



ABSTRACT

Risk based feeding protocol in ICU

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A risk-based feeding regimen in the ICU aims for optimal nutritional support by customizing feeding methods to the particular risk attributes of critically ill patients. These are the key components and concepts of this strategy. 1) Risk stratification: This includes the risk of malnutrition and feeding complications. 2) Feeding Initiation: For patients at high nutritional risk or with severe illness, early enteral nutrition (EN) including trophic feeding should begin within 24-48 hours after ICU admission. To avoid problems such as refeeding syndrome, patients at a lower risk can be treated more conservatively, with nutrition delivered gradually or delayed. 3) Caloric and Protein Targets: Defining appropriate caloric and protein targets based on individual patient risk is crucial for preventing complications and achieving better results. 4) Feeding method: The enteral route is preferable. However, when EN is insufficient or contraindicated. Parenteral feeding should be considered. 4) Monitoring and adjustments: These are especially essential in individuals at high risk of refeeding syndrome. All of this is unlikely to succeed unless the multidisciplinary teams are well-organized. The risk-based feeding strategy based on these tactical strategies ensures the patient safe and improves the results of nutrition management.

Keywords: critically ill nutrition, early enteral nutrition, risk based feeding, icu

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