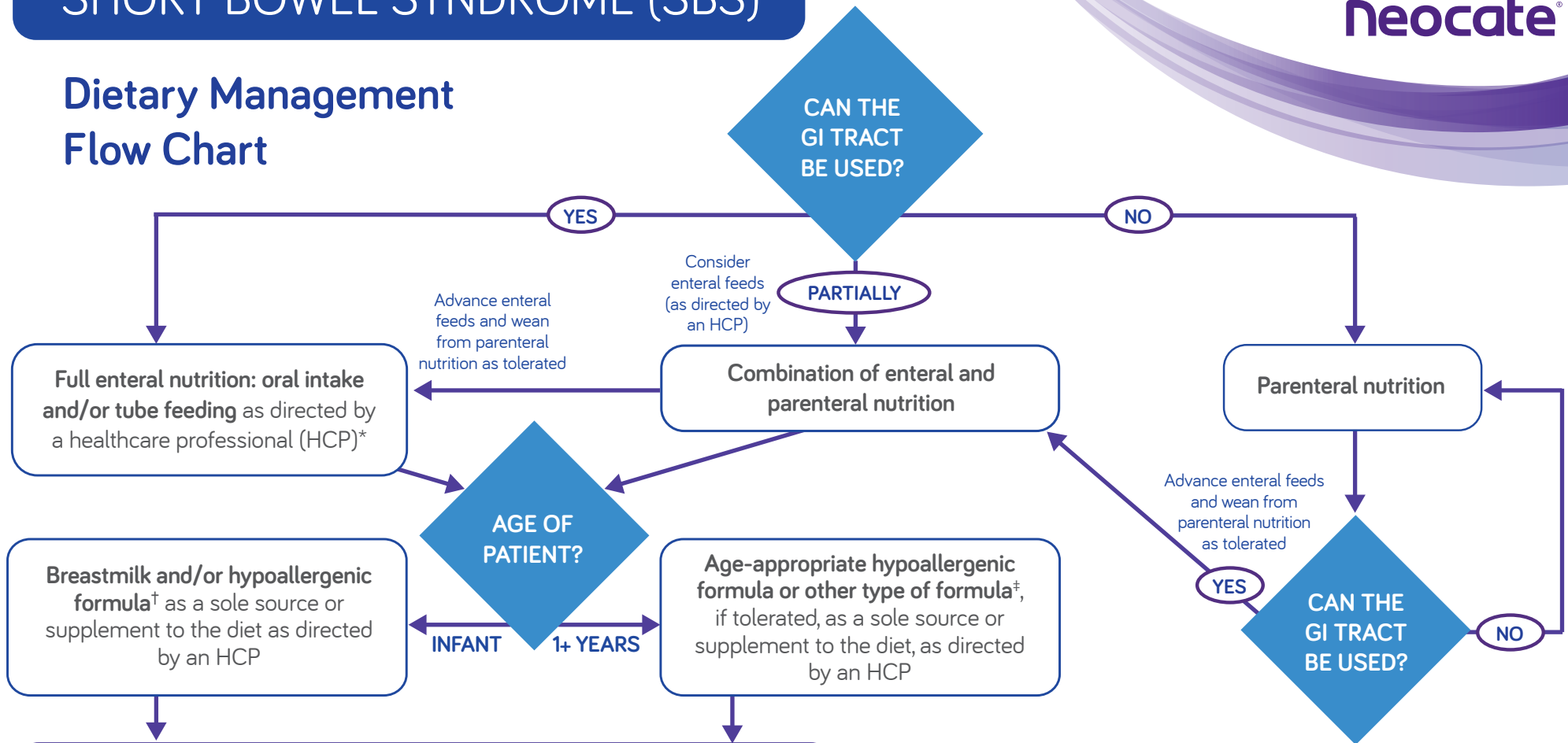


SHORT BOWEL SYNDROME (SBS)

Dietary Management Flow Chart



NEOCATE® OFFERS THE MOST OPTIONS FOR YOUR PATIENTS



*Age appropriate complementary food intake, if the child is developmentally ready for oral intake, as directed by an HCP. Oral intake is important to help prevent oral aversion.

