SELECTION GUIDE* FOR MAJOR ELECTIVE SURGERY AND TRAUMA

Is patient able to consume orally?

YES
E2, O3, M1b

NO

Is TF feasible?

YES

Intolerance or suspected risk of malabsorption?

YES

E4b

NO

Consider PN

Advisory Considerations
- For surgery and trauma patients who are also morbidly obese, consider the use of PEPTAMEN® INTENSE VHP in the post-acute surgery/trauma period.
- Consider the PEPTAMEN® family of products if malabsorption or intolerance is a concern in the post-acute surgery/trauma period and arginine-supplemented formula is no longer indicated.

IMPACT ADVANCED RECOVERY® Drink
Unique evidence-based blend of:
- Arginine
- EPA + DHA (fish oil)
- Nucleotides

IMPACT® PEPTIDE 1.5 Peptide-based Formula
Unique evidence-based blend of:
- Arginine
- EPA + DHA (fish oil)
- Nucleotides

IMPACT® Formula
Unique evidence-based blend of:
- Arginine
- EPA + DHA (fish oil)
- Nucleotides

CALCULATION OF NUTRITIONAL REQUIREMENTS

CALORIES
Suggest indirect calorimetry (IC) be used to determine energy requirements when available and in the absence of variables that affect accuracy. A3a In the absence of IC, use a published predictive equation or a simplified, weight-based equation (25–30 kcal/kg/d) to determine caloric requirements for BMI < 30. A3b

See Obedy for recommendations for patients with BMI ≥ 30.

PROTEIN
Suggest sufficient high-dose protein should be provided in the range of 1.2–2.0g/kg ABW®/day in the patient with BMI less than 30 and may likely be even higher in burn or multi-trauma patients. C4 An ongoing evaluation of adequacy of protein provision is suggested. A4

See Obedy for recommendations for patients with BMI ≥ 30.

OBESITY
For all classes of obesity where BMI ≥ 30, it is suggested the goal of the EN regimen not exceed 45–70% of target energy requirements as measured by IC. If IC unavailable, suggest 11–14 kcal/kg ABW®/day for BMI 30–50, and 22–25 kcal/kg BW®/day for BMI > 50. Protein is suggested at ≥ 2.0 gm/kg BW®/day for BMI 30–40, and up to 2.5 gm/kg BW®/day for BMI > 40. O5

SELECTION OF APPROPRIATE FORMULA

PERIOPERATIVE SICU
Suggest immune-modulating formulations [arginine with other agents including EPA, DHA, glutamine, nucleic acid] be considered perioperatively for SICU patients. E2, O3

POSTOPERATIVE SICU
Suggest routine use of an immune-modulating formula [containing both arginine and fish oil] in the SICU for the post-operative patient who requires EN therapy. O3

SEVERE TRAUMA
Suggest immune-modulating formulations containing arginine and fish oil be considered in patients with severe trauma M1b

TRAUMATIC BRAIN INJURY (TBI)
Immune-modulating formulations [arginine with other agents including EPA, DHA, glutamine, nucleic acid] are suggested for consideration in patients with TBI. E2, M2b

GUT DYSFUNCTION
Diarrhea: EN should not be automatically interrupted for diarrhea; evaluating etiology of diarrhea to determine appropriate therapy is also suggested. D6 If there is evidence of diarrhea and fiber is not contraindicated, 10–20 gm of fermentable soluble fiber is suggested, given in divided doses over 24 hours as adjunctive therapy. F1 Peptides: Use of small peptide formulations in the patient with persistent diarrhea, suspected malabsorption, or lack of response to fiber is suggested. E4b Fiber: Avoiding both soluble and insoluble fiber in patients at high risk for bowel ischemia or severe dysmotility is suggested. E4b A fermentable soluble fiber should be considered for routine use in all hemodynamically stable medical and surgical patients placed on standard enteral formulations. F1

*The mention of product brands does not constitute an endorsement of any Nestle HealthCare Nutrition product by SCCM or A.S.P.E.N.
