



NUTRITION

Patient's initials ¹⁰

Pat. N° ¹¹

CENTER CODE:² _____ UNIT CODE:³ _____ DATE:¹ _____

123
nutritionDay
on worldwide ICUs

Which lines and tubes does the patient have? ⁴⁷	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1=centralvenous 2=nasogastric 3=nasojejunal	4=PEG 5=PEJ 6=periphervenous
nutritional approaches ⁴⁷	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1=oral 2=enteral	3=parenteral 4=no nutrition
number of days of parenteral feeding on ICU ⁴⁸	= actual date - date first day of parenteral nutrition given					
number of days of enteral feeding on ICU ⁴⁹	= actual date - date first day of enteral nutrition given					
duration of enteral nutrition (within the last 24h) ⁵⁰	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	please insert duration	B = intermittent C = continuous
reasons for interrupting nutritional support ⁴⁷	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1=surgery 2=transport	3=intolerance 4=other
calories planned per kg (next 24 hours) ⁵¹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	kcal/ kg.day ⁻¹	please insert
calories planned per day (next 24 hours) ⁵²	OR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <500kcal <input type="checkbox"/> 500-999kcal <input type="checkbox"/> 1000-1499kcal	<input type="checkbox"/> 1500-1999kcal <input type="checkbox"/> >2000kcal
gastric reflux ⁵³	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ml	please insert
Constipation or diarrhea? ²²	C = constipation (> 3 days), D = diarrhea					
intra abdominal pressure measured ⁸	<input type="radio"/> YES	<input type="radio"/> NO	<input type="checkbox"/>	<input type="checkbox"/>	mmHg	
Is feeding orally possible? ⁵⁴	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> D	<input type="checkbox"/> E	N = No Y = Yes	if "Yes" please tick D = drinking or/and E = eating
If "NO", why not? ⁴⁷	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1=patient is sedated 2=not allowed to eat	3=cannot swallow 4=recent aspiration
If "YES", does the patient eat ... ⁴⁷	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1=normal hospital food 2=supplements	3= just drinks

ORAL NUTRITION - Please indicate for one meal:

This meal was ⁵⁵
 lunch dinner



ENTERAL/PARENTERAL NUTRITION

Does the patient get an industrial finished product? ⁸	<input type="checkbox"/>	Y/N	please insert, Y = Yes, N = No
ENTERAL nutrition product and volume ml/d ⁵⁶	CODE:	NAME: this product has _____kcal/ml	ml planned for the last 24 hours
	<input type="checkbox"/>	ml given within the last 24 hours	
	<input type="checkbox"/>	ml given within the last 24 hours	
PARENTERAL nutrition product and volume ml/d ⁵⁷	CODE:	NAME: this product has _____kcal/ml	ml planned for the last 24 hours
	<input type="checkbox"/>	ml given within the last 24 hours	
	<input type="checkbox"/>	ml given within the last 24 hours	
Other nutrition product and volume ml/d ⁵⁸	CODE:	NAME: this product has _____kcal/ml	ml planned for the last 24 hours
	<input type="checkbox"/>	ml given within the last 24 hours	
	<input type="checkbox"/>	ml given within the last 24 hours	

Individually composed products/additionals

if you use individually composed products, please fill in ⁵⁹ AMINOACIDS	<input type="checkbox"/> g/24h	amount planned for the last 24 hours
	<input type="checkbox"/> g/24h	amount given last 24 hours
if you use individually composed products, please fill in ⁶⁰ CARBOHYDRATES	<input type="checkbox"/> g/24h	amount planned for the last 24 hours
	<input type="checkbox"/> g/24h	amount given last 24 hours
if you use individually composed products, please fill in ⁶¹ LIPIDS	<input type="checkbox"/> g/24h	amount planned for the last 24 hours
	<input type="checkbox"/> g/24h	amount given last 24 hours

Additional nutrients?
(substrates, micronutrients, vitamins etc.) ⁴¹

- amino acids
- glutamine
- MUFA
- omega-3-fatty acids
- glucose
- vit E
- selen

Patient feeling & Wellbeing ²²

Ask your patient about feeling and wellbeing (tick Y/N/NA)	1: Are you hungry?	Yes	No	Not Available	4: Do you have a dry mouth?	Yes	No	Not Available
	2: Would you like to eat sth.?	Yes	No	Not Available	5: Do you feel nausea?	Yes	No	Not Available
	3: Are you thirsty?	Yes	No	Not Available	6: Do you have abdominal pain?	Yes	No	Not Available