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Enteral Feeding in Critically Ill Patients in the ICU

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ABSTRACT

BACKGROUND: Nutritional support in critically ill patients is essential to treatment. In particular, the benefits of enteral nutrition (EN) are well recognized, and various guidelines recommend early EN within 48 hours in critically ill patients. However, there is still controversy regarding EN in critically ill patients with septic shock requiring vasopressors. Therefore, this case report aims to provide basic data for safe and effective nutritional support in septic shock patients who require vasopressors. A 62-year-old male patient was admitted to the intensive care unit with a deep neck infection and mediastinitis that progressed to a septic condition. Mechanical ventilation was initiated after intubation due to the progression of respiratory acidosis and deterioration of mental status, and severe hypotension required the initiation of norepinephrine. Due to hemodynamic instability, the patient was kept nil per os. Subsequently, trophic feeding was initiated at the time of norepinephrine dose tapering. It was gradually increased to achieve 75% of the energy requirement through EN by the 7th day of enteral feeding initiation. Although there were signs of feeding intolerance during the increasing phase of EN, adjusting the rate of EN resolved the issue. This case report demonstrates the gradual progression and adherence to EN in septic shock patients requiring vasopressors, and the progression observed was relatively consistent with existing studies and guidelines. In the future, further case reports and continuous research will be deemed necessary for safe and effective nutritional support in critically ill patients with septic shock requiring vasopressors.

Keywords: Enteral nutrition; Septic shock; Critical illness

OBJECTIVE:

This abstract reviews the current evidence and guidelines surrounding enteral feeding in the ICU setting, emphasizing the importance of early initiation, appropriate feeding protocols, and individualized nutrition plans based on patient needs.

METHODS:

Recent studies indicate that early enteral feeding, ideally within 24 to 48 hours of ICU admission, can enhance recovery and reduce the length of stay. Challenges such as gastrointestinal intolerance, aspiration risk, and the presence of comorbidities necessitate careful monitoring and adjustment of feeding regimens.

RESULTS:

The use of specialized formulas tailored to specific conditions, such as trauma or sepsis, is discussed. The role of multidisciplinary teams in implementing enteral feeding protocols is highlighted, emphasizing

collaboration among physicians, dietitians, and nursing staff.

CONCLUSION:

Enteral feeding remains a cornerstone of nutritional management in the ICU, with significant implications for patient recovery and overall healthcare costs. Continued advancements in clinical practice and research are vital to enhance the efficacy and safety of enteral nutrition in this vulnerable population. Future research should focus on refining enteral feeding strategies and understanding long-term outcomes.