

NUTRITION IN THE ICU

NUTRITION - KEY FACTS

At least **one third** of patients in developed countries have some degree of malnutrition upon admission to the hospital.

If left untreated, approximately **two thirds** of those patients will experience a further decline in their nutrition status.

Among patients who are not malnourished upon admission, nearly **one third** may become malnourished while in the hospital.

According to the NutritionDay ICU Audit, it takes 1 week to reach 1500kcal intake in most ICUs in the world.

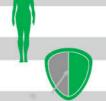
Undernutrition is associated with **prolonged length** of stay, mechanical ventilation, infection and mortality.

Overnutrition is associated with **prolonged** mechanical ventilation and infection, and increased morbidity.

Source: Tappenden et al. (2013) Jrnl of the Acad. of Nutr. and Dietitics, 113(9); Singer (2019) Critical Care 23(1).

OBJECTIVES OF NUTRITION THERAPY IN THE ICU

Preserve lead body mass



Maintain immune function



Source: VanBlarcom and McCoy (2018) Crit. Care Nurse, 38(3):46-52

NUTRITION DISORDERS AND RELATED CONDITIONS

- Malnutrition/Undernutrition
- ✓ Sarcopenia/Frailty
- Micronutrient abnormalities
- Refeeding syndrome

Source: Singer et al. (2019) Clinical Nutrition, 38:48-79.

NUTRITION CARE PROCESS



- 1 Nutrition Assessment
- 2 Nutrition Diagnosis
- 3 Nutrition Intervention
- 4 Nutrition Monitoring and Evaluation

Source: Cederholm T et al. (2017) Clin. Nutrition, 36:40-64.

KEY PRINCIPLES TO IMPROVE NUTRITION FOR THE CRITICALLY ILL

- Create a culture where all stakeholders value nutrition
- Redefine clinicians' roles to include nutrition
- Recognise and diagnose malnourished patients and those at risk
- Implement comprehensive nutrition interventions and monitor continuously
- Communicate nutrition care plans
- Develop a discharge nutrition care and education plan

Source: Tappenden et al. (2013) Jrnl of the Acad. of Nutr. and Dietitics, 113(9)