

Guidelines for the Provision of Nutrition Support Therapy in the Adult Critically Ill Patient: American Society for Parenteral and Enteral Nutrition

Guideline Questions, Evidence Grades, Recommendations, and Clinical Applications²

In the United States, there are currently about 80,000 adult intensive care hospital beds with an average of 75% capacity depending on region.¹ Most of these critically ill patients are unable to consume nutrition orally and artificial nutrition is often provided. The purpose of this guideline is to summarize the evidence within nutrition support to guide practitioners in their provision of artificial nutrition to critically ill patients. These key questions that had GRADE level evidence are presented with an evidence-based recommendation and clinical application discussion.² For questions not addressed in this guideline, follow the 2016 guidelines until a clinical recommendations paper is published.³

GUIDELINE QUESTION 1

In adult critically ill patients, does provision of higher versus lower energy intake impact clinical outcomes?

GRADE Recommendation: No significant difference in clinical outcomes was found between patients with higher vs. lower levels of energy intake. We suggest feeding between 12-25 kcal/kg (i.e., the range of mean energy intakes examined) in the first 7-10 days of ICU stay.

Evidence grade: Moderate

Strength of GRADE Recommendation: Weak

Discussion on Clinical Application for Question 1: Until data become available that enable more precise recommendations on energy intake, clinicians should rely on clinical judgment. When EN or PN is associated with problems in glycemic control, respiratory acidosis or high serum triglyceride concentrations, consider whether feedings should be reduced. Lipid-based sedation also provides a source of kcal that should be considered in the total daily intake. Gastrointestinal tolerance may limit how much EN can be provided. Feeding less than the EN formula volume needed to deliver Dietary Reference Intake levels may risk inadequate vitamin, mineral, and trace element intake.

GUIDELINE QUESTION 2

In adult critically ill patients, does provision of higher as compared to lower protein intake impact clinical outcomes?

GRADE Recommendation: There was no difference in clinical outcomes in the relatively limited data. Due to a paucity of trials with high-quality evidence, we cannot make a new recommendation at this time beyond the 2016 guideline suggestion for 1.2-2.0 g/kg/day.

Evidence Grade: Low

Strength of GRADE recommendation: Weak

Discussion on Clinical Application for Question 2: Few studies have investigated the impact of higher protein doses provided with equivalent energy, thus the impact on outcomes is not known. Until more data are available, we suggest clinicians should individualize protein prescriptions based on clinician judgment of estimated needs.

GUIDELINE QUESTION 3

In adult critically ill patients who are candidates for EN, does similar caloric intake by PN versus EN as the primary feeding modality in the first week of critical illness impact clinical outcomes?

GRADE Recommendation: There was no significant difference in clinical outcomes. Since similar caloric intake provided as PN is not superior to EN and no differences in harm were identified, we recommend that either PN or EN is acceptable.

Evidence grade: High

Strength of GRADE Recommendation: Strong

Discussion on Clinical Application for Question 3: Our findings indicate that when similar energy is delivered by PN or EN early in critical illness for relatively short periods of time, clinical outcomes are similar. Given these data, cost and convenience of providing EN versus PN may be larger determinants of route of feeding early in critical illness than differences in clinical outcomes. The question of PN use arises when EN is not feasible or tolerated or in patients with significant gastrointestinal disease which were not the populations studied for question 3. The two reported trials gave approximately 18-20 kcal/kg/day and 0.6-0.8 g protein/kg/day, and both used a premixed PN solution. Avoidance of energy overfeeding may be the most important decision to make regarding PN use. Optimal glycemic control and catheter care are also important factors in the provision of PN to reduce infectious complications. Clinical judgment about an individual patient's metabolic tolerance to the dextrose (monitor glycemic control), ILE (monitor serum triglyceride concentrations), and amino acid dose is key to delivery of appropriate PN feedings.

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Critical Care Nutrition Guidelines

AW Rasmussen



Critical Care Nutrition Guidelines:

Nutrition in Critical Care Peter Faber, Mario Siervo, 2014-03-06 Provides comprehensive and practical guidance for managing the nutritional requirements of critically ill patients and thereby improving prognosis **Nutrition in Critical Illness, An Issue of Critical Nursing Clinics** Miranda Kelly, 2014-06-28 Nutrition is an important aspect of care for any patient entering the hospital but the patient admitted to the intensive care unit ICU is at an even higher risk for nutritional compromise Nutrition affects all ages from the neonate to the geriatric patient and all patient populations Evidence based practice guidelines regarding appropriate nutritional support within the critical care setting are published Yet researchers continue to identify that despite published evidence countless ICU patients continue to lack adequate and timely nutritional support on admission Each of the authors in this issue promotes nutrition in their careers and individual practice areas which brings knowledge from many different arenas throughout the nation This issue discusses nutrition throughout the lifespan special patient populations implementation of guidelines and how nutrition is being utilized as medical therapy **Textbook of Critical Care Nutrition** Subhal Bhalchandra Dixit, Kapil Gangadhar Zirpe, Atul Prabhakar Kulkarni, 2023-11-17

