

Other substrates

Glucose / Carbohydrates

27) The amount of glucose (PN) or carbohydrates (EN) administered to ICU patients should not exceed 5 mg/kg/min. (R23, GPP, 100%)

Lipids

28) The administration of intravenous lipid emulsions should be generally a part of PN. (R24, GPP, 100%)

29) Intravenous lipid (including non-nutritional lipid sources) should not exceed 1.5 g lipids/kg/d and should be adapted to individual tolerance. (R25, GPP, 100%)

Glutamine (GLN)

30) In patients with burns > 20% body surface area, additional enteral doses of GLN (0.3 - 0.5 g/kg/d) should be administered for 10 - 15 days as soon as EN is commenced. (R26, B, 95%)*

31) In critically ill trauma, additional EN doses of GLN (0.2 - 0.3 g/kg/d) can be administered for the first five days with EN. In case of complicated wound healing it can be administered for a longer period of 10 - 15 days. (R27, O, 91%)

32) In ICU patients except burn and trauma patients, additional enteral GLN should not be administered. (R28, B, 92%)

33) In unstable and complex ICU patients, particularly in those suffering from liver and renal failure, parenteral GLN - dipeptide shall not be administered. (R29, A, 92%)

* recommendation to be revised in the near future

Fish oil (omega-3)

34) High doses of omega-3-enriched EN formula should not be given by bolus administration. (R30, B, 91%)

35) EN enriched with omega-3 FA within nutritional doses can be administered. (R31, O, 95%)

36) High doses omega-3 enriched enteral formulas should not be given on a routine basis. (R32, B, 90%)

37) Parenteral lipid emulsions enriched with EPA + DHA (Fish oil dose 0.1-0.2 g/kg/d) can be provided in patients receiving PN. (R33, updated, O, 100%)

Micronutrients

38) To enable substrate metabolism, micronutrients (i.e. trace elements and vitamins) should be provided daily with PN. (R34, B, 100%)

39) Antioxidants as high-dose monotherapy or combination therapy should not be administered without proven deficiency. (R35, updated, A, 100%)

40) Vitamin D (25(OH)D) status can be determined in all patients considered at risk of vitamin D depletion or deficiency. (R36, updated, GPP, 100%)

Critical Care Guidelines Nutrition

Miranda Kelly



Critical Care Guidelines Nutrition:

Nutrition in Critical Illness, An Issue of Critical Nursing Clinics Miranda Kelly, 2014-06-28 Nutrition is an important aspect of care for any patient entering the hospital but the patient admitted to the intensive care unit ICU is at an even higher risk for nutritional compromise Nutrition affects all ages from the neonate to the geriatric patient and all patient populations Evidence based practice guidelines regarding appropriate nutritional support within the critical care setting are published Yet researchers continue to identify that despite published evidence countless ICU patients continue to lack adequate and timely nutritional support on admission Each of the authors in this issue promotes nutrition in their careers and individual practice areas which brings knowledge from many different arenas throughout the nation This issue discusses nutrition throughout the lifespan special patient populations implementation of guidelines and how nutrition is being utilized as medical therapy

Nutrition in Critical Care Peter Faber, Mario Siervo, 2014-03-06 The association between poor nutrition and disease is well established Integrating nutritional sciences into clinical practice offers a valuable tool to improve patient care and prognosis particularly within the critical care environment where nutrition is often overlooked However optimizing nutritional support offers a safe and simple adjunct to more expensive and technologically challenging treatments for these complex patients This volume provides comprehensive guidelines for the nutritional support of critically ill patients and is valuable reading for doctors nurses dietitians and practitioners working within the critical care environment It begins by discussing nutritional physiology and patient assessment providing an essential foundation for planning and managing the dietary requirements of critically ill patients Internationally recognized authors present evidence based guidelines for managing various groups including surgical patients patients with burns and patients with renal failure The implications of enteral vs parenteral nutrition timing of nutritional support therapeutic strategies and management of complications are discussed

Nutrition and Critical Care L. Cynober, F. A. Moore, 2003-07 A complete state of the art manual on nutritional support for ICU patients the present book written by internationally renowned specialists addresses fundamental aspects of the pathophysiological response to injury as well as practical issues of nutritional care New features include an analysis of gene polymorphism and its possible consequences for the survival of traumatized patients A better understanding of this process could become a basis for defining new nutritional strategies Hence the discussion on indications for immune enhancing diets Of special interest is the research on comorbidities i.e. obesity which can change the prognosis of ICU patients who thus require specific nutritional support Entirely new is the merging of the recommendations of international and national societies e.g. ASPEN ESPEN first realized for this publication This book is a basic tool for any professional in the field of nutritional care for ICU patients intensivists surgeons pharmacists dietitians and PhD students

Nutrition Support for the Critically Ill Patient Gail A. Cresci PhD, 2015-04-23 Completely revised and updated Nutrition Support for the Critically Ill Patient A Guide to Practice Second Edition presents an unbiased evidence based

examination of critical nutrition across the life cycle Taking a multidisciplinary approach each chapter has been carefully designed to provide a comprehensive review of the literature and a detailed exploration of the practical application of this information With chapters written by experts you get the most pertinent and current knowledge available bolstered by tables figures and case studies that make the information accessible New Coverage in the Second Edition Gut microbiota support Short bowel syndrome Chronic critically ill phenomenon Professional nutrition practice guidelines and protocols Ethical considerations Quality and performance improvement Many challenges remain when providing optimal nutrition to all patients under all conditions at all times Divided into eight sections the book covers metabolic issues nutrients for critically ill patients delivery of nutrition therapy nutrition therapy throughout the life cycle special interest groups specific organ system failure general systemic failures and professional issues in the field It keeps you informed and aware of the continuous accrual of knowledge needed to craft and provide optimal nutrition therapy for the critically ill patient

