Nutrition for ICU Patients Winnipeg Regional Health Authority **ICU** Admission **Critical Care Program** 2016.04.21 Version **Daily Assessment** Malnutrition suspected: 10% weight loss N Ν Unfed Ν Start Reassess in 6 months. enteral tomorrow muscle wasting, 48 hours feeds BMI <19, albumin <21 and/or Υ Υ gastrointestinal surgery* Y Consult dietitian -to identify route of feeding Choose formula -risk of refeeding and goal rate: -choose formulation and rate Standard Diagnosis of pancreatitis Isosource VHP Fibre **or** contraindication Free/Isosource VHN Dietitian Ν N to tube feeds 1 mL/kg/h available for (ischemic bowel, ileus, peritonitis, consultation Fluid restricted bowel obstruction, GI fistula, Resource 2.0 severe short bowel syndrome, 0.5 mL/kg/h Y intractable vomiting/diarrhea, Potassium restricted severe GI bleed) Novasource Renal 0.5 mL/kg/h Υ Wait for At risk of refeeding syndrome* dietitian consult or if any contraindications, consult TPN if available Y Measure serum potassium, magnesium, Go to tube and phosphate at baseline and then daily feed flow chart at minimum of 3 days and replace aggressively *Consult surgical service to determine if enteral feeds can be initiated

^{**}Risk of refeeding syndrome if: NPO for > 7 days ,>10% weight loss in 6 months, evidence of muscle wasting, body mass index <19 (BMI=weight(kg)/height(m)²), serum albumin <21g/L