Please mark the correct boxes that apply to the resident



INTENSIVE CARE UNIT SHEET 4a

Date			
Center-Code			
Unit-Code			

Patient number			Patient Initials				
NUTRITIONAL STATUS AND TREATMENT (Actual day)							
Wich lines and tubes does the patie ☐ Central venous ☐ Nasogastric ☐ Nasojejunal	ent have?	? Percutaneous endoscopic gastrostomy (PEG) Percutaneous endoscopic jejunostomy (PEJ) Periphervenous					
Nutritional approaches ☐ Oral ☐ E	nteral	☐ Parenteral	□ No ni	utrition			
Number of days of parenteral feeding of days of enteral feeding of	_	days (= actual date - date of the first day of parenteral or enteral nutrition given)					
Duration of enteral feeding on ICU (within the last 24h)	hours	O Intermittent	Continuous			
Reasons for interrupting nutritional Surgery	support ransport	☐ Intolerance	☐ Othe	r			
Calories planned per kg for the next	t 24 hours	kcal/lb/d	day				
Or: ○ <500 kcal/day ○ 5	00-999 kcal/day 🔘 1	000-1499 kcal/day O	1500-2000 kcal/day	>2000 kcal/day			
Gastric reflux	nl Const	ipation or diarrhea	Constipation>3days) Diarrhea			
Intra abdominal pressure measured	0 1	No O	Yes	mmHg			
Is feeding orally possible	_	No Orinking	Yes 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 NUTRION - Please indicate for	or one meal	about all	1/2 1/4	nothing			
This meal was: O Lund	ch Oinner						
Ask patient about feeling and wellbeing							
1. Are you hungry?	(Yes O No	○ Not avai	lable			
Would you like to eat something	j? (Yes O No	○ Not avai	lable			
3. Are you thirsty?	(Yes O No	○ Not avai	lable			
4. Do you have a dry mouth?	(Yes O No	○ Not avai	lable			
5. Do you feel nausea?	(Yes O No	○ No Not available				
6. Do you have abdominal pain?	(Yes O No	○ Not avai	lable			
Please continue with Sheet 4b							