

Adults with COVID-19 Present with High Nutritional Risk¹⁻⁴

- Adults positive for COVID-19 have increased nutritional requirements due to a severe acute inflammatory status
- Many have comorbidities (diabetes, chronic kidney disease, etc.) which put them at even higher nutritional risk
- Decreased food intake and difficulty eating are often present and prevent them from meeting their nutritional requirements

Conduct Nutrition Screening^{1,2,5}

- Conduct nutrition screening using a validated nutrition screening tool (such as the Mini Nutritional Assessment (MNA[®]) to identify (at-risk of) malnutrition

Estimate Nutritional Requirements^{1,2,6-10}

- **PROTEIN:** Estimate protein needs based on increased requirements for adults with acute or chronic disease (1.2-1.5 g protein/kg body weight [BW]/day), and severe illness or marked malnutrition (up to 2 g protein/kg BW/day)
- **ENERGY:** Estimate energy requirements using a weight-based formula: 27-30 kcal/kg BW/day; to be individually adjusted based on nutritional status, physical activity level, disease status and tolerance
- **MICRONUTRIENTS:** Assure daily provision of recommended dietary allowances (RDA) for micronutrients including vitamins C, D, A, E & B-vitamins, and zinc, selenium & iron. Deficiency of these micronutrients has been associated with adverse clinical outcomes during viral infections

Initiate Nutrition Care^{1,2,11-13}

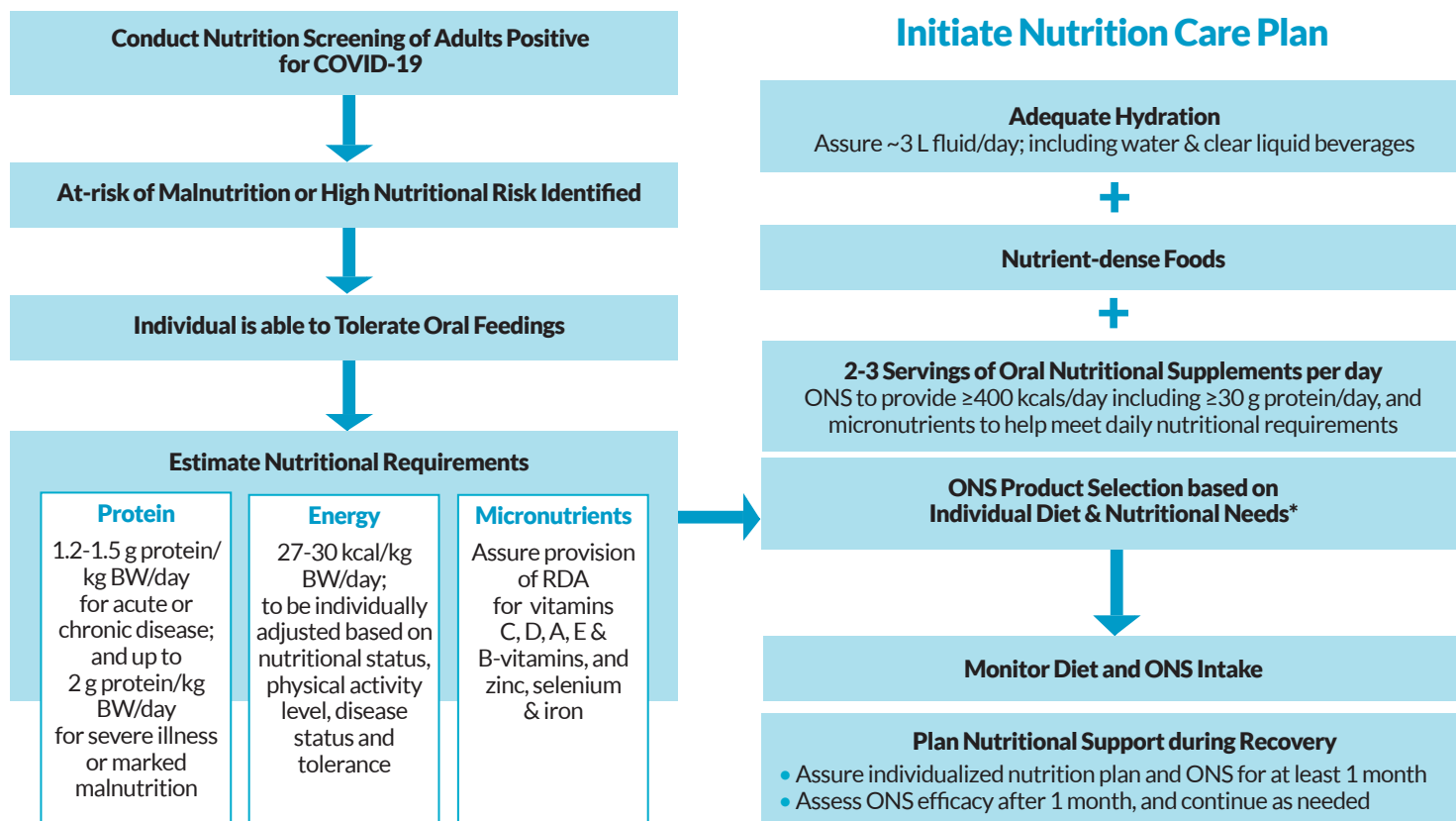
- Provide a diet rich in nutrient-dense foods and initiate oral nutritional supplements (ONS)
- Provide 2-3 servings of ONS in accordance with individual needs and regular food intake
 - ONS shall provide ≥ 400 kcals/day including ≥ 30 g protein/day, and micronutrients to help meet daily nutritional requirements
 - Select ONS based on individual diet, nutritional needs and presence of specific co-morbidities
- Provide adequate hydration (about 3 L fluid/day); including water and clear liquid beverages to replace fluid losses and thin respiratory secretions

