



**Aim:** To provide guidance on nutritional support for patients in Critical Care

**Scope:** All adult patients in Critical Care

## ASSESS NUTRITIONAL RISK

- Using local assessment tool
- On admission or within 6 hours
- On change in condition
- Weekly reassessment

## Additional Risks

- **Malnourishment prior to admission**
- **Re-feeding syndrome**
- **Multiple co-morbidities**

## IMPORTANCE OF NUTRITION

- Nutrition is fundamental to life and consideration must be given to the nutritional needs of every patient.
- Malnutrition is a state in which a deficiency of nutrients such as energy, protein, vitamins and minerals causes a measurable adverse effect on body composition, function, wound healing and clinical outcome.
- Energy demands increase during critical illness and calorie intake should reflect the patients clinical condition.

### STANDARD NUTRITIONAL SUPPORT for patients who are having oral diet and fluid

1	Food charts and fluid balance charts are in place and completed
2	Appropriate menu options in place, e.g. diabetic, modified texture, allergens, gluten free, vegetarian, vegan, cross cultural etc.
3	Treat any barriers where possible, e.g. sore mouth, nausea, swallowing problems, dentures, functional ability
4	Assistance at mealtimes (by nursing staff and patients' family) and protective meal times providing an environment conducive to eating
5	Snack menu in place and readily available 24/7
6	Consider having dietary supplements prescribed

### STANDARD NUTRITIONAL SUPPORT for patients who are parentally or enterally fed

1	For patents requiring enteral or parental feed, seek advice from Dieticians, TPN team or pharmacists.
2	If specialist advice is unavailable consider using out of hours enteral feeding regime where no contraindications exist.
3	Follow nutritional prescriptions in line with unit policies and guidelines
4	Follow local guidelines or pathways for management of parental and enteral feeding lines
5	Monitor biochemistry to inform MDT review
6	Monitor blood glucose levels and treat in line with unit policy

**If intubated for a prolonged period of time or decannulated within the last 24hrs consider a swallow assessment**

**Please see your units full guidelines for more information**

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