
  A domicile obligatoirement par voie veineuse centrale.
  Prévention des infections de cathéter par verrous de taurolidine sont efficaces en prévention primaire et secondaire (112).

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