Nutrition and Critical Care L. Cynober, F. A. Moore, 2003-07 A complete state of the art manual on nutritional support for ICU patients the present book written by internationally renowned specialists addresses fundamental aspects of the pathophysiological response to injury as well as practical issues of nutritional care New features include an analysis of gene polymorphism and its possible consequences for the survival of traumatized patients A better understanding of this process could become a basis for defining new nutritional strategies Hence the discussion on indications for immune enhancing diets Of special interest is the research on copathologies i e obesity which can change the prognosis of ICU patients who thus require specific nutritional support Entirely new is the merging of the recommendations of international and national societies e g ASPEN ESPEN first realized for this publication This book is a basic tool for any professional in the field of nutritional care for ICU patients intensivists surgeons pharmacists dieticians and PhD students **A Nurse's Survival Guide to Critical Care - Updated Edition** Sharon L. Edwards, Joyce Williams, 2019-04-17 Are you a starting work in critical care Are you an experienced nurse but need to check guidelines and best practices This is the indispensable guide to daily procedures and problems faced by nurses working in this specialty This book will help you to Organise your job and yourself Assess patients and communicate with them Get clinical information on a wide range of conditions What to do in emergency This UPDATED edition Completely updated and revised content written by authors with extensive nursing experience in the field Physiological psychological and social areas as well as legal issues ethical and moral dilemmas that critical care nurses and health care practitioners may face on a daily basis Boxes tips and diagrams to help bridge the theory practice gap while embarking on your critical care career Part of the A Nurse s Survival Guide series Completely updated and revised content written by authors with extensive nursing experience in the field Physiological psychological and social areas as well as legal

issues ethical and moral dilemmas that critical care nurses and health care practitioners may face on a daily basis Boxes tips and diagrams to help bridge the theory practice gap while embarking on your critical care career **Nutrition Support for the Critically Ill** David S. Seres, Charles W. Van Way, III, 2015-11-24 This text provides a review of the current knowledge in both the mechanics of nourishing the critically ill and the metabolic and immunological roles nutrients play In depth chapters discuss disease related malnutrition as distinct from under or over nourishment and the impact of nourishment in either form of malnutrition The appropriate timing and indications for nutrition support are provided as well as advanced techniques for improving practice A broad range of issues related to interdisciplinary practice are addressed Useful for a wide variety of practitioners including ICU doctors hospitalists and nutrition support physicians *Nutrition Support of the Critically Ill* provides practical bedside advice and simplified recommendations for practice *Critical Care Nutrition Therapy for Non-nutritionists* Mette M. Berger, 2018-02-07 This book offers a pragmatic approach to day to day metabolic and nutritional care based on physiological considerations Due to the numerous controversial trials published in the last 15 years there is no clear guidance for intensive care physicians regarding the metabolic and nutritional management of patients This has resulted in a return to underfeeding and related complications in most ICUs worldwide as shown by the latest Nutrition Day data Using a structured logical approach the book examines practical solutions for artificial feeding in complex areas of critical care brain injuries burns cardiac failure ECMO intestinal failure long term patient renal failure metabolic diseases obesity old patients and discusses measurement of the results of metabolic interventions It also includes dedicated chapters focusing on specific problems in order to avoid complications *Critical Care Nutrition Therapy for Non nutritionists* is a valuable resource for all general ICUs and ICU subspecialties such as cardiovascular neuro gastrointestinal and burns ICUs

Nutrition During Intensive Care Mahsa Jalili, 2025-01-08 *Nutrition During Intensive Care* is a comprehensive guide for healthcare professionals dedicated to improving patient outcomes in ICU settings Edited by Mahsa Jalili an assistant professor in clinical nutrition with over a decade of experience in nutrition this book investigates the practical challenges of managing the nutritional needs of critically ill patients Drawing on extensive research and clinical practice the book addresses key topics such as nutritional assessment enteral and parenteral nutrition and the unique challenges faced by obese patients in the ICU It also explores the critical role of thiamin and the impact of nutrient drug interactions This collection of recent chapters provides valuable insights and evidence based recommendations to enhance patient care making it an essential resource for clinicians nurses and anyone involved in ICU nutrition therapy *Critical Care Study Guide* Gerard J. Criner, Rodger E. Barnette, Gilbert E. D'Alonzo, 2010-06-27 Critical care medicine is a dynamic and exciting arena where complex pathophysiologic states require extensive knowledge and up to date clinical information An extensive knowledge of basic pathophysiology as well as awareness of the appropriate diagnostic tests and treatments that are used to optimize care in the critically ill is essential Since our first edition 7 years ago new information crucial to the care and

