Providing MORE NUTRITIONAL OPTIONS in the SICU to help you meet your patients' needs

NUTRITION FEATURES	▶ Oral Nutritional Therapy for Immune Support	EARLY ENTERAL NUTRITIONAL THERAPY ▶ Immune Support	▶ Peptide-based immune support for intolerance	▶ Obesity and very high protein needs
				
PRODUCT	**IMPACT ADVANCED RECOVERY® (250 mL)**	**IMPACT® (1000 mL)**	**IMPACT® PEPTIDE 1.5 (1000 mL)**	**PEPTAMEN® INTENSE VHP (1000 mL)**
Caloric Density (kcal/mL)	1.1	1.0	1.5	1.0
Protein g (% kcal)	26 (37%)	56 (22%)	94 (25%)	92 (37%)
NPC:N Ratio	34:1	71:1	63:1	43:1
Protein Source	Calcium and Sodium Caseinates (Milk), L-Arginine	Sodium and Calcium Caseinates (Milk), L-Arginine	Enzymatically Hydrolyzed Casein (Milk), L-Arginine	Enzymatically Hydrolyzed Whey Protein (Milk)
Fat g (% kcal)	11 (35%)	28 (25%)	63.6 (38%)	38 (34%)
Fat Source	Refined Fish Oil (Anchovy, Sardine), Corn Oil, MCT	Palm Kernel Oil, Refined Fish Oil (Anchovy, Sardine), High Linoleic, Safflower Oil, High Oleic Sunflower Oil	MCT, Refined Fish Oil (Anchovy & Sardine), Soybean Oil	MCT, Refined Fish Oil (Anchovy & Sardine), High Linoleic Safflower Oil, Soybean Oil
Carbohydrate g (% kcal)	20 (28%)	132 (53%)	140 (37%)	76 (29%)
Carbohydrate Source	Sugar, Sucralose (non-nutritive)	Maltodextrin	Maltodextrin, Cornstarch	Maltodextrin, Cornstarch, Fructooligosaccharides, Inulin
Dietary Fiber g Soluble:Insoluble	–	–	–	4 (100:0)
Fiber Source	–	–	–	Fructooligosaccharides (FOS), Inulin
L-Arginine g (Supplemental)	6.3	12.5	18.7	–
Nucleotides g (Supplemental)	0.645 g	1.2	1.8	–
EPA + DHA g	1.65	1.7	4.9	2
n6:n3	1.1:1	1.4:1	1.4:1	1.8:1
MCT:LCT	16:84	–	50:50	50:50
Free Water	81%	85%	77%	84%
Osmolality m0sm/kg water	704	375	510	345

ADJUNCTIVE NUTRITION

- 30 kcal
- 5 g carbohydrate
- 4.5 g L-arginine

ARGINAID® (9.2 g/packet)

- 25 kcal
- 6 g protein
- whey protein isolate (milk)

BENEPROTEIN® (1 scoop/7 g packet)

- 15 kcal
- 4 g carbohydrate
- Partially hydrolyzed guar gum
- 3 g soluble fiber (0 g insoluble)

NUTRISOURCE® FIBER (1 scoop/4 g packet)

ORDERING INFORMATION

PRODUCT NAME	DESCRIPTION	PRODUCT CODE	NDC-FORMAT NUMBER
IMPACT ADVANCED RECOVERY®	10-250 mL cartons/case	4390094311	43900-0229-10
IMPACT®	24-250 mL cartons/case	35810000	43900-0358-10
IMPACT® UltraPak® System	6-1000 mL bags/case	35810800	43900-0358-18
IMPACT® PEPTIDE 1.5	24-250 mL cartons/case	4390097400	43900-0973-99
IMPACT® PEPTIDE 1.5 UltraPak® System	6-1000 mL bags/case	4390097371	43900-0973-70
PEPTAMEN® INTENSE VHP	24-250 mL cartons/case	4390043271	43900-0-73049
PEPTAMEN® INTENSE VHP UltraPak® System	6-1000 mL bags/case	4390049322	43900-0-72395
ARGINAID® (Orange)	56-0.32 oz (9.2 g) packets/case	35983000	43900-0359-80
ARGINAID® (Cherry)	56-0.32 oz (9.2 g) packets/case	35984000	43900-0359-88
BENEPROTEIN®	6-8 oz canisters/case	28410000	43900-0284-10
BENEPROTEIN®	75-0.25 oz (7 g) packets/case	28430000	43900-0284-30
NUTRISOURCE® FIBER	4-7.2 oz canisters/case	4390097551	43900-0975-50
NUTRISOURCE® FIBER	75-0.14 oz (4 g) packets/case	4390097648	43900-0976-47

