



**ANHI**  
ABBOTT NUTRITION  
HEALTH INSTITUTE

# ANHI COURSE CATALOGUE

## FOR DIETITIANS IN IRELAND

### MARCH 2025

The Continuous Professional Development (CPD) Credits assigned to each of the material is based off review by the US Commission on Dietetic Registration. CORÚ registered dietitians should assign themselves 1 CPD credit for every hour of new or enhanced learning achieved.

#### FOR HEALTHCARE PROFESSIONALS ONLY

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# ADULT VIDEO RESOURCES

MALNUTRITION AND SCREENING	TIME/CPD CREDIT
<a href="#">Malnutrition Screening in Adults: Combining Evidence and Clinical Practice to Improve Patient Care</a>	1 CPD Credit
<a href="#">New Evidence to Support Optimal, Early Nutrition Intervention to Improve Patient Outcomes</a>	1 CPD Credit
<a href="#">Malnutrition Screening &amp; Diagnosis Across the Lifespan: Part 1</a>	1 CPD Credit
<a href="#">Malnutrition Screening &amp; Diagnosis Across the Lifespan: Part 2</a>	1 CPD Credit
<a href="#">Malnutrition Screening &amp; Diagnosis Across the Lifespan: Part 3</a>	0.75 CPD Credit
MUSCLE	
• <b>Muscle Matters</b>	
<a href="#">Muscle Matters: New Insights on the Interplay Between Nutrition, Inflammation and Metabolism</a>	0.75 CPD Credit
<a href="#">Muscle Matters: Preventing Muscle Loss</a>	Video Series
• <b>Sarcopenia</b>	
<a href="#">Sarcopenia in Frailty</a>	0.5 CPD Credit
<a href="#">Finding and Diagnosing Sarcopenia Video Series</a>	Video Series
• <b>Muscle and Health Outcomes</b>	
<a href="#">Building Muscle For Better Health Outcomes</a>	5 min video
<a href="#">Unlocking the Value of Muscle &amp; Nutrition for Improved Health Outcomes</a>	1.25 CPD Credit
• <b>Building Muscle, Muscle Maintenance and Preventing Muscle Loss</b>	
<a href="#">Building Muscle Strength: The Role of Exercise</a>	35 min video
<a href="#">Nutrition Interventions to Support Muscle Maintenance</a>	45 min video
<a href="#">The Future of Nutrition Intervention to Address Malnutrition and Muscle Loss</a>	3 min video
<a href="#">Muscle Loss: Prevalence and Consequences</a>	3 min video
• <b>Calcium <math>\beta</math>-hydroxy-<math>\beta</math>-methylbutyrate</b>	
<a href="#">The Role of HMB<sup>†</sup> Supplementation in Supporting Muscle Health</a>	5 min video
<a href="#">The Importance of Muscle Mass and HMB<sup>†</sup> During Illness</a>	25 min podcast
WOUNDS	
<a href="#">Wound Module 1: A Closer Look: Understanding Chronic Wounds</a>	1 CPD Credit
<a href="#">Wound Module 2: Pressure Injuries &amp; the Management of Chronic Wounds</a>	1 CPD Credit
<a href="#">Wound Module 3: Making the Connection: Chronic Wounds and Nutrition</a>	1 CPD Credit
<a href="#">The Interface of Nutrition &amp; Pressure Injury Prevention: Following a Hospital Journey (Part 1)</a>	1 CPD Credit
<a href="#">The Interface of Nutrition &amp; Pressure Injury Prevention: Following a Hospital Journey (Part 2)</a>	1 CPD Credit
<a href="#">Nutrition and Wounds: Implementing an Evidence-Based Plan of Care</a>	0.5 CPD Credit
NUTRITION FOCUSED PHYSICAL EXAM (NFPE)	
<a href="#">Nutrition Focused Physical Exam - Part 1: Subcutaneous Fat and Muscle Loss</a>	1 CPD Credit
<a href="#">Nutrition Focused Physical Exam - Part 2: Micronutrients, Fluid Accumulation &amp; Functional Status</a>	1 CPD Credit
<a href="#">Performing Nutrition-Focused Physical Exam Via Telehealth in an Adult Outpatient Population</a>	1 CPD Credit
ENTERAL NUTRITION	
<a href="#">Back to Basics: Enteral Formula Composition and Delivery Considerations for Adult Patients</a>	1 CPD Credit
<a href="#">Choosing Wisely: Enteral Feeding Tube Selection, Placement &amp; Considerations</a>	1 CPD Credit
<a href="#">Enteral Nutrition Tolerance &amp; Gut Health</a>	0.5 CPD Credit
<a href="#">Enteral Nutrition: Transitions of Care from Hospital to Home</a>	0.5 CPD Credit
<a href="#">Enteral Tube Feeding: Gastrointestinal Complications</a>	1 CPD Credit
<a href="#">Enteral Tube Feeding: Surgical and Metabolic Complications</a>	1.5 CPD Credit

†HMB:  $\beta$ -hydroxy- $\beta$ -methylbutyrate.

