

Learn more about our solutions – Tube



Nutrini Tube activation edetailer

Fortini product leaflet

Tubes product leaflet

For healthcare professionals only – not for distribution to the general public.
Nutrini is food for special medical purposes for the dietary management of disease-related malnutrition and must be used under medical supervision.

NUTRICIA
Nutrini

Each One Unique

Tailored for **unique needs**
Trusted for **proven tolerance**¹⁻⁵



Helping kids bounce back

YOUR PATIENTS, THEIR NEEDS, OUR SOLUTIONS

ESPGHAN RECOMMENDS THAT EACH PAEDIATRIC PATIENT SHOULD BE MANAGED BASED ON THEIR OWN INDIVIDUAL SITUATION¹

The most appropriate type of nutritional intervention depends on the child's:

AGE

Age

Clinical situation

Absorptive and digestive capacity

Oral food intake

Tolerance

Practical feasibility of the type of feeding

Nutritional intervention can take the form of:^{1,2}

dietary advice and food fortification

oral nutritional supplements

enteral tube feeding

parenteral nutrition

Nutrícia offers a range of nutritional solutions tailored to meet your patients' needs requiring enteral nutrition, including both oral supplements and tube feeding options.

For healthcare professionals only. Not for general public distribution. CHS and special tube feeding are food for special medical purposes and must be used under medical supervision.

YOUR PATIENTS, THEIR NEEDS, OUR SOLUTIONS

Our most tailored range of paediatric tube feeds to meet your patients' needs

NUTRICIA

	0.75 kcal/ml	1 kcal/ml	1.5 kcal/ml
0-18 months			
1-6 yrs			
7-12 yrs			

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At Nutricia, we believe that **every child is unique**, and that their enteral tube feeds should be too

That's why Nutrini is tailored for each child's unique needs

Our paediatric enteral nutrition range is designed to:

- ★ Be effective in improving children's growth^{1,3-6}
- ★ Optimise feeding tolerance and minimize GI symptoms¹⁻⁶
- ★ Provide nutritional adequacy from macro- and micro-nutrients to optimally support paediatric growth and development^{1,4-6}

