EARLY ENTERAL NUTRITION SUPPORT OF THE CRITICALLY ILL PATIENT

1. **CALCULATE ENERGY AND PROTEIN REQUIREMENTS**

   - **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

   ABW: Actual Body Weight  IBW: Ideal Body Weight

2. **INSERT GASTRIC FEEDING TUBE:**

   USE POST-PYLORIC TUBE FOR HIGH ASPIRATION RISK

3. **INITIATE EARLY ENTERAL NUTRITION**

   - Within 24-48 hours of admission to ICU
   - After resuscitation and hemodynamic stabilization, initiate enteral nutrition at 25% goal (10-25mL/hour) and advance as tolerated to goal feeding over 72 hours.

4. **MONITOR**

   - **Refeeding Syndrome**
     - 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**
     - 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 medications, monitor use of antibiotics and consider soluble fiber and small peptide formulas.
   
   - **Abdominal Distention**
     - 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

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.