

# nutritionDay in Intensive Care Unit **Questionnaire**

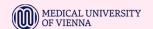




## **SHEET 4a - NUTRITIONAL TREATMENT**

Date Center-Code		Unit-Code				
Patient number						
1. Which lines and tubes does the patient have?  □ Central venous □ Percutaneous endoscopic gastrostomy □ Peripheral venous □ Nasogastric □ Percutaneous endoscopic/surgical jejunostomy (PEJ) □ Pulmonary artery catheter □ Nasojejunal □ Peripherally inserted central catheter (PICC) □ Other						
2. Nutritional approaches  ☐ Oral ☐ Enteral	☐ Parenteral	☐ No nutrition				
3. Number of days of parenteral feeding in ICU	days	O NA				
4. Number of days of enteral feeding in ICU	days	O NA				
5. Duration of enteral nutrition in last 24h	hours	O Intermittent O Continuous				
6. Reasons for interrupting nutritional support  Intolerance Transport Other Surgery Testing gastric reflux						
7. Calories per kg planned for the next 24 hours kcal/kg/day						
<b>Or:</b> ○ <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)						
9. Prokinetic therapy:						
<b>10. Constipation ≥ 3 days</b> ○ 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	mmHg O not measured				
14a. Is oral feeding possible?	○ Yes ○ No	O I don't know				
14b. If yes, what does the patient eat/drink?  Eating: Normal hospital food Patient is sedated Not allowed to eat Cannot swallow Recent aspiration Problem with dental prosthesis Other  Drinking: Study Other Other						
15. ORAL NUTRITION - Please indicate amount eaten for one chosen meal:						
about all 1/2 1/4 nothi	O Lunch O Dinner O NA					







# nutritionDay in Intensive Care Unit Questionnaire





## **SHEET 4b - NUTRITIONAL TREATMENT**

Date Center-Code			<b>Unit-Code</b>			
Patient number						
ENTERAL AND PARENTERAL NUTRITION						
16. Does the patient receive an enteral nutrition product?  Name  This product is O industrial O mixed in hospital		O Yes Code	○ No	○ I don't know		
This product has		kcal/L		g protein/L		
Planned for the last 24 hours Given in the last 24 hours		ml/24h ml/24h	or or	kcal/24h kcal/24h		
17. Does the patient receive protein powder?		g/24h	O No			
18. Does the patient receive a parenteral nutrition product?  Name  This product is O industrial (2-in-1) O industrial (3-in-1)  This product has	O mixed in hos	○ Yes Code pital kcal/L	○ No	○ I don't know		
Planned for the last 24 hours Given in the last 24 hours		ml/24h ml/24h	or or	kcal/24h kcal/24h		
<b>19. Does the patient receives an additional nutrition product?</b> □ Parenteral □ Enteral □ No						
20a. Does the patient receive multivitamins?		number o	f vial(s)/d O I	don't know		
b trace elements?		numbero	f vial(s)/d O I	don't know		
c vitamin B1 (thiamin)?	O Yes	O No	○ I don't know			
d omega-3 fatty acids (fish oil)?	O Yes	O No	O I don't know			
e glutamine?	O Yes	O No	O I don't know			
f additional amino acids?		g/24h	○ I don't know			
21. PLEASE ASK YOUR PATIENT:						
	Yes		O No	O NA		
	Yes		O No	O NA		
	Yes		O No	O NA		
	Yes		○ No	O NA		
	Yes		O No	O NA		
	Yes		○ No	O NA		
	Yes		○ No	O NA		
h. Do you feel depressed?	Yes		○ No	O NA		

### Please continue with sheet 4b



