

# 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 Applications<sup>2</sup>

In the United States, there are currently about 80,000 adult intensive care hospital beds with an average of 75% capacity depending on region.<sup>1</sup> 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.<sup>2</sup> For questions not addressed in this guideline, follow the 2016 guidelines until a clinical recommendations paper is published.<sup>3</sup>

### **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.

Continues on next page

# Nutrition Support Guidelines

**Barbara Troesch ,Matthias Pirlich**



## **Nutrition Support Guidelines:**

**From Nutrition Support to Pharmacologic Nutrition in the ICU** Claude Pichard, Kenneth A. Kudsk, 2002-01-21 Critically ill and critically injured patients require specialized nutrition support to avoid the complications of progressive malnutrition There is a paucity of information providing practical solutions to these difficult clinical problems From Nutrition Support to Pharmacologic Nutrition in the ICU focuses on the theoretical and practical aspects of the management of this high risk patient population Each chapter presents a state of the art discussion of nutritional and metabolic issues relevant to this resource intensive patient population and contains current references liberal tables and figures and the personal insights of recognized international leaders in this field

**Nutrition Support in Adults** National Collaborating Centre for Acute Care (Great Britain), National Institute for Health and Clinical Excellence (Great Britain), 2006 *Guidelines for Nutrition Care of Renal Patients* Kerri Lynn Wiggins, 2002 *Standards & Guidelines for Nutritional Support of Patients in Hospitals* British Association for Parenteral and Enteral Nutrition, TimSizer, 1996

**Nutrition Support Handbook** Kathleen M. Teasley-Strausburg, 1992

**Nutritional Therapy along the Continuum of Care** Barbara Troesch, Matthias Pirlich, 2024-07-12 At the 2022 ESPEN conference the International Declaration on the Human Right to Nutritional Care was presented stating the ethical obligation to ensure optimal nutritional care Still in our aging populations patients often present with a range of chronic conditions that in combination with poor lifestyle choices and other factors such as polypharmacy affect their nutritional status Often hidden behind adipose tissue their muscle mass is decreased and intakes of essential nutrients are low while inflammatory levels are chronically increased

Nutrition Support Scott A. Shikora, George L. Blackburn, 1997-01-09 With its user friendly and practical approach this outstanding reference educates clinicians on the importance of timely and well prescribed nutritional support It provides a solid base of knowledge enabling the clinician to prescribe the safest feeding strategies for a patient s specific condition and disease state

*The Science and Practice of Nutrition Support*, 2001

**The A.S.P.E.N. Nutrition Support Practice Manual** Russell Merritt, 2005 Back cover This practical how to manual provides the most comprehensive and up to date information on the proper implementation of enteral and parenteral nutrition Its multidisciplinary approach makes it indispensable for all healthcare professionals With an easy to use searchable CD ROM and extensive chapters on AIDS cancer transplantation and long term care this book is the most important manual for enteral and parenteral nutrition in the 21st century

*Nutrition Support for the Critically Ill Patient* Gail A. Cresci PhD, 2015-04-23 Completely revised and updated Nutrition Support for the Critically Ill Patient A Guide to Practice Second Edition presents an unbiased evidence based examination of critical nutrition across the life cycle Taking a multidisciplinary approach each chapter has been carefully designed to provide a comprehensive review of the literature and a de

**Evidence-Based Guidelines for Nutritional Support of the Critically Ill: Results of a Bi-National Guideline Development Conference** Gordon S. Doig, 2005-09-01 The purpose of this guidelines initiative was to develop or

update and validate an evidence based feeding guideline for critically ill patients A widely accepted methodology was adopted which requires the identification of previously developed and validated evidence based guidelines The process then specifies a methodology for identifying and assimilating evidence that may be used to change or update the previously validated guidelines An extensive literature search was conducted closeout date April 2003 Four hundred and sixty five full text papers were retrieved and reviewed The only evidence based guideline for feeding critically ill patients that had been validated in an RCT was identified Martin et al 2004 When evaluated in a cluster randomised trial including 499 patients from 14 hospitals the adoption of this guideline resulted in a 10% reduction in mortality p 0 058 and an average decrease in hospital stay of 10 days p 0 003 The process and evidence used to support and update this guideline is presented in this document The final ratified guideline was evaluated in a 27 hospital cluster randomised trial conducted in Australia and New Zealand     **Nutrition support in adults. Quick reference guide** National Collaborating Centre for Acute Care,2006

**Nutrition Abstracts and Reviews** ,2005     Nutrition Support in Home Health Mindy Hermann-Zaidins,Riva Touger-Decker,1989 A practical guide for dietitians in nursing homes hospices day centers home care and hospitals This resource includes everything from clinical management of home oral enteral and parenteral nutrition and financial issues To administrative management quality assurance And The multidisciplinary approach to nutritional care Packed with formulas charts sample forms and formats position papers and policy statements     2008 Healthcare Standards Official Directory ECRI Institute Staff,Ecri,2007-12     **Practical Aspects of Nutritional Support** Patricia H. Worthington,2004 This portable practical reference is designed to fill the need for primary care and clinical nutrition information for nurse practitioners within various specialty areas such as adult family pediatric and acute care It addresses the fundamentals of nutritional care including nutritional assessment identifying risk factors determining nutrient requirements and selecting appropriate intervention Life cycle nutrition functional elements of nutrition support pharmacologic considerations trends in nutritional care and nutritional considerations in specific disease states are also covered     **Infusion Nursing** Infusion Nurses Society,Mary Alexander,Ann Corrigan,Lisa Gorski,Judy Hankins,Roxanne Perucca,2009-05-08 With a new focus on evidence based practice the 3rd edition of this authoritative reference covers every aspect of infusion therapy and can be applied to any clinical setting Completely updated content brings you the latest advances in equipment technology best practices guidelines and patient safety Other key topics include quality management ethical and legal issues patient education and financial considerations Ideal as a practical clinical reference this essential guide is also a perfect review tool for the CRNI examination Authored by the Infusion Nurses Society this highly respected reference sets the standard for infusion nursing practice Coverage of all 9 core areas of INS certification makes this a valuable review resource for the examination Material progresses from basic to advanced to help new practitioners build a solid foundation of knowledge before moving on to more advanced topics Each chapter focuses on a single topic and can serve as a stand alone reference

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