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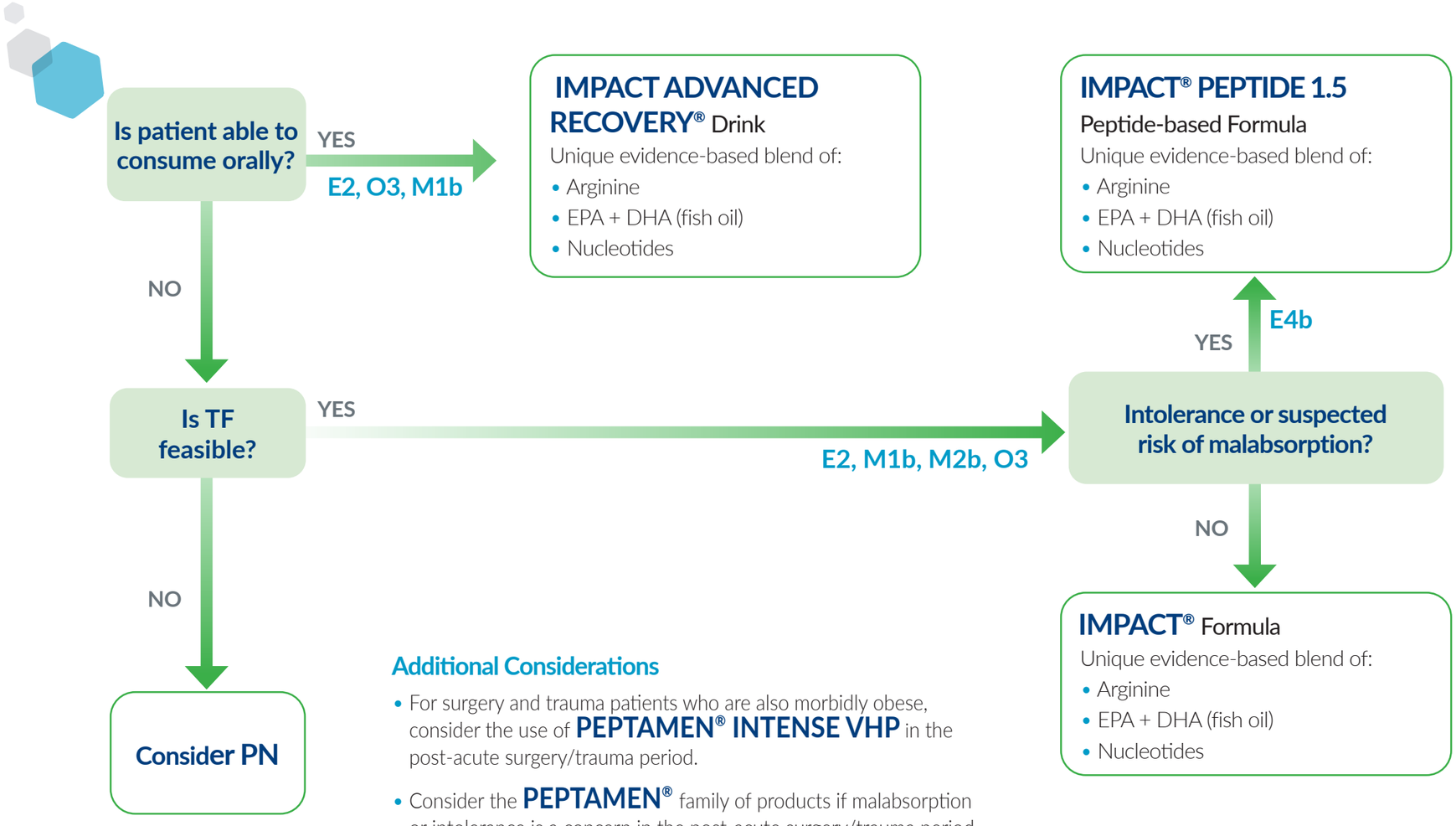
Surgery and Trauma Nutrition Therapy Guide

