Compleat paediatric

Clinical Evidence Summary

Nutritionally complete paediatric tube feed with a unique blend of whole foods

Nestie Health

Compleat paediatric

(585) 1.2 kcal/ml (18 g*) Protein

Best before / Lot:

Compleat paediatric

•/500 ml

5g · Fibre

For children aged 1 year and above

COMPLEAT[®] Paediatric contains 16.1% food-derived ingredients from rehydrated chicken meat, rehydrated vegetables (peas and green beans), peach puree, orange juice from concentrate and vegetable oils.

Backed by evidence COMPLEAT[®] Paediatric publications



The impact of an enteral formula with foodderived ingredients on dietetic practice at a specialist children's hospital in the UK: Retrospective study.¹ O'Connor et al. (2024)





A single-centre retrospective study was conducted to monitor the dietetic practice of commencing an enteral formula containing food-derived ingredients. The primary reason for initiating children on enteral formulas with food-derived ingredients was gastrointestinal symptoms. Within 7 days of commencing the feed, there was reported improvement in gastrointestinal symptoms in all categories.



An open-label pilot single-subject study to monitor the impact of a Food-Based enteral formula on faecal short-chain fatty acid concentrations in children admitted to intensive care with sepsis.² O'Connor et al. (2024)



This study assessed the impact of a high-fibre food-based enteral formula on feed tolerance and faecal short-chain fatty acid (SCFA) concentrations in children admitted to intensive care with sepsis. Twenty children were recruited. The study concluded that the high fibre food-based formulas was well tolerated during the children's time in intensive care; assessed by stool frequency and consistency. The study children also maintained faecal butyrate and propionate concentrations during their time in intensive care.



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to read

Intermittent bolus versus continuous feeding in children receiving an enteral formula with food-derived ingredients: A national multicentre retrospective study.³ O'Connor et al. (2023)





Intermittent bolus or continuous feeding may impact feed tolerance. This study aimed to evaluate the tolerance of different feeding modes in children who are fed with an enteral formula with food-derived ingredients. Forty-three children were recruited. Children continuously fed saw the greatest reported improvement in retching, abdominal pain and loose stools. Children fed intermittent bolus reported the greatest increase in weight (p-value 0.003). The study concluded that enteral formulas with food-derived ingredients are well tolerated and effective in achieving weight gain and meeting dietetic goals whether delivered continuously or as intermittent bolus feeds.



Monitor gastrointestinal tolerance in children who have switched to an "enteral formula with foodderived ingredients": A multicenter retrospective chart review (RICIMIX study).⁴ O'Connor et al. (2022)



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The aim of this study was to evaluate feed tolerance in children who had switched to an enteral formula with food-derived ingredients. Dietitians collected data from 43 children. Significant improvements were reported in gastrointestinal symptoms: retching 17 of 18 children (95%), vomiting 11 of 13 children (85%), flatulence 6 of 8 children (75%), loose stools 10 of 11 children (90%), and constipation 10 of 11 children (90%). The study concluded that beneficial outcomes were observed in medically complex children who have switched to an enteral formula with food-derived ingredients.



Benefit of Including Food-Derived Ingredients in Enteral Nutrition Formulas: Practical Experience from Clinical Cases.⁵

Siddiqui A, Steele V, van der Linde M (2021)



A series of four case studies exploring the tolerance of a feed with food-derived ingredients in children aged between twenty-six months to ten years. Significant improvements in reflux, constipation and vomiting were reported following a change to COMPLEAT[®] Paediatric, which resulted in improved quality of life for children and their families.







Tolerance and Acceptability of a New Paediatric Enteral Tube Feeding Formula Containing Ingredients Derived From Food: A Multicentre



Trial In The United Kingdom.⁶

Thornton-Wood C. Saduera S (2020)

Multicentre study looking at the tolerance of a new formula, COMPLEAT® Paediatric. All participants (n=19) were given the new formula for 7 days. Demographic and medical data was obtained, and gastrointestinal (GI) tolerance recorded; stool type was measured using the Bristol Stool Chart. Study showed the formula was well tolerated by the majority of participants, with a decrease in GI symptoms and beneficial changes in stool type.



Nutritional profile*

- **Nutritionally complete** \checkmark
- Energy density 1.2kcal/mL
- 18g protein
- 5g fibre \checkmark
- Osmolarity 280 mOsm/L
- Fat 25g (38% TE) of which 14% MCT \checkmark
 - Suitable for children from 1 year onwards

Ingredients and sources

Food-derived ingredients: Rehydrated chicken meat (6.9%), rehydrated vegetables (4.3%) (peas 3.8%, green beans 0.54%), peach puree (1.4%), orange juice from concentrate (1.2%), vegetable oils (2.3%) (rapeseed, sunflower).

Protein sources: Milk protein, rehydrated chicken meat, rehydrated vegetables (peas and green beans).



Fat sources: Rapeseed oil, sunflower oil, medium chain triglycerides, fish oil.

Carbohydrate sources:

Maltodextrin, peach puree, orange juice from concentrate, rehydrated vegetables (peas and green beans).

Fibre sources: Pea fibre, fructo-oligosaccharides, acacia gum, inulin and fibre from fruits and vegetables.



Compleat

paediatric

Ordering information

Product Description	Product Code	Units/Case
COMPLEAT® Paediatric 500mL	12612035	12 x 500mL

To request your FREE sample of **COMPLEAT®** Paediatric, simply scan the QR code and follow the short sign up process.



References: 1. O'Connor G, Velandia AC and Capriles ZH. The impact of an enteral formula with food-derived ingredients on dietetic practice at a References: 1. O'Connor G, Velandia AC and Capriles ZH. The impact of an enteral formula with food-derived ingredients on dietetic practice at a specialist children's hospital in the UK: Retrospective study. J Hum Nutr Diet. 2024; 1-9. 2. O'Connor, G., Sun, Y., Gardiner, B., Audu, G., Bajaj-Elliott, M., and Eaton, S. An open-label pilot single-subject study to monitor the impact of a Food-Based enteral formula on faecal short-chain fatty acid concentrations in children admitted to intensive care with sepsis. Clinical Nutrition Open Science, 2024, 53; 1-10 3. O'Connor G, Hartfiel-Capriles Z, Saduera S. Intermittent bolus versus continuous feeding in children receiving an enteral formula with food-derived ingredients: A national multicentre retrospective study. Clin Nutr ESPEN. 2023 Apr;54:175-179. 4. O'Connor G, Watson M, van der Linde M, Bonner RS, Hopkins J, Saduera S. Monitor gastrointestinal tolerance in children who have switched to an "enteral formula with food-derived ingredients": A national, multicenter retrospective chart review (RICIMIX study). Nutr Clin Pract. 2022 Aug;37(4):929-934. 5. Siddiqui A, Steele V, van der Linde M (2021) Benefit of Including Food-Derived Ingredients in Enteral Nutrition Formulas: Practical Experience from Clinical Cases. J Neonatol Clin Pediatr 8: 066.
6. Thornton-Wood C, Saduera S (2020) Tolerance and Acceptability of a New Paediatric Enteral Tube Feeding Formula Containing Ingredients Derived From Ecod⁺ A Multicenter Trial (In The United Kingdom). J Neonatol Clin Pediatr 7: 050 Derived From Food: A Multicentre Trial (In The United Kingdom). J Neonatol Clin Pediatr 7: 050

COMPLEAT® Paediatric is a food for special medical purposes, specially formulated for the dietary management of patients with or at risk of malnutrition. Must be used under the supervision of a healthcare professional.

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