ESPN EXPERT STATEMENTS AND GUIDANCE FOR NUTRITIONAL MANAGEMENT OF INDIVIDUALS WITH SARS-COV-2 INFECTION

Prevention, diagnosis and treatment of malnutrition should be integral part of the management of COVID-19 patients to improve both short- and long-term prognosis.

**Statement 1:**
Patients at risk for worst outcomes and higher mortality following infection with SARS-COV-2, namely older adults and individuals with severe comorbidities, should be identified for intervention. This should be performed using the ‘MUST’ criteria or, if not available, the NRS-2002 criteria.

**Statement 2:**
Subjects with malnutrition should try to optimize their nutritional status ideally by counselling from an experienced professional. Oral nutritional supplements (ONS) should be considered with an oral diet, oral nutritional supplements (ONS) shall be assessed once a month. If ONS shall provide at least 400 kcal/day and shall be continued for at least one month.

**Statement 3:**
Medical nutrition therapy shall be started immediately after admission to the ICU. In COVID-19 intubated and ventilated patients, nutrition not exceeding 70% of Energy Expenditure (EE) should be administered in the early phase of ICU stay above two weeks for many patients.

**Statement 4:**
Tolerability of EN should be closely monitored and intubated patients at high-risk for aspiration; the inpatients with gastric intolerance after prokinetic treatment or performed in patients with gastric outlet obstruction. EN shall be started through a nasogastric feeding tube.

**Statement 5:**
In COVID-19 non-intubated ICU patients, enteral nutrition (EN) shall be considered for hospitalized patients through screening and assessment, the NRS-2002 criteria.

**Statement 6:**
In hospitalised patients, EN is preferred in all clinical situations. In patients at high-risk for aspiration, the use of enteral omega-3 fatty acids limitation or contraindication for EN.

**Statement 7:**
Oral nutritional supplements (ONS) should be considered with an oral diet, oral nutritional supplements (ONS) shall be assessed once a month.

**Statement 8:**
In hospitalised older persons with reasonable prognosis, ONS shall be assessed once a month. ONS shall provide at least 400 kcal/day and shall be continued for at least one month. ONS should be used whenever possible to meet nutritional goals.

**Statement 9:**
In ICU patients who do not tolerate full EN, parenteral nutrition (PN) should be considered. In ICU patients who do not tolerate full EN, parenteral nutrition (PN) should also be started until all strategies to maximize EN tolerance have been attempted.

**Abbott Nutrition Solution**

**ENSURE® PLUS ADVANCE**

- High protein, high energy (27 g protein per 660 kcal)
- Designed for patients with (risk of) malnutrition and/or loss of muscle mass, strength (risk of) malnutrition and/or (risk of) malnutrition and/or increase dietary intake and reach nutritional goals.
- Equivalent to 1.3 g protein/kg and 25% energy requirements.
- Provide 20% more protein and 20% more energy than ENSURE® PLUS ADVANCE.
- Designed for patients with (risk of) malnutrition and/or loss of muscle mass, strength (risk of) malnutrition and/or increase dietary intake and reach nutritional goals.

**Jevity® PLUS HP**

- Conventional (25% energy requirements).
- Provide 20% more protein and 20% more energy than Jevity® HP.
- Designed for patients with (risk of) malnutrition and/or loss of muscle mass, strength (risk of) malnutrition and/or increase dietary intake and reach nutritional goals.

**Ensure® Plus Advance was shown to reduce the risk of mortality by 24% in COVID-19 patients compared to placebo1.**

**VITAL® 1.5kcal**

- GI intolerance
- High protein + Ca-HMB‡ + vitamin D designed to prevent ICU malnutrition and/or (risk of) malnutrition and/or increase dietary intake and reach nutritional goals.

**MECHANICALLY VENTILATED**

**Statement 6**: Mechanical ventilation is associated with increased catabolism to meet the needs of ventilatory recruitment. Multiple nutrition therapy shall be the preferred method.

**Statement 7**: In mechanically ventilated ICU patients, nutrition not exceeding 70% of Energy Expenditure (EE) should be considered.

**Statement 8**: In hospitalised patients, EN is preferred in all clinical situations. In patients at high-risk for aspiration, the use of enteral omega-3 fatty acids limitation or contraindication for EN.

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