Nestlé HealthScience®

SELECTION GUIDE* FOR MAJOR ELECTIVE SURGERY AND TRAUMA



Additional Considerations

- For surgery and trauma patients who are also morbidly obese, consider the use of **PEPTAMEN® INTENSE VHP** in the post-acute surgery/trauma period.
- Consider the **PEPTAMEN®** family of products if malabsorption or intolerance is a concern in the post-acute surgery/trauma period and arginine-supplemented formula is no longer indicated.

*The mention of product brands does not constitute an endorsement of any Nestle HealthCare Nutrition product by SCCM or A.S.P.E.N.

2016 Critical Care Nutrition Guidelines[1]

A SUMMARY FOR ADULT SURGERY & TRAUMA PATIENTS

CALCULATION OF NUTRITIONAL REQUIREMENTS

CALORIES	Suggest indirect calorimetry (IC) be used to determine energy requirements when available and in the absence of variables that affect accuracy. **A3a** In the absence of IC, use a published predictive equation or a simplistic weight-based equation (25–30 kcal/kg/d) to determine caloric requirements for BMI < 30. **A3b** See *Obesity* for recommendations for patients with BMI ≥ 30.
PROTEIN	Suggest sufficient (high-dose) protein should be provided in the range of 1.2–2.0g/kg ABW*/day in the patient with BMI less than 30 and may likely be even higher in burn or multi-trauma patients. **C4** An ongoing evaluation of adequacy of protein provision is suggested. **A4** See *Obesity* for recommendations for patients with BMI ≥ 30.
OBESITY	For all classes of obesity where BMI is > 30, it is suggested the goal of the EN regimen not exceed 65–70% of target energy requirements as measured by IC. If IC unavailable, suggest 11–14 kcal/kg ABW*/day for BMI 30–50, and 22–25 kcal/kg IBW**/day for BMI > 50. Protein is suggested at ≥ 2.0 gm/kg IBW**/day for BMI 30–40, and up to 2.5 gm/kg IBW**/day for BMI ≥ 40. **Q5**

SELECTION OF APPROPRIATE FORMULA

PERIOPERATIVE SICU	Suggest immune-modulating formulations [arginine with other agents including EPA, DHA, glutamine, nucleic acid] be considered perioperatively for SICU patients. **E2, O3**
POSTOPERATIVE SICU	Suggest routine use of an immune-modulating formula [containing both arginine and fish oils] in the SICU for the post-operative patient who requires EN therapy. **O3**
SEVERE TRAUMA	Suggest immune-modulating formulations containing arginine and fish oil be considered in patients with severe trauma. **M1b**
TRAUMATIC BRAIN INJURY (TBI)	Immune-modulating formulations [arginine with other agents including EPA, DHA, glutamine, nucleic acid] are suggested for consideration in patients with TBI. **E2, M2b**
GUT DYSFUNCTION	**Diarrhea:** EN should not be automatically interrupted for diarrhea; evaluating etiology of diarrhea to determine appropriate therapy is also suggested. **D6** If there is evidence of diarrhea and fiber is not contraindicated, 10–20 gm of fermentable soluble fiber is suggested, given in divided doses over 24 hours as adjunctive therapy. **F1** **Peptides:** Use of small peptide formulations in the patient with persistent diarrhea, suspected malabsorption, or lack of response to fiber is suggested. **E4b** **Fiber:** Avoiding both soluble and insoluble fiber in patients at high risk for bowel ischemia or severe dysmotility is suggested. **E4b** A fermentable soluble fiber should be considered for routine use in all hemodynamically stable medical and surgical patients placed on standard enteral formulations. **F1**

*Actual body weight **Ideal body weight

1. McClave SA et al. Guidelines for the provision and assessment of nutrition support therapy in the adult critically ill patient: Society of Critical Care Medicine (SCCM) and American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.). *JPEN* 2016;40(2):159-211.