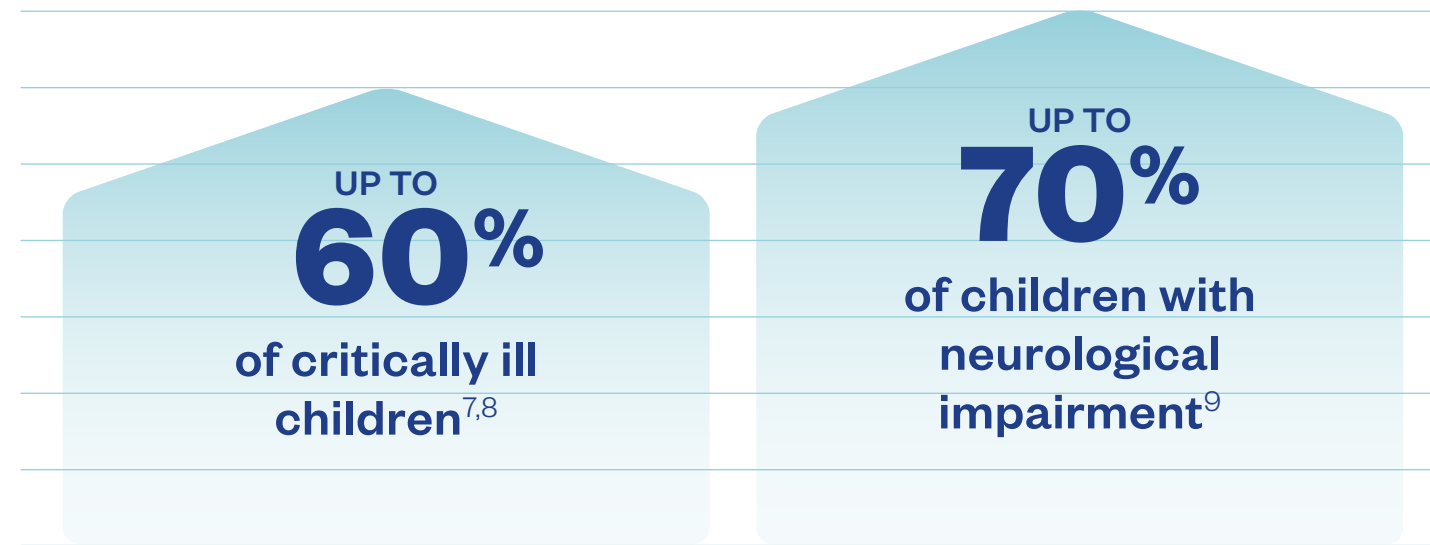


Tolerance is key to better patient health outcomes

More good days

Enterally-fed children often face a range of challenges related to feeding intolerance, including gastrointestinal symptoms such as **vomiting, diarrhoea, abdominal distention and constipation**⁷

Feeding intolerance is a significant concern
and a leading cause of insufficient enteral nutrition⁷



The nutritional design of an enteral feed directly influences how well a child tolerates it and how well they thrive

Designed for optimal tolerance while supporting growth¹⁻⁶

Nutrini formulas have a unique composition:

Whey-based* formulas support faster gastric emptying and improved tolerance⁹⁻¹¹



Unique MF6 fibre blend, combining fermentable and non-fermentable fibres to support bowel health and tolerance^{2,5}



*Nutrini tube feeds contain up to 60% of whey protein.

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Whey-based* formulas: Tolerance you can trust

Whey-protein contains a high amount of essential amino acids and is therefore considered a high-quality protein source^{15,16}



Whey-based* formulas are associated with:

- 1 **Faster** gastric emptying¹⁰⁻¹²
- 2 **Fewer episodes of** vomiting and GI reflux episodes^{9,13}
- 3 **Reduced** retching and gagging^{9,14}



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Our unique, expertly tailored fibre blend

MF6 is Nutricia's unique blend of six fibres, thoughtfully designed to support bowel health and tolerance

COMBINING:

Inulin

Oligofructose (FOS)

Acacia fibre

Soy polysaccharide

Resistant starch

Alpha-cellulose



Various clinical studies have demonstrated that MF6, in comparison with a fibre-free or single-fibre source, has the ability to:

- 1 **Be well tolerated**^{2,5}
- 2 **Improve gut health**⁵
- 3 **Support gut microbiota by increasing bifidobacteria**⁵
- 4 **Reduce constipation and laxative use**^{2,3,17}
- 5 **Reduce diarrhoea**²

In clinical trials, formulas with our unique MF6 fibre blend have been shown to reduce:

Diarrhoea by
47%¹⁸

Transit time by
33%¹⁹

Constipation by
64%³



Finding the **right fit** with Nutrini

Every child is unique and has their own unique nutritional requirements

The Nutrini portfolio offers:

- ★ An age- and energy-adapted range of feeds (0.75–1.5 kcal/mL)²⁰
- ★ Different protein types, including intact and extensively hydrolysed options

Peptisorb is the only range with extensively hydrolysed protein to better support children experiencing feeding intolerance

Each One Unique

KEY FEATURES >



Each formula is designed with clinical precision to meet the unique nutritional needs of children, tailored to their energy requirements and feeding tolerance

Tailored for **unique needs**
Trusted for **proven tolerance**^{1–5}

30+ years of clinical expertise in specialized paediatric nutrition



PORTFOLIO

Tailored, age-adapted
formulations²⁰ – as unique as
the children we care for



INGREDIENTS

Caring formulations powered by
whey protein^{9,10} and our
unique MF6 fibre mix for
improved tolerance^{2,3,5,17,19,21}



EVIDENCE

Clinically proven to **support
growth** and **ensure tolerance**
at every stage^{1,2,4-6}



SERVICES

Complete Care: from
nutritional solutions to medical
devices and home support



PACKAGING

Award-winning **Optri-bottle:**
better for you, better for
the planet^{22,23}

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One
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Tailored for **unique needs**
Trusted for **proven tolerance**¹⁻⁵



Get in Touch

Contact your Global Nutricia
Challenge Growth Team

Date: March 2026

Helping kids

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References

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23. NL packaging awards 2019, Starpack awards 2019, Packaging innovation awards by DOW 2019 and Worldstar packaging awards 2020.