Monitor Diet and ONS Intake^{1,2,5}

- Encourage compliance and monitor nutritional intake
- If unable to meet nutritional requirements, initiate supplemental enteral feeding

Plan Nutritional Support During Recovery¹

- Nutritional support during recovery should continue with ONS and individualized nutrition plans. This is especially important since pre-existing nutritional risk factors continue to apply, and acute disease is likely to worsen the risk or condition of malnutrition
- Assure ONS usage for at least 1 month. Assess ONS efficacy after 1 month, and continue as needed



*Nestlé Health Science Oral Nutritional Supplement Offerings by Diet Order

ONS Diet Order	ONS Product Selection (institutional, medical nutrition products)	Total Kcals (per 237 mL serving)	Kcal per mL	Protein (% Total Energy)	Carbs (% Total Energy)	Fat (% Total Energy)	Vitamins & Minerals
High Protein	BOOST® High Protein Drink	240	1.0	20 g (33% TE)	28 g (44% TE)	6 g (23% TE)	27
High Calorie	BOOST PLUS® Drink	360	1.5	14 g (15% TE)	45 g (50% TE)	14 g (35% TE)	26
High Protein, High Calorie	BOOST® Very High Calorie (VHC)	530	2.24	22 g (17% TE)	52 g (39% TE)	26 g (44% TE)	26
Diabetes Friendly	BOOST Glucose Control® Drink	190	0.8	16 g (33% TE)	16 g (34% TE)	7 g (33% TE)	25
Renal Friendly	NOVASOURCE® Renal Drink	475	2.0	21.6 g (18% TE)	43.5 g (37% TE)	23.8 g (45% TE)	25
Clear Liquid Options	BOOST BREEZE® Drink	250	1.06	9 g (14% TE)	54 g (86% TE)	0 g (0% TE)	19
	BOOST® SOOTHE Drink	300	1.26	10 g (13% TE)	65 g (87% TE)	0 g (0% TE)	0

For specific product information, visit www.NestleMedicalHub.com

For MNA® form and tools for clinicians, visit www.mna-elderly.com

References: 1. Barazzoni R et al. *Clin Nutr* 2020;39:1631-38. 2. Jin et al. *MMR* 2020;7:4. 3. Bhatraju PK et al. *NEJM* 2020;382(21):2012-22. 4. Rabi FA et al. *Pathogens* 2020; 9:231. 5. ASPEN Adult Malnutrition Care Pathway 2015. 6. Bauer J et al. *J Am Med Dir Assoc* 2013;14:542-59. 7. Deutz NEP et al. *Clin Nutr* 2014; 33:929-36. 8. McClave SA et al. *JPEN* 2016;40:159-211. 9. Zang L, Liu Y. *J Med Virol* 2020;92:479-90. 10. Semba RD, Tang AM. *Br J Nutr* 1999;81:181-89. 11. Volkert D et al. *Clin Nutr* 2019;38:10-47. 12. Gomes F et al. *Clin Nutr* 2018;37:336-53. 13. ASPEN Nutrition and Hydration: Quick Facts for COVID-19 Patients 2020.

This document is not intended to be a substitute for clinical judgment.

All trademarks are owned by Société des Produits Nestlé S.A., Vevey, Switzerland.
©2022 Nestlé. All rights reserved. Bridgewater, NJ 08807 U.S.A.
NEST-14890-0222