

SHORT TERM OUTCOMES USING BLENDERIZED TUBE FEEDINGS AMONG G-TUBE DEPENDENT CHILDREN (NASPGHAN 2015 PRESENTATION)

Bennett K, Brown J, Robinson R, et al
CHOC Children's Hospital

Pediatric patients who are dependent on gtube feedings may benefit from BTF for improvement in stool consistency, vomiting and gtube intolerance. Full BTF may result in better outcomes than combination feeds.



THE BLEND STUDY: A FEASIBILITY STUDY LOOKING AT CHILDREN TRANSITIONING ONTO BLENDERIZED TUBE FEEDINGS (NASPGHAN 2015 PRESENTATION)

Gallagher K, Mouzaki M, Carpenter A, et al.
The Hospital for Sick Children and University of Toronto

Blenderized G-Tube feeds can be used successfully in medically stable children instead of commercial formulas. On BLEND: Fewer subjects reported emesis and stools became firmer. Use of antacids, motility agents and laxatives did not increase. 1.5 times more calories were required to maintain anthropometrics. Caregivers' perception of BLEND was positive.



TOLERANCE OF PUREED DIET BY G-TUBE IN PEDIATRIC PATIENTS (NASPGHAN 2014 PRESENTATION)

Mitsuya JB, Helmick E, El-Baba M
Division of Pediatric Gastroenterology, Children's Hospital of Michigan/
Wayne State University School of Medicine

83% noted increase in weight velocity, all patients reported a reduction in gagging & vomiting, increase oral tolerance and overall superior tolerance; 67% described more regular bowel movements.



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- No Refrigeration Necessary
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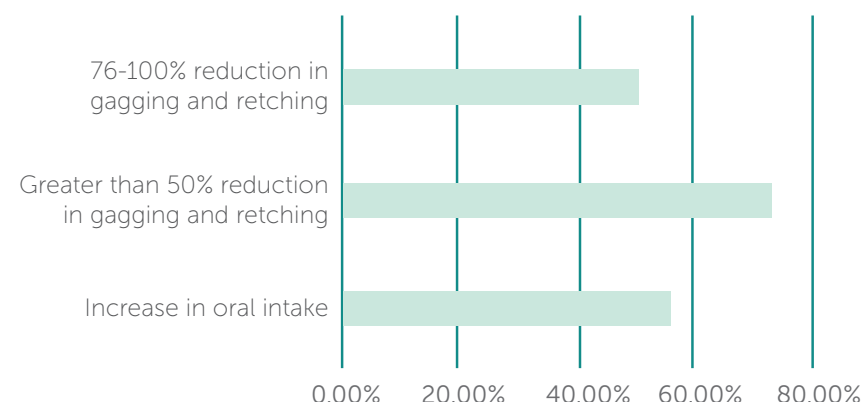
THE SCIENCE BEHIND Blenderized Diets

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PUREED BY GASTROSTOMY TUBE DIET IMPROVES GAGGING AND RETCHING IN CHILDREN WITH FUNDOPLICATION

Pentiuk S, O'Flaherty T, Santoro K, Willging P, Kaul A
University of Cincinnati College of Medicine, 2011

