On admission perform nutrition risk assessment (NRS-2002)

Day > 6

ICU Days 1-5*

Is the patient hemodynamically unstable, undergoing active resuscitation or have an escalating vasopressor requirement?

Yes

Hold EN

No

Is the patient anuric or have impending renal failure?

Yes

Dialysis formula at 15 mL/hour

No

Is the patient on CVVH?

Yes

Isotonic high protein formula with MPP# at 40 mL/hour

No

Isotonic high protein formula with MPP# at 20 mL/hour

Advance to goal calories 10-25 mL/hour every 6 hours under direction of RDN

If unable to achieve > 50% of goal calories on day 7, consider PN on day 8

* Severe malnutrition – increase tube feeds beginning on Day 4 to 40-70% of goal calories

# Add 1 scoop MPP to each can of isotonic high protein formula
KEY POINTS FOR ICU NUTRITION SUPPORT TOPICS UNIQUE TO COVID-19

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<tr>
<th>Topic</th>
<th>Instructions</th>
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<tr>
<td>Tube Feeding Monitoring</td>
<td>• Daily assessment for feeding intolerance (distention, vomiting, diarrhea)</td>
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<td>• Elevate head of bed &gt; 45° to reduce risk of reflux aspiration</td>
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<td>Gastric residual volume (GRV)</td>
<td>• Avoid measurement to limit exposure to SARS-COV-2</td>
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<td>Prone positioning</td>
<td>• Enteral nutrition can be continued in the prone position for short durations</td>
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<td>Noninvasive positive pressure ventilation</td>
<td>• Hold gastric feeding due to risk of vomiting and aspiration</td>
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<td>Assessment of energy expenditure</td>
<td>• Consider indirect calorimetry if prolonged intubation (&gt; 7 days)</td>
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