



EARLY ENTERAL NUTRITION SUPPORT OF THE CRITICALLY ILL PATIENT

CALCULATE ENERGY AND PROTEIN REQUIREMENTS¹:

NON OBESE (BMI <30)

25-30 kcal/kg ABW/day
1.2-2 g protein/kg ABW/day

OBESE (BMI 30-50)

11-14 kcal/kg ABW/day
2 g protein/kg IBW/day
for BMI 30-40

OBESE (BMI >50)

22-25 kcal/kg IBW/day
Up to 2.5 g protein/kg
IBW/day for BMI ≥ 40

1

ABW: Actual Body Weight IBW: Ideal Body Weight

2

INSERT GASTRIC FEEDING TUBE: USE POST-PYLORIC TUBE FOR HIGH ASPIRATION RISK¹

INITIATE EARLY ENTERAL NUTRITION

Within 24-48 hours of admission to ICU¹

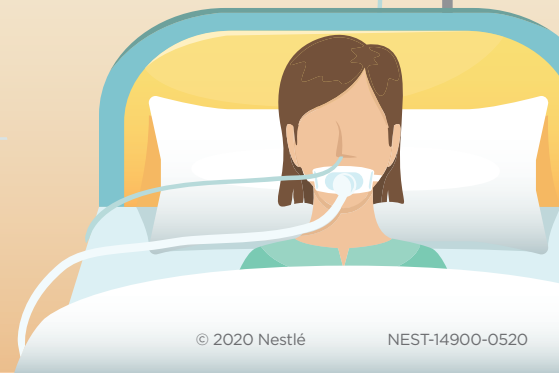
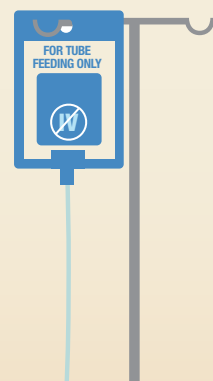
After resuscitation and hemodynamic stabilization, initiate enteral nutrition at 25% goal (10-25mL/hour) and advance as tolerated to goal feeding over 72 hours.²

3

MONITOR

4

- ✓ **Refeeding Syndrome³**
Use trophic feeding (10-25mL/hour) or 50% of goal rate and increase slowly over 72 hours. Monitor serum phosphate, potassium, and magnesium daily for 4 days.
- ✓ **Delayed gastric emptying^{1,4}**
Use prokinetic agents and consider feeding with formulas low in mOsm, high in MCT, peptide-based; consider post-pyloric feeding.
- ✓ **Diarrhea**
Rule out infectious cause (i.e., Clostridium Difficile), avoid sorbitol containing medications⁵, monitor use of antibiotics and consider soluble fiber and small peptide formulas¹.
- ✓ **Abdominal Distention⁶**
Assess for delayed gastric emptying, constipation, ileus, ischemic bowel, electrolyte abnormalities or feeding tube placement complications.



References:

1. McClave SA, et al. JPEN 2016; 40: 159-211.
2. Van Zanten et al. Critical Care 2019; 23: 368
3. Allen K, et al. NCP 2019; 34: 540-542
4. Fried MD, et al. Journal of Ped 1992; 120: 569-572
5. Parrish CR, McCray S. Practical Gastroenterol 2003; 9: 33-50
6. Blumenstein I, et al. World J of Gastroenterol 2014; 20: 8505-8524.

PLEASE NOTE: This suggested protocol is based on various clinical references but should not be construed as a substitute for clinical judgment or existing facility protocols.