

The following tube feeding formulas have been evaluated for use with RELIZORB in the following use conditions:

1. Continuous feeding with enteral pump using single (~500 mL of formula) and tandem (~1000 mL of formula) RELIZORB at 120 mL/hour
2. Bolus feeding with a single RELIZORB at maximum feed rate of ~400 mL/hr

Enteral tube feed formulas evaluated with RELIZORB								
Formula Name	Per serving						Fat Hydrolysis (%)*	
	Fat (g)	Calories (kcal)	Contains pre-hydrolyzed protein	Contains Insoluble Fiber	MCT:LCT ratio	Omega-3 DHA & EPA (g)	Continuous	Bolus**
							Single and Tandem RELIZORB at 120 mL/hour with enteral pump (Condition 1)	Single RELIZORB at 400 mL/hour (Condition 2)
Alfamino [®] Junior [†]	11	255	X	-	65:35	-	68	47
Boost [®] Kid Essentials 1.0	9	240	-	-	-	-	48	NR
Boost [®] Kid Essentials 1.5	18	360	-	-	-	-	52	24
Boost [®] Kid Essentials 1.5 with Fiber	18	360	-	X	-	-	64	47
Compleat [®] Pediatric Standard 1.0	11	250	-	X	20:80	-	66	44
Compleat [®] Pediatric Standard 1.4	16	350	-	X	20:80	-	36	32
EleCare [®] Junior [†]	12.3	254	X	-	-	-	47	48
Impact [®] Peptide 1.5	15.9	375	X	-	50:50	1.23	82	73
Kate Farms [®] Peptide 1.0	13	325	X	X	60:40	-	74	68
Kate Farms [®] Peptide 1.5	25	500	X	X	30:70	-	90	66
Kate Farms [®] Standard 1.0	12	325	-	X	30:70	-	52	41
Kate Farms [®] Standard 1.4	19	455	-	X	45:55	-	84	67
Kate Farms [®] Pediatric Peptide 1.0	11	250	X	X	50:50	-	>90	>90
Kate Farms [®] Pediatric Peptide 1.5	17	375	X	X	50:50	-	62	53
Kate Farms [®] Pediatric Standard 1.2	12	300	-	X	40:60	-	44	40
Neocate [®] Junior [†]	12.5	250	X	-	35:65	-	43	46
Neocate [®] Splash	12.1	237	X	-	-	-	34 [‡]	46 [§]
Novasource [®] Renal	24	475	-	-	-	-	38	26
Nutren [®] 1.5	15	375	-	-	20:80	-	65	50
Nutren [®] 2.0	23	500	-	-	50:50	-	78	42
Osmolite [®] 1.0 Cal	8.2	250	-	-	-	-	60	52
Osmolite [®] 1.2 Cal	9.3	285	-	-	-	-	60	NR
Osmolite [®] 1.5 Cal	11.6	355	-	-	-	-	51	NR
PediaSure [®] 1.0	9	240	-	-	-	-	56	NR
PediaSure [®] 1.5	16	350	-	-	-	0.03	57	45
PediaSure [®] Peptide 1.0	9.6	237	X	-	-	-	56	55
PediaSure [®] Peptide 1.5	14.4	356	X	-	-	-	72	59

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Enteral tube feed formulas evaluated with RELiZORB								
Formula Name	Per serving						Fat Hydrolysis (%)*	
	Fat (g)	Calories (kcal)	Contains pre-hydrolyzed protein	Contains Insoluble Fiber	MCT:LCT ratio	Omega-3 DHA & EPA (g)	Continuous	Bolus**
							Single and Tandem RELiZORB at 120 mL/hour with enteral pump (Condition 1)	Single RELiZORB at 400 mL/hour (Condition 2)
PediaSure [®] Grow & Gain	9	240	-	-	-	-	78	72
PediaSure [®] Grow & Gain with Fiber	9	240	-	X	-	-	74	65
PediaSure [®] Grow & Gain Therapeutic Nutrition Shake	9	240	-	-	-	-	76	68
PediaSure [®] Grow & Gain Therapeutic Nutrition Shake with Fiber	9	240	-	X	-	-	86	69
Peptamen [®]	10	250	X	-	70:30	-	68	72
Peptamen AF [®]	13.5	300	X	-	50:50	0.60	63	59
Peptamen [®] 1.5	14	375	X	-	70:30	-	74	68
Peptamen Junior [®]	9.5	250	X	-	60:40	-	63	54
Peptamen Junior [®] 1.5	17	375	X	-	60:40	0.15	75	48
Peptamen Junior [®] with Fiber	9.5	250	X	X	60:40	-	59	57
Pivot [®] 1.5 Cal	12	355	X	-	-	0.90	50	NR
TwoCal [®] HN ^{§§}	21.5	475	-	-	-	-	36	20
Vital [®] 1.0	9	237	X	-	-	-	68	55
Vital [®] AF 1.2 Cal	12.8	284	X	-	-	0.90	61	57
Vital [®] 1.5 Cal	13.5	355	X	-	-	-	87	55

*Fat hydrolysis (%) is estimated based on label claim fat content.