References

1. Dipasquale V, Catena MA, Cardile S, *et al.* Nutrients. 2018;10(6):684.
2. Grogan J, Watling R, Davey T, *et al.* J. Human Nutr. Dietetics. 2006;19(6):462.
3. Trier E, Wells JCK, Thomas AG. J. Pediatr Gastroenterol. 1999;27:595.
4. Evans S, *et al.* Journal of Human Nutrition and Dietetics 2009;22(5):414–21.
5. Guimber D, *et al.* Br J Nutr. 2010 Nov;104(10):1514–22.
6. Vernon-Roberts A, Wells J, Grant H, *et al.* Dev Med Child Neurol. 2010;52(12): 1099–105.
7. Eveleens RD, Joosten KF, De Koning BA, *et al.* Clinical Nutrition. 2020;39(3): 685–93.
8. Ladopoulos T, *et al.* Ann. Gastroenterol., 2018,31.3:273.
9. Romano C, Van Wynckel M, Hulst J, *et al.* J. Pediatr. Gastroenterol. Nutr. 2017;65(2):242–64.
10. Brun AC, *et al.* Clinical nutrition. 2012 Feb 1;31(1):108–12.
11. Savage K, *et al.* Journal of Parenteral and Enteral Nutrition. 2012 Jan;36:118S–23S.
12. Rebelo F, *et al.* PLoS One. 2022. 17(7): p. e0271993.
13. Fried MD, *et al.* J Pediatr. 1992;120:569–72.
14. Graham-Parker C, *et al.* J Parenter Enteral Nutr. 2001.
15. Walzem RL, Dillard CJ, German JB. Crit Rev Food Sci Nutr. 2002 Jul;42(4): 353–75.
16. Ha E, Zemel MB. J Nutr Biochem. 2003;14:251–8.
17. Daly A, Johnson T, MacDonald A. J Hum Nutr Dietet. 2004;17:365–70.
18. Wierdsma NJ, *et al.* Nederlands Tijdschrift voor Dietisten. 2001;56(11):243–7. <http://www.mendeley.com/research/comparison-two-tube-feeding-formulas-enriched-guar-gum-mixed-dietary-fibres-english-translation>.
19. Silk DB, Walters ER, Duncan HD, *et al.* Clinical Nutrition. 2001;20(1):49–58.
20. ESPGHAN Committee on Nutrition, *et al.* J. Pediatr. Gastroenterol Nutr. 2010;51(1):110–22.
21. Hofman *et al.* J. Clin. Nutr. (2001); 20 (suppl 3):63–4.
22. Statistics taken from independent usability market research conducted by Medex Research among 66 HCPs in UK, Ireland, Germany and France, June 2015.
23. NL packaging awards 2019, Starpack awards 2019, Packaging innovation awards by DOW 2019 and Worldstar packaging awards 2020.



The Nutrini range

1-6
YEARS

0.75 kcal/ml

With fibre for general patient needs



Nutrini Low Energy Multi Fibre

1 kcal/ml

With fibre for general patient needs



Nutrini Multi Fibre

Fibre free for low residue diets



Nutrini

Extensivety hydrolysed protein for intolerance



Nutrini Peptisorb

1.5 kcal/ml

With fibre for general patient needs



Nutrini Energy Multi Fibre

Fibre free for low residue diets



Nutrini Energy

Extensivety hydrolysed protein for intolerance



Nutrini Peptisorb Energy

7-12
YEARS



NutriniMax/Tentrini Multi Fibre



NutriniMax/Tentrini



NutriniMax/Tentrini Energy Multi Fibre



NutriniMax/Tentrini Energy

Nutrini is a food for special medical purposes for the dietary management of disease-related malnutrition and must be used under medical supervision.

