

Erratum: Joshua S. V. da Silva. ASPEN Consensus Recommendations for Refeeding Syndrome. *Nutr Clin Pract.* 2020;35(2):178-195

Nutrition in Clinical Practice
Volume 35 Number 3
June 2020 584–585
© 2020 American Society for
Parenteral and Enteral Nutrition
DOI: 10.1002/ncp.10491
wileyonlinelibrary.com
WILEY

This erratum corrects “ASPEN Consensus Recommendations for Refeeding Syndrome,” <https://doi.org/10.1002/ncp.10474>.

In the byline of this article, the last two authors listed, “Parenteral Nutrition Safety and Clinical Practice Committees, American Society for Parenteral and Enteral Nutrition,” should read “ASPEN Parenteral Nutrition Safety Committee; ASPEN Clinical Practice Committee.” In addition, Tables 3 and 5 in this article contain some errors.

In Table 3, Row 4 titled “Abnormal prefeeding potassium, phosphorus, or magnesium serum concentrations”:

- Column 2 (“Moderate Risk: 2 Risk Criteria Needed”) should read “Minimally low levels or normal current levels with recent low levels necessitating minimal or single-dose supplementation”
- Column 3 (“Significant Risk: 1 Risk Criterion Needed”) should read “Moderately/significantly low levels or minimally low/normal levels with recent low levels necessitating significant or multiple-dose supplementation”

In Table 5:

- The Column 2 header should read “3 Risk Criteria Needed,” rather than “3 Risk Categories Needed”
- In Column 4 (“Significant Risk: 1 Risk Criterion Needed”), Row 4 (“Abnormal prefeeding serum potassium, phosphorus, or magnesium concentrations”), the statement “Moderately/significantly abnormal or down to 25%–50% below lower limit of normal” should be deleted and this spot should be blank.

The corrected tables are reproduced below.

We apologize for these errors.

Table 3. ASPEN Consensus Criteria for Identifying Adult Patients at Risk for Refeeding Syndrome.^{49,71,110}

	Moderate Risk: 2 Risk Criteria Needed	Significant Risk: 1 Risk Criterion Needed
BMI	16–18.5 kg/m ²	<16 kg/m ²
Weight loss	5% in 1 month	7.5% in 3 months or >10% in 6 months
Caloric intake	None or negligible oral intake for 5–6 days OR <75% of estimated energy requirement for >7 days during an acute illness or injury OR <75% of estimated energy requirement for >1 month	None or negligible oral intake for >7 days OR <50% of estimated energy requirement for >5 days during an acute illness or injury OR <50% of estimated energy requirement for >1 month
Abnormal prefeeding potassium, phosphorus, or magnesium serum concentrations ^a	Minimally low levels or normal current levels with recent low levels necessitating minimal or single-dose supplementation	Moderately/significantly low levels or minimally low/normal levels with recent low levels necessitating significant or multiple-dose supplementation
Loss of subcutaneous fat	Evidence of moderate loss	Evidence of severe loss
Loss of muscle mass	Evidence of mild or moderate loss	Evidence of severe loss
Higher-risk comorbidities (see Table 4)	Moderate disease	Severe disease

ASPEN, American Society for Parenteral and Enteral Nutrition; BMI, body mass index.

^aPlease note that electrolytes may be normal despite total-body deficiency, which is believed to increase risk of refeeding syndrome.

Table 5. ASPEN Consensus Criteria^a for Identifying Pediatric Patients at Risk for Refeeding Syndrome.^{112–114}

	Mild Risk: 3 Risk Criteria Needed	Moderate Risk: 2 Risk Criteria Needed	Significant Risk: 1 Risk Criterion Needed
Weight-for-length z-score(1–24 months) or BMI-for-age z-score(2–20 years)	–1 to –1.9 z-score that is a change from baseline	–2 to –2.9 z-score that is a change from baseline	–3 z-score or greater that is a change from baseline
Weight loss	<75% of norm for expected weight gain	<50% of norm for expected weight gain	<25% of norm for expected weight gain
Energy intake	3–5 consecutive days of protein or energy intake <75% of estimated need	5–7 consecutive days of protein or energy intake <75% of estimated need	>7 consecutive days of protein or energy intake <75% of estimated need
Abnormal prefeeding serum potassium, phosphorus, or magnesium concentrations ^b	Mildly abnormal or decreased to 25% below lower limit of normal	Moderately/significantly abnormal or down to 25%–50% below lower limit of normal	^c
Higher-risk comorbidities (see Table 4)	Mild disease	Moderate disease	Severe disease
Loss of subcutaneous fat	Evidence of mild loss OR Mid-upper arm circumference z-score of –1 to –1.9 z-score	Evidence of moderate loss OR Mid-upper arm circumference z-score of –2 to –2.9	Evidence of severe loss OR Mid-upper arm circumference z-score of –3 or greater
Loss of muscle mass		Evidence of mild or moderate loss OR Mid-upper arm circumference z-score of –2 to –2.9	Evidence of severe loss OR Mid-upper arm circumference z-score of –3 or greater

ASPEN, American Society for Parenteral and Enteral Nutrition; BMI, body mass index.

^aNot intended for use in patients at ≤28 days of life or ≤44 weeks' corrected gestational age.

^bPlease note that electrolytes may be normal despite total-body deficiency, which is believed to increase risk of refeeding syndrome.

^cThis cell left intentionally blank.