**Representative hydrolysis for the following use conditions: Enteral pump for 500 mL at 400 mL/hr, manual bolus by syringe (push or gravity) of 250 mL with delivery of ~7 mL per min.

†Powdered formulas were tested at 30 kcal/oz.

‡Not recommended for use with tandem RELiZORB configuration.

§Not recommended for syringe gravity bolus feeding.

§§Fat hydrolysis rates are similar over the shelf life of RELiZORB.

NR—Not recommended

The following formulas have been evaluated for use with RELiZORB and are shown to be incompatible: Liquid Hope, Nourish, Real Food Blends, Promote with Fiber, Compleat Pediatric, Compleat Organics, Compleat Pediatric Organics, Compleat Standard 1.4, Kate Farms Pediatric Blended Meals, PediaSure 1.5 with Fiber, Nutren Jr. with Fiber, Isosource 1.5, Replete with Fiber.

NOTE: Formula manufacturers may change the composition of their formulas, which may affect the operation of RELiZORB. Please refer to formula product websites for recent product descriptions, ingredients, and nutritional information.

NOTE: Please consult with your physician regarding acceptable enteral nutrition formulas for use with children.



For other enteral formula and enteral feeding supply compatibility questions, please contact RELiZORB Support Services at 1-844-632-9271.

RELiZORB is intended to connect to ENFit® feeding supplies including tubing, extension sets, and enteral syringes.

- When using RELiZORB, all connections should be kept clean and dry before connecting supplies for feeding to prevent connections from overtightening or becoming stuck together.

RELiZORB is for use with enteral feeding only; do not connect to intravenous or other medical tubing. Medications should not be administered through RELiZORB. **Please see Instructions for Use at www.relizorb.com**

Enteral Pumps

- RELiZORB must be used with enteral tube feeding pumps that have low flow/no flow alarms. RELiZORB has been tested and is compatible with the following pumps*:

Pump Name	Pump Manufacturer
EnteraLite® Infinity®	Moog
Kangaroo™ Joey	CardinalHealth
Kangaroo™ ePump	CardinalHealth
Kangaroo OMNI™ Pump	CardinalHealth

*Pumps tested with pump manufacturer specific enteral feeding pump sets.



EnteraLite®
Infinity®



Kangaroo™
Joey



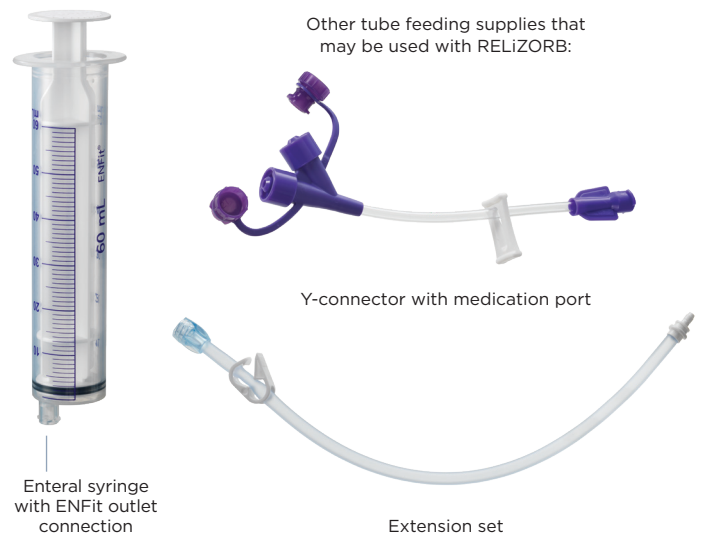
Kangaroo™
ePump



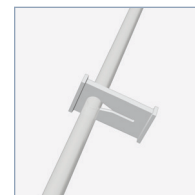
Kangaroo
OMNI™ Pump

Enteral Supplies

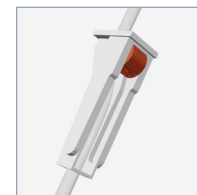
- RELiZORB must be used with syringes that have ENFit outlet connections.



Extension set clamp types that may be used with RELiZORB set ups:
Note: Adjustable clamp types are recommended for enteral syringe gravity feeding



Sliding adjustable
clamp



Rolling adjustable
clamp



Standard
clamp



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