

**Insufficient potassium and Excessive sodium of enteral nutrition in Korea and China**

KH Cho(1<sup>†</sup>)\*, ES Kim(2), SA Kang(3<sup>†</sup>), YN Lee(4), SY Kim(1<sup>†</sup>), JD Chen(5). (1<sup>†</sup>)Dept. of Herbal Pharmacology, Graduate School of East-West Medical Science, Kyung Hee University, Seoul, Korea. (2) Dept. Food Science and Nutrition, Dankook University, Seoul, Korea. (3<sup>†</sup>)Dept. of Medical Nutrition. (4) Dept. of Institutional Food Service, Kyung Hee University, Seoul, Korea. (5) Institute of Sports Medicine, Beijing Medical University, Beijing, China

Sodium and potassium were measured by ICP-AES in blenderized diets for enteral nutrition of 12 hospitals in Seoul, Korea and 12 hospitals in Beijing, China. And compared with those of commercial formula to prevent complications such as hypokalemia and electrolyte unbalance in patients. The sodium and potassium contents in blenderized diets were 1466.6±818.8 mg/L, 784.6±290.0 mg/L in Seoul hospitals, and 1466.6±583.4 mg/L, 886.4±226.4 mg/L in Beijing. The sodium and potassium contents in commercial formulas were 725.6±318.6 mg/L, 389.7±238.9 mg/L in Seoul, and 889.4±536.7 mg/L, 747.2±333.1 mg/L in Beijing. The contents of sodium in blenderized diets of hospitals in Seoul and Beijing were significantly higher than those of commercial formulas. For maintain the level of potassium storage, potassium intake was recommended at least 40-50mEq/day by NRC. The consumption of adequate amount of potassium and sodium may be important for patients in bed rest.