QUALITY OF ARTIFICIAL NUTRITION SUPPORT IN AN INTENSIVE CARE UNIT

Caballero Requejo C, Iniesta Navalón C, Manresa Ramon N, Trujillano Ruiz A, Onteniente Candela M, Gil Candel M, Sánchez Álvarez C, Artime Rodríguez-Hermida F.

H.G.U Reina Sofía, Murcia, Spain

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BACKGROUND

- Critically ill patients are at risk of developing malnutrition, that appears in up to 40 % of them and it is associated with increased mortality and morbidity.

PURPOSE

- To evaluate the difference between the estimated energy requirements, those that were prescribed, and those who actually received the patients admitted to an Intensive Care Unit (ICU)

MATERIAL AND METHODS

- The study was conducted in a 12-bed ICU of a referral hospital, from May to July 2015.
- Patients with **nutritional support (NS)** and ICU stay superior to 7 days were selected.
- **Energy requirements** were calculated using the **Harris-Benedict** equation adjusted by the stress factor.

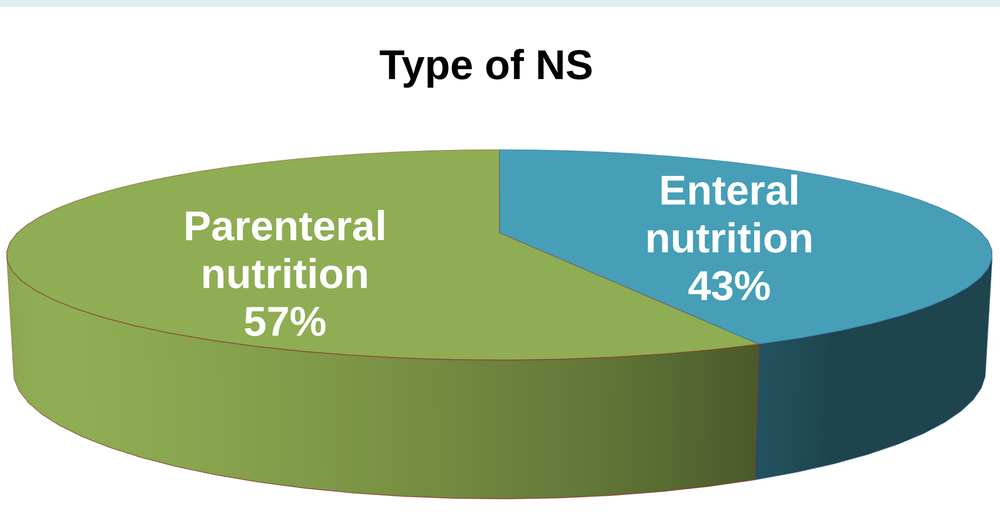
Data collected during the **first week** of ICU admission:

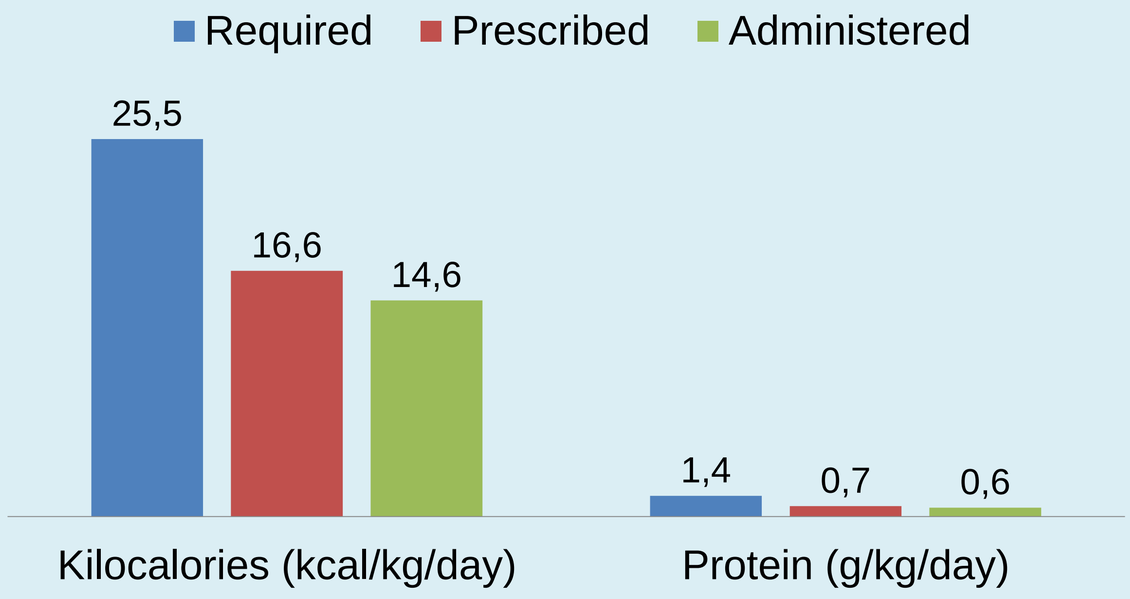
- NS start date
- Type of NS
- Kilocalories prescribed and administered
- Grams of protein prescribed and administered

RESULTS

- 27 patients were included
- Mean age of 62.8 ±17.5 years
- 71.4% were men

Average delay in the start of the NS: **3.1 ±1.3 days**





KILOCALORIES

- Administered: 60% of the theoretically requirements
- Calorie accumulated deficit (1 week): - 4763 ± 2739 kcal

PROTEIN

- Administered: 40 % of the theoretically requirements
- Protein accumulated deficit (1 week): - 297 ± 167 g

CONCLUSION

•The amount of calories that patients received was low, being more pronounced for administered proteins. This was due to intolerance of enteral feeding, delayed prescription, prescription below estimated requirements, and pauses in administration due to intra/extra procedures in the ICU. With these results, measures directed to optimising nutritional support of our patients are needed.