

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

### 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

### Individually composed products/additional

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?

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Amino acids         | <input type="checkbox"/> Glucose    |
| <input type="checkbox"/> Glutamine           | <input type="checkbox"/> Vitamine E |
| <input type="checkbox"/> MUFA                | <input type="checkbox"/> Selen      |
| <input type="checkbox"/> Omega-3-fatty acids |                                     |

THANK YOU!