# ADULT VIDEO RESOURCES

HOSPITAL TO HOME ENTERAL NUTRITION	TIME/CPD CREDIT
<a href="#">Good Tubes Gone Bad: Management &amp; Prevention of Common Tube Site Complications</a>	1 CPD Credit
<a href="#">Practical Management of Home Tube Feeding</a>	1 CPD Credit
<a href="#">Successful Transition of Tube Feeding: From Hospital to Home</a>	1 CPD Credit
INTENSIVE CARE UNIT (ICU)	
• NFPE in ICU	
<a href="#">Adapting the Nutrition-Focused Physical Exam to Identify Critically Ill Patients with Obesity</a>	1 CPD Credit
<a href="#">Adult Malnutrition in the Critical Care Setting: Utilizing Nutrition-Focused Physical Exam in the ICU</a>	1.5 CPD Credit
• Gastrointestinal Tolerance in ICU	
<a href="#">Addressing Gastrointestinal Tolerance in the ICU Setting</a>	1 CPD Credit
<a href="#">Gastrointestinal Dysfunction in Critical Illness</a>	0.75 CPD Credit
<a href="#">Gastrointestinal Intolerance in Critically Ill Patients: Definitions, Management &amp; Nutrition Considerations</a>	1 CPD Credit
<a href="#">Putting Evidence into Practice: Preventing, Managing &amp; Treating Enteral Feeding Intolerance in the Critical Care Setting</a>	1 CPD Credit
• Early Feeding in ICU	
<a href="#">Implementing Early Feeding Practices in Critical Care</a>	1 CPD Credit
<a href="#">Making Early Enteral Nutrition Happen</a>	1 CPD Credit
<a href="#">The Importance of Early Enteral Nutrition for Critically Ill Patients</a>	1 CPD Credit
• Screening and Assessment	
<a href="#">When It Matters Most: Muscle &amp; Nutrition in Critical Care</a>	1 CPD Credit
<a href="#">Measuring Body Composition and Optimal Nutrition Support in the ICU Setting</a>	1 CPD Credit
• Nutritional Care and Guidelines	
<a href="#">Improving the Quality of Nutrition Care for Critically Ill Patients</a>	1 CPD Credit
<a href="#">Optimal Nutrition Therapy During &amp; Post-ICU</a>	0.5 CPD Credit
<a href="#">Update on the 2022 ASPEN Critical Care Guidelines</a>	0.5 CPD Credit
OBESITY AND BARIATRIC SURGERY	
<a href="#">Malnutrition Screening in Patients with Obesity in the Hospital Setting</a>	1 CPD Credit
<a href="#">Addressing Weight Stigma in Healthcare Settings</a>	1 CPD Credit
• Bariatric Surgery	
<a href="#">Bariatric Surgery: Developing an Understanding of the Evidence, Procedures &amp; Expected Outcomes (Module 1)</a>	0.5 CPD Credit
<a href="#">Setting Patients Up for Success: Prioritizing Nutrition Prior to Bariatric Surgery (Module 2)</a>	0.5 CPD Credit
<a href="#">The Long and Short of It: Postoperative Nutrition to Support Long-Term Success After Bariatric Surgery (Module 3)</a>	0.5 CPD Credit
• Muscle Health	
<a href="#">The Benefits of Personalized Nutrition &amp; Lifestyle Approaches in Obesity Management: Exploring the Role of Muscle Health</a>	1 CPD Credit
<a href="#">The Holistic Support of Patients Post Metabolic &amp; Bariatric Surgery in Primary Care: Nutrition, Muscle Health and Beyond</a>	1 CPD Credit
ONCOLOGY	
<a href="#">What's New in Oncology? Addressing Muscle Health &amp; Nutrition</a>	1 CPD Credit
<a href="#">HMB Supplements to Counteract Muscle Loss in Patients with Cancer</a>	4 min video
<a href="#">Nutrition &amp; Exercise: Supporting Cancer Patients Throughout Their Journey</a>	50 min video
TRAUMATIC BRAIN INJURY	
<a href="#">Traumatic Brain Injury: Emerging Research, Clinical Consequences &amp; Nutrition Recommendations from a Multidisciplinary Perspective (Part 1)</a>	0.75 CPD Credit