†Hypoallergenic formula includes AAF (Amino Acid-Based Formula) and eHF (Extensively Hydrolyzed Formula)

‡Intact protein or peptide formula

Developed in consultation with leading Pediatric Gastroenterologists in the USA.

HCP to determine individual needs and monitor nutritional status. Nutricia North America supports the use of breastmilk wherever possible. Neocate® is a family of hypoallergenic, amino acid-based medical foods[®] for use under medical supervision and is indicated for cow milk allergy, multiple food allergies and related GI and allergic conditions.

Neocate Infant DHA/ARA is intended for use in term infants. ^SNeocate Nutra is a supplemental amino acid-based solid food for 6+ months.

^{II}Neocate Junior is available with and without a prebiotic (soluble) fiber. Neocate Junior, Unflavored (with & without prebiotics), Neocate Junior, Vanilla, Strawberry, Chocolate & Tropical (with prebiotics).

POTENTIAL NUTRIENT DEFICIENCIES IN SBS DURING AND AFTER TRANSITION TO ENTERAL AUTONOMY⁶⁻⁸



- Conduct regular monitoring to ensure the diet is adequate and provides all essential nutrients. Monitoring should include a review of nutritional intake and requirements, anthropometry, assessment of symptoms and micronutrient status.⁹
- Micronutrient supplementation needs will vary based on the child's intestinal anatomy, degree of malabsorption & route of nutrition.¹⁰

References:

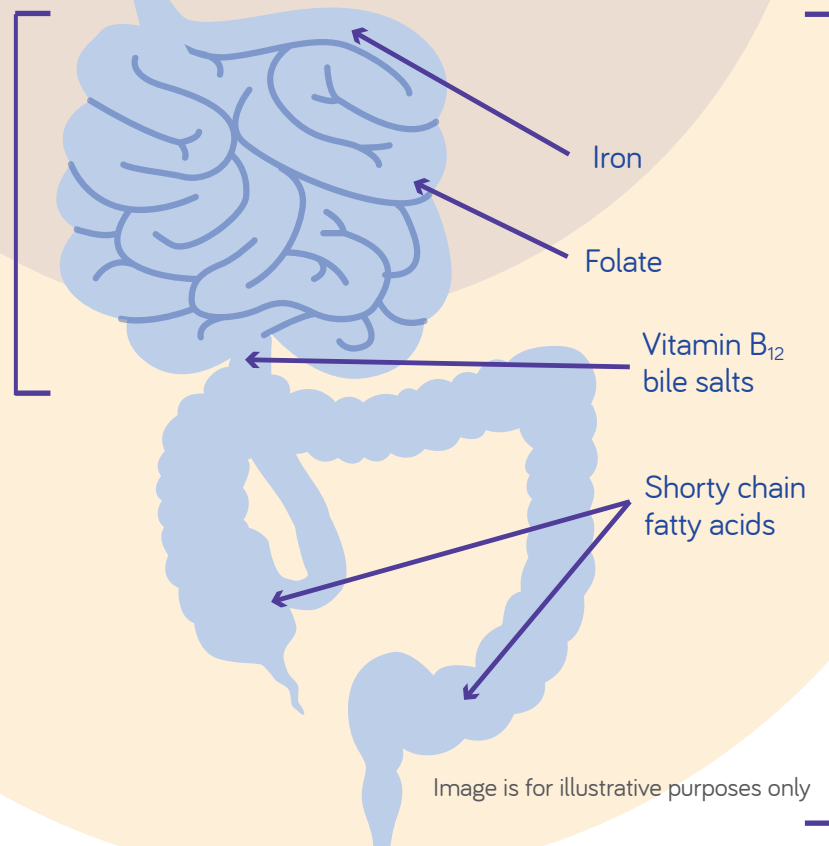
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⁶Enteral autonomy = independence from parenteral nutrition⁶

SITES OF ABSORPTION

CARBOHYDRATES
FATS
PROTEINS
CALCIUM
PHOSPHORUS
MAGNESIUM
TRACE ELEMENTS
VITAMINS

WATER & ELECTROLYTES



Nutrients are absorbed at numerous anatomical locations along the gastrointestinal tract⁶

- Location of the bowel resection in infants and children with short bowel syndrome may determine the frequency and severity of potential micronutrient deficiencies⁶