



Collaborative Regional Benchmarking Group

Nutritional Support in Critical Care



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

Scope: All adult patients in Critical Care

ASSESS NUTRITIONAL RISK

- Using local screening 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. Consideration must be given to the nutritional needs of every patient.
- Malnutrition is a state in which a deficiency of nutrients such as protein, vitamins and minerals causes an 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.
- 1 in 3 patients are malnourished on admission.

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	Refer to dietician if indicated on screening tool or if concerned with nutritional intake. 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 Dietitians, 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

V2 2023