



ABSTRACT

Feeding intolerance in critically ill patients with Covid-19Marek Nalos¹^{1.} *Intensive Care Unit, Goulburn Hospital, NSW Australia.***Abstract : Nutrition Virtual Symposium 2021 - Speaker**

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Approximately 0.5-1% of patients with COVID-19 develop respiratory failure, shock or multi-organ failure requiring intensive care unit admission. COVID-19 pneumonia is characterised by high fevers, increased energy utilisation and skeletal muscle catabolism. The delta variant has direct gastrointestinal effects resulting in diarrhoea, nausea, and vomiting. Combined these rapidly impair nutritional status. It is therefore important to quickly identify factors leading to feeding intolerance and manage them with a sense of urgency to prevent malnutrition during critical illness. Current AUSPEN recommendations suggest starting enteral nutrition support using an algorithm with a set rate (50ml/hr) for up to the first 5 days of ICU admission, but this recommendation should be individualised based on weight and other factors. Slower start may be appropriate and hypocaloric feeding is reasonable. The goal is to reach approximately 25 kcal/kg/day after the first 5 days of illness and protein prescription of at least 1.2 g/kg/day. In case enteral feeding is not tolerated usual strategies such as reduction of opioids, prescription of prokinetics, fibre supplementation and judicious use of enemas should be considered. Insertion of post-pyloric feeding tube using full protective equipment is recommended if gastric emptying presents a challenge. Parenteral nutrition should be considered if gastrointestinal intolerance remains an issue over a week despite the use of appropriate management strategies, and calorie and protein delivery are consistently < 50% of target.

Keywords: critical illness, covid-19, nutrition, feeding intolerance

Corresponding author:

*Dr. Marek Nalos, PhD, FCICM, EDIC
Intensive Care Unit, Goulburn Hospital
NSW, Australia
Email: mareknalos@gmail.com*