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Bridging the Gap: Nutrition Interventions in Post-ICU and Medical Inpatients

FRESENIUS KABI



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...Early nutrition intervention plays a crucial role in promoting recovery and improving functional outcomes, as evidenced by the EFFORT trial[1] and other large-scale studies...

Question

How can we monitor nutritional intake and cascade medical nutrition to optimize recovery and improve functional outcomes in medical and post-ICU inpatients?

Observations & ideas

- Nutrition intervention is crucial along the ICU stay, however full early feeding in the ICU does not appear to be appropriate[2].
- In medical inpatients, early nutritional screening (within 48 h of admission) is key to initiate individualized nutritional support. Inflammation is a key driver of anorexia, contributing to malnutrition[3].
- Oral nutrition alone bears a high risk of inadequate energy and protein intake.[4]
- Initiating individualized nutritional support within 48 hours of hospital admission for patients at nutritional risk significantly reduced adverse clinical outcomes — such as mortality, ICU admissions, complications, and functional decline — compared, with standard hospital diets[1].

Take aways

- Early, individualised nutritional support is associated with reduced mortality and improved functional outcomes in medical inpatients[1].
- Monitor the 'oral nutrition' gap, keep NG tubes in until oral intake is established.
- Combination of oral food and EN will secure highest nutrition adequacy, PN will ensure that full requirements are met[2].
- The use of biomarkers (e.g. inflammatory markers and indicators of muscle health and catabolism) to tailor nutritional interventions may further optimise outcomes in the future.

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EFFORT: Effect of early nutritional support on Frailty, Functional Outcomes, and Recovery of malnourished medical inpatients Trial; EN: Enteral nutrition; ICU: Intensive care unit; NG: Nasogastric; ONS: Oral nutritional supplements; PN: Parenteral nutrition.

1. Schuetz P et al. Lancet. 2019;393(10188):2312-2321; 2. Chapple LS et al. Am J Respir Crit Care Med. 2022, 206(6):740-749. 3. Schuetz P et al, Lancet. 2021 20;398(10314):1927-1938. 4. Ridley et al. JPEN J Parenter Enteral Nutr. 2019;43(1):88-95.

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