Core Topics in Critical Care Medicine Fang Gao Smith, Joyce Yeung, 2010-04-22 The critical care unit manages patients with a vast range of disease and injuries affecting every organ system The unit can initially be a daunting environment with complex monitoring equipment producing large volumes of clinical data Core Topics in Critical Care Medicine is a practical comprehensive introductory level text for any clinician in their first few months in the critical care unit It guides clinicians in both the initial assessment and the clinical management of all CCU patients demystifying the critical care unit and providing key knowledge in a concise and accessible manner The full spectrum of disorders likely to be encountered in critical care are discussed with additional chapters on transfer and admission imaging in the CCU structure and organisation of the unit and ethical and legal issues Written by Critical Care experts Core Topics in Critical Care Medicine provides comprehensive concise and easily accessible information for all trainees

Critical Care Nutrition Therapy for Non-nutritionists Mette M. Berger, 2018-02-07 This book offers a pragmatic approach to day to day metabolic and nutritional care based on physiological considerations Due to the numerous controversial trials published in the last 15 years there is no clear guidance for intensive care physicians regarding the metabolic and nutritional management of patients This has resulted in a return to underfeeding and related complications in most ICUs worldwide as shown by the latest Nutrition Day data Using a structured logical approach the book examines practical solutions for artificial feeding in complex areas of critical care brain injuries burns cardiac failure ECMO intestinal failure long term patient renal failure metabolic diseases obesity old patients

and discusses measurement of the results of metabolic interventions It also includes dedicated chapters focusing on specific problems in order to avoid complications Critical Care Nutrition Therapy for Non nutritionists is a valuable resource for all general ICUs and ICU subspecialties such as cardiovascular neuro gastrointestinal and burns ICUs [Joint Trauma System \(JTS\) Clinical Practice Guidelines](#) , Over 700 total pages The JTS Clinical Practice Guidelines CPGs are to the greatest extent possible evidence based The guidelines are developed using a rigorous process that involves subject matter experts in each field evaluating the best available data If you are interested in learning more about the process of developing CPGs please click this link [CPG Development Process](#) This guide for CPG development will help lead you through the methods used to develop and monitor CPGs The JTS remains committed to using the highest levels of analytical and statistical analysis in its CPG development process [COMPLETE LIST OF CURRENT JTS CPGs](#) [JTS CPG Documentation Process](#) 01 December 2017 [Acute Extremity Compartment Syndrome Fasciotomy](#) 25 July 2016 [Acute Respiratory Failure](#) 23 January 2017 [Airway Management of Traumatic Injuries](#) 17 July 2017 [Amputation](#) 1 July 2016 [Anesthesia](#) 23 Jun 2016 pdf [Aural Blast Injury Acoustic Trauma and Hearing Loss](#) 12 Aug 2016 [Battle Non Battle Injury Documentation Resuscitation Record](#) 5 Dec 13 [Blunt Abdominal Trauma Splenectomy and Post Splenectomy Vaccination](#) 12 August 2016 [Burn Care](#) 11 May 2016 [Catastrophic Non Survivable Brain Injury](#) 27 Jan 2017 [Cervical Thoracolumbar Spine Injury Evaluation Transport and Surgery in Deployed Setting](#) 05 August 2016 [Clinical Mgmt of Military Working Dogs Combined](#) 19 Mar 2012 [Clinical Mgmt of Military Working Dogs Zip](#) 19 Mar 2012 zip [Damage Control Resuscitation](#) 03 Feb 2017 [DCoE Concussion Management Algorithm Cards pdf](#) DoD Policy Guidance for Management of Mild Traumatic Brain Injury Concussion in the Deployed Setting [Drowning Management](#) 27 October 2017 [Emergent Resuscitative Thoracotomy](#) 11 June 2012 [Fresh Whole Blood Transfusion](#) 24 Oct 12 [Frostbite and Immersion Foot Care](#) 26 Jan 2017 [Frozen Blood](#) 11 July 2016 [High Bilateral Amputations and Dismounted Complex Blast Injury](#) 01 August 2016 [Hyperkalemia and Dialysis in the Deployed Setting](#) 24 January 2017 [Hypothermia Prevention](#) 20 Sept 2012 [Infection Prevention in Combat Related Injuries](#) 08 August 2016 [Inhalation Injury and Toxic Industrial Chemical Exposure](#) 25 July 2016 [Initial Care of Ocular and Adnexal Injuries](#) 24 Nov 2014 [Intratheater Transfer and Transport](#) 19 Nov 2008 [Invasive Fungal Infection in War Wounds](#) 04 August 2016 [Management of Pain Anxiety and Delirium](#) 13 March 2017 [Management of War Wounds](#) 25 April 2012 [Neurosurgery and Severe Head Injury](#) 02 March 2017 [Nutritional Support Using Enteral and Parenteral Methods](#) 04 August 2016 [Orthopaedic Trauma Extremity Fractures](#) 15 July 2016 [Pelvic Fracture Care](#) 15 March 2017 [Prehospital Care](#) 24 Nov 2014 [Prevention of Deep Venous Thrombosis Inferior Vena Cava Filter](#) 02 August 2016 [Radiology](#) 13 March 2017 [REBOA for Hemorrhagic Shock](#) 06 July 2017 [Unexploded Ordnance Management](#) 14 Mar 2017 [Urologic Trauma Management](#) 1 Nov 2017 [Use of Electronic Documentation](#) 5 Jun 2012 [Use of MRI in Mgmt of mTBI in the Deployed Setting](#) 11 June 2012 [Vascular Injury](#) 12 August 2016 [Ventilator Associated Pneumonia](#) 17 Jul 2012

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