Please mark the correct boxes that apply to the patient

nutritionDay worldwide

INTENSIVE CARE UNIT SHEET 4a

Date ☐☐ ☐☐ ☐☐☐☐

Center-Code ☐☐☐☐☐

Unit-Code ☐☐☐☐☐

Patient number ☐☐☐ **Patient Initials** [redacted]

NUTRITIONAL STATUS AND TREATMENT (Actual day)

Which lines and tubes does the patient have?

- ☐ Central venous
- ☐ Nasogastric
- ☐ Nasojejunal
- ☐ Percutaneous endosc. Gastrostomy
- ☐ Percutaneous endoscopy/surgical jejunostomy (PEJ)
- ☐ Periphervenous

Nutritional approaches

☐ Oral ☐ Enteral ☐ Parenteral ☐ No nutrition

Number of days of parenteral feeding on ICU ☐☐☐ days

Number of days of enteral feeding on ICU ☐☐☐ days

(= actual date - date of the first day ofparenteral or enteral nutrition given)

Duration of enteral nutrition (within the last 24 h) ☐☐☐ hours ○ Intermittent ○ Continuous

Reasons for interrupting nutritional support

☐ Surgery ☐ Transport ☐ Intolerance ☐ Other

Calories planned per kg 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

Gastric reflux ☐☐☐ ml **Constipation or diarrhea** ○ Constipation > 3days ○ Diarrhea

Intra abdominal pressure measured ○ No ○ Yes ☐☐☐ mmHg

Is feeding orally possible? ○ No ○ Yes

If yes, please tick: ☐ Drinking ☐ Eating

If "NO", why not?

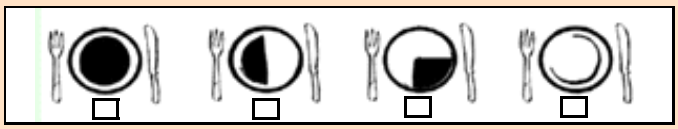
☐ Patient is sedated ☐ Not allowed to eat ☐ Cannot swallow ☐ Recent aspiration

If "YES", does the patient eat...

☐ Normal hospital food ☐ Supplements ☐ Just drinks

ORAL NUTRITION - Please indicate for one meal:

This meal was: ○ **Lunch** ○ **Dinner**



Ask your patient about feeling and wellbeing

1. Are you hungry?	○ Yes	○ No	○ Not available
2. Would you like to eat something?	○ Yes	○ No	○ Not available
3. Are you thirsty?	○ Yes	○ No	○ Not available
4. Do you have a dry mouth?	○ Yes	○ No	○ Not available
5. Do you feel nausea?	○ Yes	○ No	○ Not available
6. Do you have abdominal pain?	○ Yes	○ No	○ Not available

Please continue with sheet 4b

Please mark the correct boxes that apply to the patient

nutritionDay worldwide

INTENSIVE CARE UNIT SHEET 4b

Date | | | | | | | | |
Center-Code | | | | | |
Unit-Code | | | | | |

Patient number | | | | **Patient Initials** [redacted]

ENTERAL / PARENTERAL NUTRITION

Does the patient get an industrial finished product? ◯ YES ◯ No

ENTERAL nutrition product and volume [15]

Name: _____ CODE: _____

This product has		kcal/ml	***OR in kcal***
Planned for the last 24 hours:		ml/24h	kcal/24h
Given within the last 24 hours:		ml/24h	kcal/24h

PARENTERAL nutrition product and volume

Name: _____ CODE: _____

This product has		kcal/ml	***OR in kcal***
Planned for the last 24 hours:		ml/24h	kcal/24h
Given within the last 24 hours:		ml/24h	kcal/24h

Other nutrition product and volume

Name: _____ CODE: _____

This product has		kcal/ml	***OR in kcal***
Planned for the last 24 hours:		ml/24h	kcal/24h
Given within the last 24 hours:		ml/24h	kcal/24h

Individualy composed products/additionals

if you use individually composed products, please fill in:

AMINOACIDS:	amount planned for the last 24 hours:		g/24h
	Amount given within the last 24 hours:		g/24h
CARBOHYDRATES:	amount planned for the last 24 hours:		g/24h
	Amount given within the last 24 hours:		g/24h
LIPIDS:	amount planned for the last 24 hours:		g/24h
	Amount given within the last 24 hours:		g/24h

Additional nutrients?

- ☐ Amino acids
- ☐ Glutamine
- ☐ MUFA
- ☐ Omega-3-fatty acids
- ☐ Glucose
- ☐ Vitamine E
- ☐ Selen

THANK YOU!