For healthcare professionals only – not for distribution to the general public.

YOUR PATIENTS, THEIR NEEDS, OUR SOLUTIONS

ESPGHAN RECOMMENDS THAT EACH PAEDIATRIC PATIENT SHOULD BE MANAGED BASED ON THEIR OWN INDIVIDUAL SITUATION¹

The most appropriate **type of nutritional intervention** depends on the child's:



Age



Clinical situation



Absorptive and digestive capacity



Oral food intake



Tolerance



Practical feasibility of the type of feeding

Nutritional intervention can take the form of:^{2,3}



dietary advice and food fortification



oral nutritional supplements



enteral tube feeding



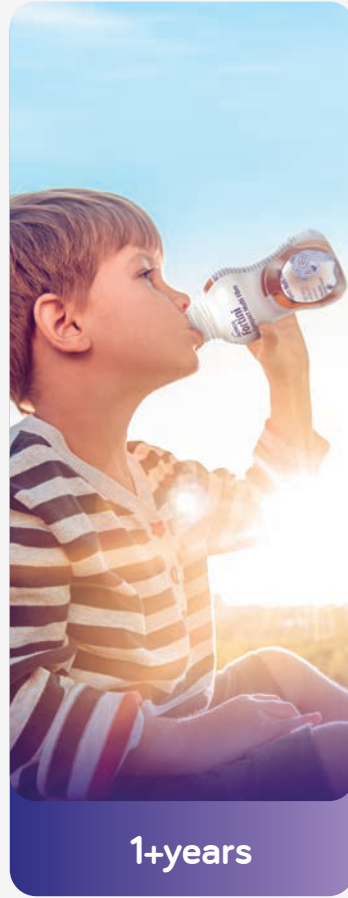
parenteral nutrition

Nutricia offers a range of nutritional solutions tailored to meet your patients' needs requiring enteral nutrition, including both oral supplements and tube feeding options.

PATIENTS IN NEED OF ORAL NUTRITIONAL SUPPLEMENT

ESPGHAN RECOMMENDS USING:

- An energy density of 1 kcal/ml feed for most children when meeting full nutrient requirements¹.
- A high energy density of 1.5 kcal/ml feed for children with increased energy requirements¹.



1.0 kcal/ml

With fiber for general patient needs



Fortini 1.0 Multi Fibre

1.5 kcal/ml

With fiber for general patient needs



Fortini Mult Fibre

Fibre free for low residue diets



Fortini



Fortini powder##

With fiber for general patient needs and real food ingredients



Fortini+MIX Multi Fibre#



Fortini Smoothie Fortini Creamy

2.4 kcal/ml



Fortini Compact Multi Fibre

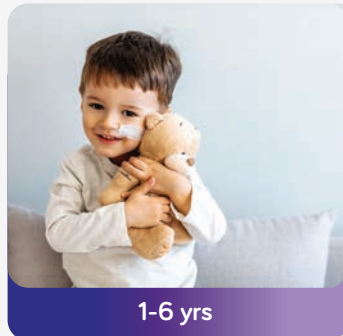
Fortini+MIX contains a mix of 4 different fibers. ## Energy content can be adjusted to any need.

For healthcare professionals only. Not for general public distribution. ONS and enteral tube feeding are food for special medical purposes and must be used under medical supervision.

PATIENTS IN NEED OF TUBE FEEDING

ESPGHAN RECOMMENDS USING:

- An energy density of 1 kcal/ml feed for most children when meeting full nutrient requirements¹.
- A high energy density of 1.5 kcal/ml feed for children with increased energy requirements¹.
- A low-calorie, low-fat, high-fiber, and micronutrient-replete formula for immobile children with neurological impairment⁴.