# ADULT VIDEO RESOURCES CONT.

DIABETES	TIME/CPD CREDIT
<a href="#">Special Considerations: Implementing Enhanced Recovery After Surgery (ERAS) in Patients with Diabetes</a>	1CPD Credit
<a href="#">Tailoring Care in Diabetes: Improving Outcomes Through Personalized Nutrition Intervention and Person-Centered Care</a>	1 CPD Credit
<a href="#">The Role of Nutrition in Pressure Injury Management in Patients with Diabetes</a>	1 CPD Credit
GASTROINTESTINAL	
<a href="#">Interactions of Nutrition, the Gastrointestinal Microbiome &amp; Health</a>	0.5 CPD Credit
<a href="#">Prebiotics &amp; the Microbiota: Optimizing Gut Health in Critically Ill Patients (Part 1)</a>	1 CPD Credit
<a href="#">Prebiotics and the Microbiota: Optimizing Gut Health in Critically Ill Patients (Part 2)</a>	1 CPD Credit
PROFESSIONAL DEVELOPMENT	
<a href="#">Advancing Malnutrition Quality Improvement and Health Equity: Opportunities to Lead Change</a>	1 CPD Credit
<a href="#">Driving Change: Implementing the Malnutrition Quality Improvement Initiative (MQii) Across the Ecosystem of Healthcare (Part 1)</a>	1.25 CPD Credit
<a href="#">Driving Change: Implementing the Malnutrition Quality Improvement Initiative (MQii) Across the Ecosystem of Healthcare (Part 2)</a>	1 CPD Credit
<a href="#">A New Code: Creating a Culture of Compassion Amongst Colleagues in Healthcare</a>	0.5 CPD Credit
<a href="#">Cultivating a Healthy Work Culture By Addressing Bullying &amp; Incivility</a>	1 CPD Credit
<a href="#">How to Navigate Difficult Conversations with Difficult People: Strategies for Healthcare Professionals</a>	1 CPD Credit
<a href="#">How to Shift From a Negative to a Positive Work Environment</a>	1 CPD Credit
<a href="#">Motivational Interviewing: Application in Working with Patients and Families</a>	1 CPD Credit





# ADULT INFOGRAPHICS: ENTERAL NUTRITION

## PUMP TUBE FEEDING

There are a variety of methods for delivering tube feeding. Pump feeding moves the formula through the feeding tube and into the stomach or small intestine at a controlled rate using an electronic pump.


### PREPARING YOUR FEEDINGS

Follow these steps to prepare your tube feeding:

1. Wash your hands with soap and warm water
2. Clean your work surfaces
3. Gather equipment:
  - Formula
  - Pump feeding bag, pump or pump set
  - 30 mL to 60 mL syringe
  - Clean cloth
  - Tap or bottled water
4. Label container with time and date

### CORRECTLY POSITION YOUR BODY BEFORE GETTING STARTED

- DO NOT lie flat during your feeding
- Keep your head raised at 30 degrees or more while administering your tube feeding
- Wait one hour after your feeding before you lie down




### DURING YOUR PUMP FEEDING

1. Fill the pump feeding bag with the prescribed amount of formula, close lid securely, then hang the bag on a hook, IV pole, or place into a tube feeding bracket
2. Lead the feeding set into the pump by following pump manufacturer instructions
3. Prime the feeding set, which removes air from the line, by following the manufacturer instructions
4. Connect the feeding set to the feeding tube
5. Refer to your pump user manual for complete pump programming information
6. Turn on the pump and set the flow rate

**Notes:**

- Tube feeding pumps for home use are portable and can be placed in a portable bag for going out and about
- Ask your healthcare professional about care of the feeding set between feedings



## BOLUS TUBE FEEDING

There are a variety of methods for delivering tube feeding. The bolus feeding method allows formula to flow directly into the stomach using a syringe or reusable squeeze pouch.

