

GUIDELINE QUESTION 4

In adult critically ill patients receiving EN, does provision of supplemental PN, as compared to no supplemental PN during the first week of critical illness impact clinical outcomes?

GRADE Recommendation: There was no significant difference in clinical outcomes. Based on findings of no clinically important benefit in providing supplemental PN early in the ICU admission, we recommend not initiating supplemental PN prior to day 7 of ICU admission.

Evidence GRADE: High

Strength of GRADE Recommendation: Strong

Discussion on Clinical Application for Question 4: The data in this guideline compared supplemental PN (SPN) within the first week of ICU care and excluded patients with malnutrition. These findings imply that the average critically ill patient will not be harmed by waiting a week to initiate SPN. Further, their tolerance to EN may improve in that time window. However, the needs of malnourished patients or patients who have limited lean muscle mass were not included in these trials and may differ from non-malnourished patients. Patient-specific clinical judgement should be used regarding the initiation of SPN in the first 7 days for these special cases.

GUIDELINE QUESTION 5A

In adult critically ill patients receiving PN, does provision of mixed oil lipid injectable emulsions (ILE) (i.e., medium chain triglycerides, olive oil, fish oil [FO], mixtures of oils), as compared to 100% soybean oil ILE, impact clinical outcomes?

GRADE Recommendation: Due to limited statistically or clinically significant differences in key outcomes, we suggest that either mixed oil ILE or 100% soybean oil ILE be provided to critically ill patients who are appropriate candidates for initiation of PN, including within the first week of ICU admission.

Evidence GRADE: Low

Strength of GRADE Recommendation: Weak

GUIDELINE QUESTION 5B

In adult critically ill patients receiving PN, does provision of FO containing ILE, as compared to non-FO containing ILE, impact clinical outcomes?

GRADE Recommendation: Due to finding only one outcome with a significant difference that was not supported by data covering the other key downstream outcomes, we suggest that either fish oil- or non-fish oil-containing ILE be provided to critically ill patients who are appropriate candidates for initiation of PN, including within the first week of ICU admission.

Evidence GRADE: Low

Strength of GRADE recommendation: Weak

Discussion on Clinical Application Questions 5A & 5B: In addition to 100% soybean oil ILE, mixed oil and FO-containing ILE products are now available in the United States, but health-system formulary availability of these formulations may vary. In general, ILE is a safe and effective calorie source that can be included with the PN formulation at the time of initiation, including within the first week of ICU admission. Optimizing ILE provision helps avoid excessive dextrose provision and hyperglycemia. Monitoring serum triglyceride concentrations will give information about adequacy of lipid clearance. The energy provided by lipid-based sedation should be considered in the overall estimate of lipid and energy intake. It is also important to give adequate levels of the essential fatty acids to meet requirements if the PN will be needed for more than 10 days. The essential fatty acid content of the mixed oil ILE and FO-containing ILE is lower than soybean oil ILE.

References

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Aspen Guidelines For Enteral Nutrition

**Laura D. Byham-Gray, Jerrilynn D.
Burrowes, Glenn M. Chertow**



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