0.75 kcal/ml

With fibre for general patient needs



Nutrini Low Energy Multi Fibre

1 kcal/ml

With fibre for general patient needs

Fibre free for low residue diets

Extensively hydrolysed protein for Intolerance



Nutrini Multi Fibre



Nutrini



Nutrini Peptisorb



NutriniMax/Tentrini Multi Fibre



NutriniMax/Tentrini

1.5 kcal/ml

With fibre for general patient needs

Fibre free for low residue diets

Extensively hydrolysed protein for Intolerance



Nutrini Energy Multi Fibre



Nutrini Energy



Nutrini Peptisorb Energy



NutriniMax/Tentrini Energy Multi Fibre



NutriniMax/Tentrini Energy

REFERENCES

1. Braegger C., et al. "Practical approach to paediatric enteral nutrition: a comment by the ESPGHAN committee on nutrition." *Journal of pediatric gastroenterology and nutrition* 51.1 (2010): 110-122.
2. Topical review. Nutritional Support in Children. Nutrition Communications. Nutricia HealthCare (2002).
3. Kolaček S., "Enteral nutrition support." (2008): 142-146.
4. Romano C., et al. "European Society for Paediatric Gastroenterology, Hepatology and Nutrition guidelines for the evaluation and treatment of gastrointestinal and nutritional complications in children with neurological impairment." *Journal of pediatric gastroenterology and nutrition* 65.2 (2017): 242-264.

YOUR PATIENTS, THEIR NEEDS, OUR SOLUTIONS

Our most tailored range of paediatric tube feeds to meet your patients' needs



	0.75 kcal/ml	1 kcal/ml			1.5 kcal/ml		
	With fibre for general patient needs	With fibre for general patient needs	Fibre free for low residue diets	Extensively hydrolysed protein for Intolerance	With fibre for general patient needs	Fibre free for low residue diets	Extensively hydrolysed protein for Intolerance
		 					
0-18 months		 Infatrini*		 Infatrini Peptisorb			
1-6 yrs	 Nutrini Low Energy Multi Fibre	 Nutrini Multi Fibre	 Nutrini	 Nutrini Peptisorb	 Nutrini Energy Multi Fibre	 Nutrini Energy	 Nutrini Peptisorb Energy
7-12 yrs		 NutriniMax/Tentrini Multi Fibre	 NutriniMax/Tentrini		 NutriniMax/Tentrini Energy Multi Fibre	 NutriniMax/Tentrini Energy	

For health care professionals only. Not for distribution to general public. Food for Special Medical Purposes (FSMP). To be used under medical supervision.

