Please mark the correct boxes that apply to the patient

INTENSIVE CARE UNIT
SHEET 4a

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

Date [ ] [ ] [ ]

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

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)
- [ ] Peripherovenous

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

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
- Constipation > 3 days
- Diarrhea

Intra abdominal pressure measured [ ] [ ] 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

- [ ] about all
- [ ] 1/2
- [ ] 1/4
- [ ] nothing

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

**INTENSIVE CARE UNIT**

**SHEET 4b**

<table>
<thead>
<tr>
<th>Date</th>
<th>Center-Code</th>
<th>Unit-Code</th>
</tr>
</thead>
</table>

**Patient number**

**Patient Initials**

### 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

<table>
<thead>
<tr>
<th>Planned for the last 24 hours:</th>
<th>ml/24h</th>
<th>kcal/24h</th>
</tr>
</thead>
<tbody>
<tr>
<td>Given within the last 24 hours:</td>
<td>ml/24h</td>
<td>kcal/24h</td>
</tr>
</tbody>
</table>

#### PARENTERAL nutrition product and volume

**Name:**

[ ]

**CODE:**

This product has kcal/ml

<table>
<thead>
<tr>
<th>Planned for the last 24 hours:</th>
<th>ml/24h</th>
<th>kcal/24h</th>
</tr>
</thead>
<tbody>
<tr>
<td>Given within the last 24 hours:</td>
<td>ml/24h</td>
<td>kcal/24h</td>
</tr>
</tbody>
</table>

#### Other nutrition product and volume

**Name:**

[ ]

**CODE:**

This product has kcal/ml

<table>
<thead>
<tr>
<th>Planned for the last 24 hours:</th>
<th>ml/24h</th>
<th>kcal/24h</th>
</tr>
</thead>
<tbody>
<tr>
<td>Given within the last 24 hours:</td>
<td>ml/24h</td>
<td>kcal/24h</td>
</tr>
</tbody>
</table>

### Individually 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
- [ ] Glucose
- [ ] Glutamine
- [ ] Vitamine E
- [ ] MUFA
- [ ] Selen
- [ ] Omega-3-fatty acids

**THANK YOU!**