

+ GI SUPPORT

Top Tips for use



READY TO SERVE

- Easily digestible, 0% fat, 1% protein 14kcal/100ml
- Functional amino acids Glutamate and Glycine quickly nourish enterocytes, helping maintain the mucosal barrier and improve nutrient uptake
- Prebiotic fibre Galacto-oligosaccharide stimulates gut microflora
- Natural chicken flavour, encourages fluid intake even when nauseous
- Isotonic formula quickly absorbs replenishing essential fluids and electrolytes
- 2% Dextrose for simple energy and helps inhibit gastric secretions

FROZEN

- ICE CUBES**
Post dental or esophageal injuries - cool and soothing hydration
- FROZEN STUFFED TOY**
Zero calorie treat for patients on restricted diets
- BOTTLE IN FREEZER**
12 months extra shelf life, never waste it!

WARM

- POP IN MICROWAVE FOR 30 SECONDS**
Bottle is Pet hotfill and recyclable, can withstand heating.
 - WARM LIKE A CHICKEN SOUP**
Increase aroma and palatability, mix with bland diets like Renal to encourage appetite
- 36 degrees C - Recommend heat to just below dogs body temperature*

WHOLESALER:	NVS UK	Centaur Code	Covetrus Code
CODE:	276157	30289308	Maora03

Feeding Guides

Use	Size / Weight	Vol/24hrs	ml/kg
Microenteral Nutrition (see below)	Cat/SML - XL	0-4 Hrs Increasing +50% every 4 Hrs	0.5ml

When reintroducing solid food initially mix Oralade with complete diet to improve transition, absorption and palatability.

Use	Size / Weight	Vol/24hrs	ml/kg
Oral Rehydration (see below)	Cat/SML/Puppy <3kg Medium <8kg Large <20kg X-Large <50kg	150ml 350ml 660ml 1320ml	50ml 44ml 33ml 26ml

Offer free choice, replace unused portion after 12hrs

+ GI SUPPORT

A Acute GI disease

B **Pancreatitis:** Microenteral nutrition to support enterocytes and help restore gi motility.

C Hepatic disease

D **Puppies with GI problems** - Quickly replenish lost electrolytes and fluids and simple energy.

E **Whelping bitches** often do not eat properly just prior to whelping and need energy afterwards to produce milk for pups. Keeping the enterocyte healthy and capable of absorbing the high amounts of energy may limit diarrhoea, dehydration and improve lactation.

F **Anorexia** (in combination with administration of full calorie diet - please consider the importance of meeting cat's needs - minimally 2/3 of RER)

G **GI - tract surgery / biopsy** - improved healing and direct source of nutrients directly after surgery.

H **Long surgery** and recovery is problematic for the enterocytes and they benefit from microenteral nutrition before and after surgery when regular diets cannot be used (fasting/recovery period).

I Problematic anaesthesia (low blood pressure, sudden onset crisis etc.) blood flow to the GI tract is heavily affected and enterocytes damaged needs flow and energy (Oralade can provide enterocyte specific energy and increase blood flow.

J **Heat stroke** - blood flow GI tract - energy and improvement of blood flow needed.

K **Laxatives administration** etc. in relation to upper / lower GI endoscopy. Patients generally accept the laxative/Oralade combination much better. Healing after biopsy benefits from microenteral nutrition. Importantly, patients with a suspected GI problem will have microenteral nutrition available for enterocytes and therefore the disease may not worsen during the fasting period pre anaesthesia as is normally the case.

L **Infection** - Patients sent home with antibiotics, some can cause more complications due to gastric disturbance and sickness, Oralade help ensure hydrated and stimulate appetite

M **Poisoning** - transition from IV fluid to solid food OR mild, suspected ingestion that has already vomited and no requirement for IV fluids.

N **CT contract** agents have been associated with renal toxicity - the risk of renal toxicity can be lowered with oral water (as effective as IV fluids pre-contrast). Oralade can be administered until a few hours prior to anaesthesia and should be considered as a standard of care (observe patients drinks!)

O **Hyperthyroidism** - minimal iodine load compared to commercial iodine reduced diets - if underlying kidney disease is masked by high blood pressure and renal perfusion

P **Chemotherapy** - protection of the urinary tract during chemotherapy excretion and supports enterocyte repopulation - cyclophosphamide and sterile cystitis. Very importantly consider the immunosuppression following chemotherapy - bacterial translocation is very important to avoid (especially when neutrophil count nadirs or very low neutrophil counts are experienced (<1.5 - 2.0 x10⁹/ml) where any bacteria introduced is dangerous and patients often isolated in neutropenia wards/cages).

Q **AKI - Acute kidney injury** - the frustrating anuric or oliguric renal failures where IV fluids can be challenging in respect to volume and electrolyte composition.

R **CKD - chronic kidney disease** - increase water consumption nourish the intestinal tract - increase acceptance of kidney diets (especially for cats). Eliminates the overhydration risks associated with SC fluids boluses (has been well described by experts and is often overlooked by vets and owners).

S **Lower urinary tract disease** - increasing urinary output to flush sludge, microcrystals, debris etc. to limit risks of obstructions and bladder inflammation.

T **Diseases of the ureter** - after stenting or placing subcutaneous ureteral bypass (kidney to bladder) flushing the kidneys and urinary tract (and placed catheters) is of key importance and is currently done (at expert institutions by giving human electrolyte solutions by NE-tube as they have a very offensive taste for cats and dogs).

U **Bladder stones** - flush urinary system for remaining microcrystals and debris around which new stones can form - dilute urine and minimize risks of new crystal formation.

V **Cystitis** - flushing bacteria - improving urinary output - limit risks of ascending infections.

W **ICU patients** - provide microenteral nutrition to limit risk of hospital acquired infections following bacterial translocation.

X **Secondary disease** development following GI disease - AKI after haemorrhagic diarrhoea - nourish the damaged GI tract easily while taking care of the acute kidney problems

Y **Hypernatremia** - may serve as a possibility to avoid sodium depleted fluid therapy.

Z **Electrolyte disturbances** where they cannot be safely managed by IV fluids.