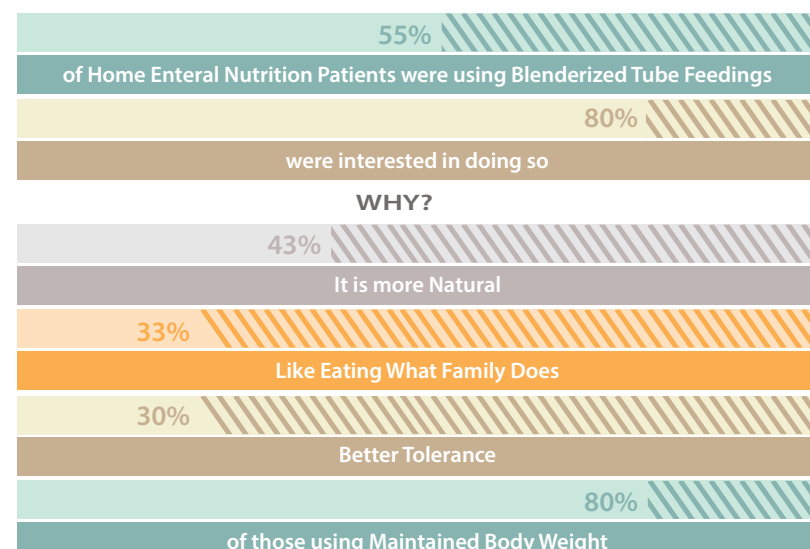


Thirty-three children (mean age, 34.2 months) participated in the trial. Average weight gain on the Pureed By GT diet was 6.2 g/d. Seventeen children (52%) were reported to have a 76%-100% reduction in gagging and retching. Twenty-four children (73%) were reported to have a $\geq 50\%$ decrease in symptoms. No child had worsened symptoms on the PBGT diet. Nineteen children (57%) were reported to have an increase in oral intake on the PBGT diet.

CONCLUSIONS: A PBGT diet is an effective means of providing nutrition to children with feeding disorders. In children post-fundoplication surgery, a PBGT diet may decrease gagging and retching behaviors.

BLENDERIZED TUBE FEEDING USE IN ADULT HOME ENTERAL NUTRITION PATIENTS

Hurt R, Varayil JE, Epp L, et al.
Mayo Clinic, 2015

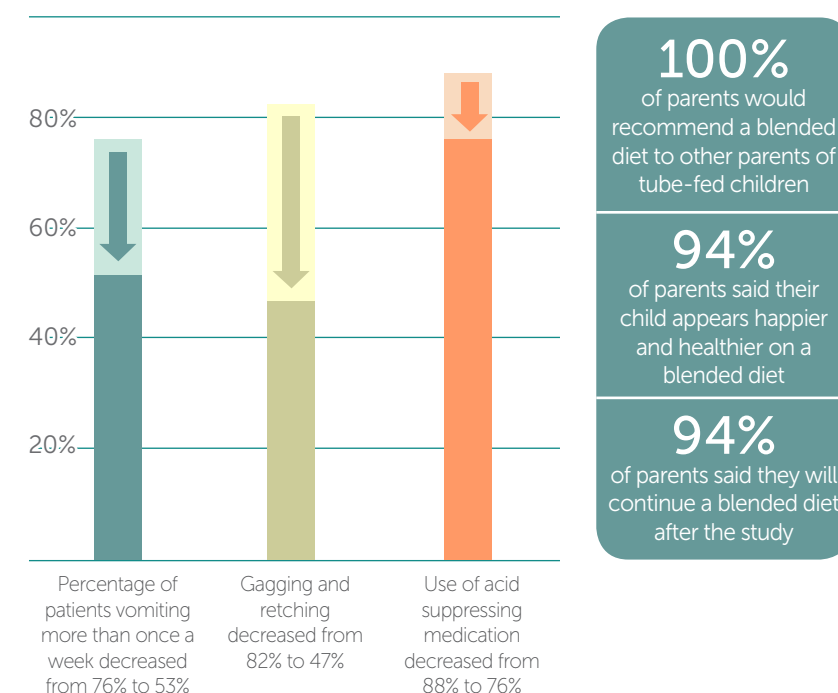


Participants reported significantly less vomiting, nausea, bloating, diarrhea and constipation when using a blended diet vs. formulas.

More than 50% of participants surveyed were already using a blenderized diet and approximately 80% expressed a desire to use a blenderized diet if provided with adequate information.

BLENDERIZED ENTERAL NUTRITION DIET STUDY: FEASIBILITY, CLINICAL, AND MICROBIOME OUTCOMES OF PROVIDING BLENDERIZED FEEDS THROUGH A GASTRIC TUBE IN A MEDICALLY COMPLEX PEDIATRIC POPULATION

Gallagher K, Flint A, Mouzaki M, et al.
The Hospital for Sick Children and the University of Ottawa, 2018



Blended diets are not only feasible in a medically complex pediatric population but can also be associated with improved clinical outcomes and increased bacterial diversity.