### TYPES OF BOLUS TUBE FEEDING

- SYRINGE - PUSH METHOD
- REUSABLE SQUEEZE POUCH


### PREPARING YOUR FEEDINGS

Follow these steps to prepare your tube feeding:

1. Wash your hands with soap and warm water
2. Clean your work surfaces
3. Gather equipment:
  - Formula
  - Squeeze bag or syringe
  - Clean cloth
  - Tap or bottled water
  - 30 mL to 60 mL syringe
4. Label container with time and date

### CORRECTLY POSITION YOUR BODY BEFORE GETTING STARTED

- DO NOT lie flat during your feeding
- Keep your head raised at 30 degrees or more while administering your tube feeding
- Wait one hour after your feeding before you lie down



### DURING YOUR FEEDINGS


#### Syringe Feeding - "Push Method"

1. Draw measured formula into a clean syringe
2. Place the tip of the syringe into the formula, then gently push the plunger to draw up the formula
3. Connect the syringe to the feeding port on the tube and gently push the plunger to deliver formula through the tube into your stomach
4. Disconnect syringe from feeding tube, then repeat steps 1 and 2 until the prescribed amount of formula has been given
5. Take a break in between syringe pushes in order to slow down the rate of feeding and avoid stomach upset from feeding too fast

#### Reusable Squeeze Pouch

**Notes:**

- Formula is drawn up into a 60- to 120 mL (2 to 4 oz) syringe, then slowly pushed through the tube into the stomach. The rate of the bolus can be carefully controlled this way
- May take multiple syringe pushes based on your feeding prescription (hourly or 4-6 syringe pushes)
- Ask your healthcare provider about maintaining the syringe, and how often it should be replaced



## GRAVITY TUBE FEEDING

There are a variety of methods for delivering tube feeding. Gravity tube feeding is a hands-free way to infuse formula directly into the stomach or small intestine.

### TYPES OF GRAVITY TUBE FEEDING

- GRAVITY - BAG FEEDING
- GRAVITY - SYRINGE METHOD


### PREPARING YOUR FEEDINGS

Follow these steps to prepare your tube feeding:

1. Wash your hands with soap and warm water
2. Clean your work surfaces
3. Gather equipment:
  - Formula
  - Gravity bag or syringe
  - Clean cloth
  - Tap or bottled water
  - 30 mL to 60 mL syringe
4. Label container with time and date

### CORRECTLY POSITION YOUR BODY BEFORE GETTING STARTED

- DO NOT lie flat during your feeding
- Keep your head raised at 30 degrees or more while administering your tube feeding
- Wait one hour after your feeding before you lie down



### DURING YOUR FEEDINGS


#### Gravity Bag Feeding

1. Clean the roller clamp of the gravity bag and then fill with the prescribed amount of formula
2. Hang the bag where your head (about 2 feet) and to the side using a hook or IV pole
3. Open the roller clamp to allow the formula to flow towards the end of the feeding set to remove the air from the line (this is called priming the line) and ensure once the formula gets within an inch or two of the tip
4. Connect the end of the feeding set to your feeding tube and then unclamp to allow the formula to flow
5. Use the roller clamp to slow down the gravity infusion

#### Gravity Syringe Method

**Notes:**

- During the height of the bag in syringe, air flow formula to flow faster, while lowering the bag or syringe will slow down the flow of formula
- Ask your healthcare provider about care of the gravity bag and when they should be replaced



## GASTROSTOMY SITE TROUBLESHOOTING CHECKLIST

This checklist was developed in collaboration with Cynthia Redden, PhD, CNSC

For additional guidance, view the short video

### FEEDING LEAKING FROM THE GASTROSTOMY STOMA SITE

**Best practice:** Patient does have excessive moisture with the use of barrier cream and change moist dressing as given long as dry as possible.

QUESTIONS	NOTES
<input type="checkbox"/> Is the tube a standard profile gastrostomy?	
<input type="checkbox"/> If it is a standard profile gastrostomy, check that the balloon 10 volume is within recommended range by using a 10 mL dip tip syringe to access the balloon port and measure balloon volume.	
<input type="checkbox"/> Is the internal balloon or balloon placed properly against the inside of the stomach?	
<input type="checkbox"/> Is the internal balloon or balloon placed properly against the inside of the stomach?	
<input type="checkbox"/> Is the tube a low profile balloon style gastrostomy?	
<input type="checkbox"/> Is the balloon 10 volume within the recommended range?	
<input type="checkbox"/> Is the low profile tube properly used for the patient's stoma?	
<input type="checkbox"/> Is the patient feeding too much volume over the short of time?	
<input type="checkbox"/> Verify speed of feeds are appropriate.	
<input type="checkbox"/> Verify volume of feeds and consistent water. Flushes are appropriate.	
<input type="checkbox"/> Confirm tubing is not twisting from feeding port (standard profile) or valve (low profile).	
<input type="checkbox"/> If standard profile port is popping open or leaking, consider placement of port adapter or replacing port or tube.	
<input type="checkbox"/> If low profile port is leaking, consider placement of port adapter or replacing port or tube.	

