



Date [] [] [] [] [] []

Center-Code [] [] [] [] [] []

Unit-Code [] [] [] [] [] []

Patient number [] [] [] [] [] [] [] []

1. Which lines and tubes does the patient have?

- Central venous, Nasogastric, Nasojejunal, Percutaneous endoscopic gastrostomy, Percutaneous endoscopic/surgical jejunostomy (PEJ), Peripherally inserted central catheter (PICC), Peripheral venous, Pulmonary artery catheter, Other

2. Nutritional approaches

- Oral, Enteral, Parenteral, No nutrition

3. Number of days of parenteral feeding in ICU [] days NA

4. Number of days of enteral feeding in ICU [] days NA

5. Duration of enteral nutrition in last 24h [] hours Intermittent Continuous

6. Reasons for interrupting nutritional support

- Intolerance, Surgery, Transport, Testing gastric reflux, Other, NA

7. Calories per kg planned for the next 24 hours [] kcal/kg/day

- Or: <500 kcal/day, 500-999 kcal/day, 1000-1499 kcal/day, 1500-2000 kcal/day, >2000 kcal/day

8. Volume of a single gastric reflux (max) [] ml

9. Prokinetic therapy: Erythromycin, Metoclopramide, No

10. Constipation ≥ 3 days Yes, No, I don't know

11. Diarrhea Yes, No, I don't know

12. Vomiting Yes, No, I don't know

13. Intra-abdominal pressure measured [] mmHg not measured

14a. Is oral feeding possible? Yes, No, I don't know

14b. If yes, what does the patient eat/drink?

- Eating: Normal hospital food, Mush or Yoghurt, Other
Drinking: Oral nutritional supplements (ONS), Thickened fluids, Fluids, Other

14c. If no, why is oral feeding not possible?

- Patient is sedated, Not allowed to eat, Cannot swallow, Recent aspiration, Problem with dental prosthesis, Other



15. ORAL NUTRITION - Please indicate amount eaten for one chosen meal:

Visual scale for oral nutrition: about all, 1/2, 1/4, nothing

- Lunch, Dinner, NA

Please continue with sheet 4b



Date

Center-Code

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Patient number

ENTERAL AND PARENTERAL NUTRITION

16. Does the patient receive an enteral nutrition product?

Name

Yes

No

I don't know

This product is industrial mixed in hospital

This product has

kcal/L

g protein/L

Planned for the last 24 hours

ml/24h

or

kcal/24h

Given in the last 24 hours

ml/24h

or

kcal/24h

17. Does the patient receive protein powder?

g/24h

No

18. Does the patient receive a parenteral nutrition product?

Name

Yes

No

I don't know

This product is industrial (2-in-1) industrial (3-in-1)

mixed in hospital

This product has

kcal/L

g protein/L

Planned for the last 24 hours

ml/24h

or

kcal/24h

Given in the last 24 hours

ml/24h

or

kcal/24h

19. Does the patient receives an additional nutrition product?

Parenteral

Enteral

No

20a. Does the patient receive multivitamins?

number of vial(s)/d

I don't know

b. ... trace elements?

number of vial(s)/d

I don't know

c. ... vitamin B1 (thiamin)?

Yes

No

I don't know

d. ... omega-3 fatty acids (fish oil)?

Yes

No

I don't know

e. ... glutamine?

Yes

No

I don't know

f. ... additional amino acids?

g/24h

I don't know

21. PLEASE ASK YOUR PATIENT:

a. Are you hungry?

Yes

No

NA

b. Would you like to eat something?

Yes

No

NA

c. Are you thirsty?

Yes

No

NA

d. Do you have a dry mouth?

Yes

No

NA

e. Do you feel nausea?

Yes

No

NA

f. Do you have abdominal pain?

Yes

No

NA

g. Are you anxious?

Yes

No

NA

h. Do you feel depressed?

Yes

No

NA

Please continue with sheet 4b