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ABSTRACT

Early nutrition approach in critically ill COVID-19 patients

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Niken Puruhita¹

¹Medical Faculty Diponegoro University-dr. Kariadi Hospital, Semarang, Central Java, Indonesia

Nutrition therapy is an integral part of disease management including in critical care setting. Early enteral nutrition has widely been accepted as an intervention which associated with better outcomes for critically ill patients. Some complications may occur during the administration of early enteral nutrition. When enteral nutrition failed to provide sufficient nutrient intake, parenteral nutrition is another choice to consider. Although there are few controversies, early parenteral nutrition is found to be beneficial for certain patients in the Intensive Care Unit (ICU). Energy and protein deficit during ICU stay were reported to have negative impact on length of stay and survival of the patients. Any measure to achieve energy and protein target is encouraged to improve patient outcomes.

During this pandemic, many COVID-19 patients were referred to the ICU due to severe Acute Respiratory Distress Syndrome (ARDS). These patients may also suffer circulatory shock and need an immediate resuscitation. Early enteral nutrition (EEN) in COVID-19 critically ill patient is recommended by several guidelines. Administration of small volume of enteral nutrition in the first few days of ICU admission and gradually increased to achieve target is likely to be beneficial. Supplemental Parenteral Nutrition (SPN) is also recommended when EEN is inadequate or poorly tolerated. Some patients presented with comorbidities such as type 2 diabetes mellitus, hypertension, obesity and chronic kidney disease. Adjustment for energy and protein intake must be made for these patients and also those with fluctuating hemodynamic states. This presentation is aimed to describe several guidelines available indicating nutritional therapy in critically ill COVID-19 patients. Data from our ICU in dr. Kariadi General Hospital will be presented.

Keywords: Enteral nutrition, parenteral nutrition, critical ill, COVID-19 patients

Corresponding author:

dr. Niken Puruhita, MS, SpGK

Medical Faculty Diponegoro University-dr. Kariadi Hospital, Semarang, Central Java, Indonesia E-mail address: nsetiyadi3004@gmail.com