

# International Nutrition Survey

## Help Pages

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### Enteral Nutrition Data

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- This form is to be filled out for each patient daily. The study day will automatically appear on the screen.
- **EN Formula:** Using the taxonomy provided on the web, please record enteral formula(s) received. See appendix for list of formulas.
  - You may select up to 3 formulas per day. In the event that the patient receives more than 3 formulas, select the 3 that provided the largest volumes.
  - On subsequent days, answer yes or no to the question “Has the EN formula(s) changed since previous day?”. If you click “Yes” the taxonomy will appear and you can select new formulas.
- **Kilocalories Received:** The total calories will need to be calculated by the dietitian **daily** as follows:
  - Include calories from protein
  - Include calories from other supplements.
  - Do **NOT** include calories from propofol
  - Do **NOT** include calories from IV solutions.
- **Protein Received:** The total protein will need to be calculated by the dietitian **daily** as follows:
  - Include protein from additional supplements, if applicable.
- If patient is on a combination of Enteral Nutrition and Parenteral Nutrition, please calculate the calories received from each separately (i.e. do not include calories from PN on EN page).
- **Location of feeding tube:** Pick one of the options from the drop down box to indicate the location of feeding tube (refers to **any** oro/naso-gastric or feeding tube). Choose one of the following options:
  1. “Gastric confirmed” if placement was confirmed by an X ray on **that** day
  2. “Gastric presumed” if placement was confirmed by an X-ray earlier but not on that day
  3. “Post-pyloric duodenal confirmed” if placement was confirmed by an X-ray on **that** day
  4. “Post-pyloric duodenal presumed” if placement was confirmed by an X-ray earlier but not on that day

5. "Post-pyloric jejunal confirmed" if placement was confirmed by an X-Ray on **that** day
6. "Post-pyloric jejunal presumed" if placement was confirmed by an X-ray earlier but not on that day
7. No tube in place on that day

*If the location of the feeding tube changes within the day, please choose the location that was used for the majority of the day. If gastric was used for half the day and post-pyloric for the other half, choose post-pyloric.*

- **Feeding Interruptions:** Indicate Yes or No if enteral nutrition was **ever** interrupted today. If yes, enter the total duration of feed interruption (i.e. if the EN feeds were stopped from 10:00 to 10:45 and then again 13:15 to 20:20 enter 8hrs, 50mins). Select the reason that EN feeds were interrupted from the list below. If more than one reason, select all that apply.

Code	Reason
1	Fasting for endotracheal extubation or intubation
2	Fasting for other bedside procedure
3	Fasting for operating room procedure
4	Fasting for radiology suite procedure
5	Intolerance to enteral feeding – high gastric residuals
6	Intolerance to enteral feeding – increased abdominal girth or abdominal distension
7	Intolerance to enteral feeding – vomiting / emesis or diarrhea
8	Intolerance to enteral feeding –subjective discomfort
9	No enteral access available / enteral access lost, displaced or malfunctioning
10	Inotropes, vasopressor requirement
11	Subject deemed too sick to continue enteral feeding
12	Enteral feeding formula not available
13	Reason for EN interruption not known

- **Motility Agents:** Choose from the options below. We are not asking you to record the route of administration or dose. If the patient has been prescribed combination therapy, please select all motility agents prescribed (hold control and click to select multiple options).

Code	Reason
1	Metoclopramide
2	Motilium
3	Erythromycin
4	Other: Specify_____
5	None