understanding of the critically ill patient has rapidly accumulated. Because this knowledge base crosses many different disciplines, a comprehensive multidisciplinary approach presenting the information is essential, similar to the multidisciplinary approach that is used to care for the critically ill patient. We have strived to provide this content in an easily digestible format that uses a variety of teaching tools to facilitate understanding of the presented concepts and to enhance information retention. To meet the demand to provide comprehensive and diverse education in order to understand the pathogenesis and optimum care of a variety of critical illnesses, we have substantially revised the prior topics in the first edition with updated information. We have also markedly expanded the number of topics covered to include acute lung injury and the acute respiratory distress syndrome, an expanded discussion of the physiology and operation of mechanical ventilation, obstetrical care in the ICU, neurosurgical emergencies, acute coronary syndromes, cardiac arrhythmias, role of whole body rehabilitation in the ICU, ethical conduct of human research in the ICU, and nursing care of the ICU patient. **Joint Trauma System (JTS)**

Clinical Practice Guidelines, Over 700 total pages. The JTS Clinical Practice Guidelines CPGs are to the greatest extent possible evidence based. The guidelines are developed using a rigorous process that involves subject matter experts in each field evaluating the best available data. If you are interested in learning more about the process of developing CPGs, please click this link: CPG Development Process. This guide for CPG development will help lead you through the methods used to develop and monitor CPGs. The JTS remains committed to using the highest levels of analytical and statistical analysis in its CPG development process.

COMPLETE LIST OF CURRENT JTS CPGs

JTS CPG Documentation Process 01 December 2017

Acute Extremity Compartment Syndrome Fasciotomy 25 July 2016

Acute Respiratory Failure 23 January 2017

Airway Management of Traumatic Injuries 17 July 2017

Amputation 1 July 2016

Anesthesia 23 Jun 2016 pdf

Aural Blast Injury Acoustic Trauma and Hearing Loss 12 Aug 2016

Battle Non Battle Injury Documentation Resuscitation Record 5 Dec 13

Blunt Abdominal Trauma Splenectomy and Post Splenectomy Vaccination 12 August 2016

Burn Care 11 May 2016

Catastrophic Non Survivable Brain Injury 27 Jan 2017

Cervical Thoracolumbar Spine Injury Evaluation Transport and Surgery in Deployed Setting 05 August 2016

Clinical Mgmt of Military Working Dogs Combined 19 Mar 2012

Clinical Mgmt of Military Working Dogs Zip 19 Mar 2012 zip

Damage Control Resuscitation 03 Feb 2017

DCoE Concussion Management Algorithm Cards pdf

DoD Policy Guidance for Management of Mild Traumatic Brain Injury Concussion in the Deployed Setting Drowning Management 27 October 2017

Emergent Resuscitative Thoracotomy 11 June 2012

Fresh Whole Blood Transfusion 24 Oct 12

Frostbite and Immersion Foot Care 26 Jan 2017

Frozen Blood 11 July 2016

High Bilateral Amputations and Dismounted Complex Blast Injury 01 August 2016

Hyperkalemia and Dialysis in the Deployed Setting 24 January 2017

Hypothermia Prevention 20 Sept 2012

Infection Prevention in Combat Related Injuries 08 August 2016

Inhalation Injury and Toxic Industrial Chemical Exposure 25 July 2016

Initial Care of Ocular and Adnexal Injuries 24 Nov 2014

Intrathecal Transfer and Transport 19 Nov 2008

Invasive Fungal Infection in War Wounds 04 August 2016

Management of Pain Anxiety

and Delirium 13 March 2017 Management of War Wounds 25 April 2012 Neurosurgery and Severe Head Injury 02 March 2017 Nutritional Support Using Enteral and Parenteral Methods 04 August 2016 Orthopaedic Trauma Extremity Fractures 15 July 2016 Pelvic Fracture Care 15 March 2017 Prehospital Care 24 Nov 2014 Prevention of Deep Venous Thrombosis Inferior Vena Cava Filter 02 August 2016 Radiology 13 March 2017 REBOA for Hemorrhagic Shock 06 July 2017 Unexploded Ordnance Management 14 Mar 2017 Urologic Trauma Management 1 Nov 2017 Use of Electronic Documentation 5 Jun 2012 Use of MRI in Mgmt of mTBI in the Deployed Setting 11 June 2012 Vascular Injury 12 August 2016 Ventilator Associated Pneumonia 17 Jul 2012

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