NUTRITION INFORMATION													
	0.75 kcal/ml	1 kcal/ml							1.5 kcal/ml				
PRODUCT	Nutrini Low Energy Multi Fibre	Infatrini	Infatrini Peptisorb	Nutrini Multi Fibre	Nutrini	Nutrini Peptisorb	NutriniMax Multi Fibre	NutriniMax	Nutrini Energy Multi Fibre	Nutrini Energy	NutriniMax Energy Multi Fibre	NutriniMax Energy	Nutrini Peptisorb Energy
AGE INDICATION	1-6 years or 8-20kg	0-18 months or <9kg	0-18 months or <9kg	1-6 years or 8-20kg	1-6 years or 8-20kg	1-6 years or 8-20kg	7-12 years or 21-45kg	7-12 years or 21-45kg	1-6 years or 8-20kg	1-6 years or 8-20kg	7-12 years or 21-45kg	7-12 years or 21-45kg	1-12 years
KEY FEATURES	<ul style="list-style-type: none">• Intact protein (casein/whey: 40/60)• Multi Fibre• DHA+EPA• Lactose free	<ul style="list-style-type: none">• Intact protein (casein/whey: 40/60)• Prebiotic fibres - scGOS:lcFOS (9:1)• With lactose, LCPUFA, nucleotides	<ul style="list-style-type: none">• 100% extensively hydrolyzed whey protein• Contains lactose, LCPUFA, nucleotides, MCT• Fibre free	<ul style="list-style-type: none">• Intact protein (casein/whey: 40/60)• Lactose free• DHA+EPA• Multi Fibre	<ul style="list-style-type: none">• Intact protein (casein/whey: 40/60)• Lactose free• DHA+EPA	<ul style="list-style-type: none">• 100% extensively hydrolyzed whey protein• 50% MCT, 50% soy oil• Contains lactose• Acidic/ pasteurized• Demineralized water• Fibre free	<ul style="list-style-type: none">• Intact protein (casein/whey: 40/60)• Lactose free• DHA+EPA• Multi Fibre	<ul style="list-style-type: none">• Intact protein (casein/whey: 40/60)• Fibre free• Lactose free• DHA+EPA	<ul style="list-style-type: none">• Intact protein (casein/whey: 60/40)• Lactose free• DHA+EPA• Multi Fibre	<ul style="list-style-type: none">• Intact protein (casein/whey: 60/40)• Fibre free• Lactose free• DHA+EPA	<ul style="list-style-type: none">• Intact protein (casein/whey: 60/40)• Multi Fibre• Lactose free• DHA+EPA	<ul style="list-style-type: none">• Intact protein (casein/whey: 60/40)• Fibre free• Lactose free• DHA+EPA	<ul style="list-style-type: none">• 100% extensively hydrolyzed whey protein• 53% MCT, 38% soy oil, 9% corn oil• lcFOS/ scFOS (1:1)• Contains lactose• Acidic/ pasteurized• Fibre free
KCAL / 100ML	75	100	100	101	101	100	100	100	150	150	150	150	150
PROTEIN G / 100ML	2.1	2.6	2.6	2.7	2.8	2.75	3.3	3.3	4.1	4	4.9	4.9	4.2
PROTEIN EN%	11%	10%	10%	11%	11%	11%	13%	13%	11%	11%	13%	13%	11%
CHO G / 100ML	9.3	10.2	10.2	12.3	12.3	13.7	12.3	12.3	18.5	18.5	18.5	18.5	18.6
FAT G / 100ML	3.3	5.3	5.4	4.4	4.4	3.9	4.2	4.2	6.7	6.7	6.3	6.3	6.6
FIBRE G / 100ML	0.8	0.8g prebiotic scGOS:lcFOS (9:1) of which 0.57g fibre	0	0.8	0	0	1.13	0	0.8	0	1.13	0	0.4
PRESENTATION	200ml & 500ml bottle	125ml, 200ml & 500ml bottle	200ml bottle	200ml & 500ml bottle	200ml & 500ml bottle	500ml bottle	500ml bottle	500ml bottle	200ml & 500ml bottle	200ml & 500ml bottle	500ml bottle	500ml bottle	500ml bottle
SUITABILITY	<div>GF</div> <div>K</div> <div>H</div>	<div>GF</div> <div>K</div> <div>H</div>	<div>GF</div> <div>K</div>	<div>GF</div> <div>K</div> <div>H</div>	<div>GF</div> <div>K</div> <div>H</div>	<div>GF</div> <div>K</div> <div>H</div>	<div>GF</div> <div>K</div> <div>H</div>	<div>GF</div> <div>K</div> <div>H</div>	<div>GF</div> <div>K</div> <div>H</div>	<div>GF</div> <div>K</div> <div>H</div>	<div>GF</div> <div>K</div> <div>H</div>	<div>GF</div> <div>K</div> <div>H</div>	<div>GF</div> <div>K</div> <div>H</div>
HANGING TIME	125 & 200ml bottles: can be attached directly to a Flocare bottle giving set. Alternatively, feed can be decanted into a sterile reservoir, taking care to handle aseptically at all times. Clean bottle top with an alcohol swab before opening. 500ml bottles: can be attached directly to a Flocare pack giving set. When directly connected to a giving set (aseptically handled, closed system), collapsible bottles have a hanging time of max. 24 hours. If the cap has been removed (used as an open system) then collapsible bottles have a hanging time of max. 8 hours (Infatrini / Infatrini Peptisorb max: 4 hours).												