



ABSTRACT

## Parenteral multivitamins in hospitalized patients

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### **Abstract : Nutri Virtual Symposium 2022 – Speaker**

Malnutrition, especially micronutrient malnutrition remain as major problems in hospitalized patients. Micronutrient malnutrition contributes to health status and recovery speed of patients. It may lead to poor wound healing and/or increasing the risk of complication which result in longer hospital stay or even, death. Critically or acutely ill patients who are in total parenteral nutrition therapy for longer period need intravenous micronutrients. Past publications reported Wernicke's Beri-beri in patient who did not received vitamins along with total parenteral nutrition infusion after 4 weeks passed away regardless the amounts of macronutrients delivered.

Patients with history of poor oral/enteral intake, digestion and/or absorption problem, or experienced massive loss due to disease or intervention in hospital are prone to micronutrient deficiency problem. Intervention must be initiated soon before the symptoms and signs occur, as an important compliment in nutrition therapy program.

While nutrition supports have been remarkably improved, micronutrients malnutrition and its therapy are usually overlooked. The availability dan limited funding resources may also contribute to therapy, resulting in poor nutrition status of the patients.

It is important to assess micronutrients status before starting therapy, in order to determine the administered dose. However, the laboratory work ups are expensive and time consuming, therefore, a “cocktail” of micronutrients is recommended as an essential adjunct therapy for patients who are malnourished or at risk of being malnourished during hospitalitation with limited or absence of oral/enteral nutrition delivery.

**Keywords:** parenteral multivitamin, parenteral nutrition, critically ill

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