### REDUCING LEAKS AROUND STOMA SITE

**Best practice:** Patient does have excessive moisture with the use of a barrier cream.

QUESTIONS	NOTES
<input type="checkbox"/> Is there excessive moisture at stoma site?	
<input type="checkbox"/> Patient skin with barrier cream 2-4 day until stoma is healed.	
<input type="checkbox"/> Consider prescription about applying hydrocortisone cream 2-4 day to red irritated skin x 2 weeks, then reassess.	
<input type="checkbox"/> Consider hydrocortisone cream application as soon as redness is noted.	
<input type="checkbox"/> Verify stoma site cleaning protocol includes only mild soap and water and the patient is not using harsh cleansers, rubbing/scrubbing, alcohol, or hydrogen peroxide.	
<input type="checkbox"/> Avoid having moist dressing on stoma site.	

# ADULT INFOGRAPHICS: DISEASE SPECIFIC

## OPTIMAL NUTRITIONAL CARE FOR CRITICALLY ILL PATIENTS WITH OBESITY

Up to 36% of patients admitted to the ICU present with obesity<sup>1</sup>

### FACTORS COMPLICATING THE NUTRITIONAL CARE OF CRITICALLY ILL PATIENTS WITH OBESITY

Patients with obesity have an increased risk of malnutrition. (See sleep apnea, type 2 diabetes mellitus, hypertension)

Basic caloric needs may be challenging to determine. Reduced physical mass

Signs and symptoms may be masked

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Signs and symptoms may be masked

### MALNUTRITION SCREENING

**CHALLENGES:**

- Current screening tools (MUST, MUST-nutrition, and NRS) were not developed specifically and may not be appropriate for critically ill patients with obesity because they:
  - Use inaccurate measures, such as BMI<sup>1,2</sup>
  - Do not account for body composition changes<sup>3</sup>
  - Require self-reported data which may not be feasible for those who are critically ill

**THEREFORE, MALNUTRITION MAY BE UNDERRECOGNIZED IN PATIENTS WITH OBESITY<sup>4</sup>**

2019 European Society for Clinical Nutrition and Metabolism (ESPEN) guidelines on clinical nutrition in the intensive care unit do not recommend a specific tool, instead stating:

**"EVERY CRITICALLY ILL PATIENT STAYING FOR MORE THAN 48 H IN THE ICU SHOULD BE CONSIDERED AT RISK FOR MALNUTRITION."<sup>5</sup>**

## NUTRITION GUIDELINES TO SUPPORT LONG-TERM SUCCESS AFTER WEIGHT-LOSS SURGERY

Following weight loss surgery, many patients may not meet recommended nutrition requirements.<sup>1,2</sup> Nutrition guidelines recommend specific behaviors to achieve the best long-term outcomes.<sup>3</sup> Work with your healthcare provider to develop your individualized nutrition plan.


### MEET PROTEIN NEEDS

**Benefits<sup>4,5</sup>**

- Maintain muscle health
- Maintain weight loss
- Improve satiety

**Recommendations:**

- Consume a minimum of 60 grams of protein<sup>6</sup> per day
- Choose high quality protein sources from lean meats, fish, chicken, turkey, eggs and non-fat or low-fat dairy






### STAY HYDRATED

**Benefits<sup>4,5</sup>**

- Regulate body temperature
- Deliver nutrients to cells
- Keep organs functioning properly
- Lubricate joints
- Eliminate waste in the body through urination and bowel movements

**Recommendations:**

- Women should consume at least 48 ounces of liquids per day
- Men should consume at least 64 ounces of liquids per day
- At least half of these liquids should be clear, uncarbonated and caffeine free<sup>10</sup>



### TAKE VITAMIN AND MINERAL SUPPLEMENTS

**Vitamins and minerals support body processes that are associated with:**

- Energy levels
- Bone and muscle health
- Skin and hair health
- Neurological and brain health
- Immune health

**Recommendations:**

- Consume a bariatric specific vitamin and mineral supplement that follows the American Society for Metabolic and Bariatric Surgery (ASMBS) guidelines<sup>11</sup>
- Consider (chewable or liquid) or liquid supplements
- Take iron and calcium at different times to optimize absorption

**LAB WORK MAY BE NEEDED EVERY 3-6 MONTHS DURING THE FIRST YEAR AFTER SURGERY AND YEARLY THEREAFTER TO MONITOR VITAMIN AND MINERAL STATUS**

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