



TO IMPROVE PATIENT OUTCOMES IN THE ICU
Feed early and adequately with PEP uP

PEP **UP**

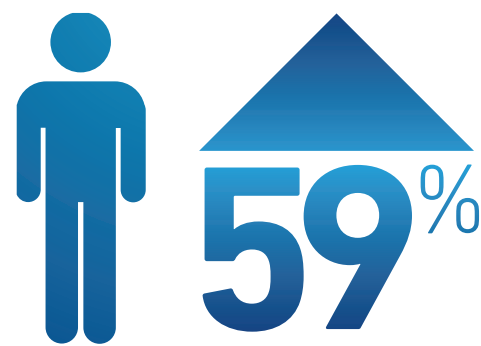
Increased protein and energy delivery

Caloric and protein deficits are prevalent in critically ill patients¹

Inadequate provision of nutrition in ICU patients is associated with increased overall complications, prolonged length of stay (LOS), and increased mortality.^{2,3}

Deferring enteral nutrition (EN) is far too common: 40% to 60% of eligible patients do not receive EN within 48 hours of admission to the ICU.⁴

Caloric deficit is associated with more days on mechanical ventilation, more complications, and longer stays in the ICU.^{3,5,6}



**GREATER RISK OF MORTALITY
IN CRITICALLY ILL PATIENTS
WHO DID NOT RECEIVE
ENTERAL NUTRITION WITHIN
THE FIRST 24 HOURS²**

Critically ill patients need the right nutrition at the right time to improve recovery.

Protect patients from caloric and protein deficit with early EN

Reduce complications and risks

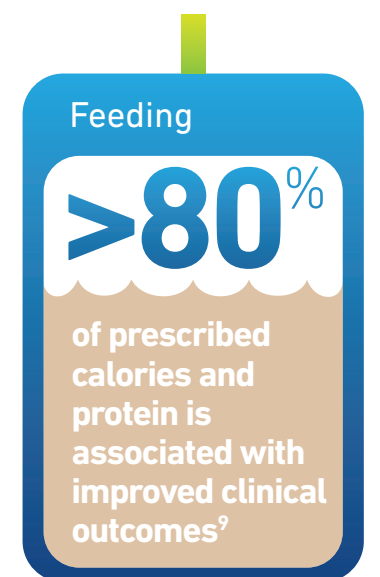
- Early EN is associated with reduced infectious complications and reduced risk of mortality^{2,7}
- ICU patients who received early EN had a 56% reduced risk of mortality⁸

Meet nutrition goals with early EN protocols

- Protocols that call for the early introduction of specialized nutrition help patients achieve caloric and protein goals^{4,6}

Increase feeding flexibility

- Switching to a volume-based feeding schedule allows nurses to help each patient reach their individual caloric goals⁶



Validated EN protocols can help patients receive early and adequate nutrition.



GASTRIC FEEDING FLOW CHART

Objective:

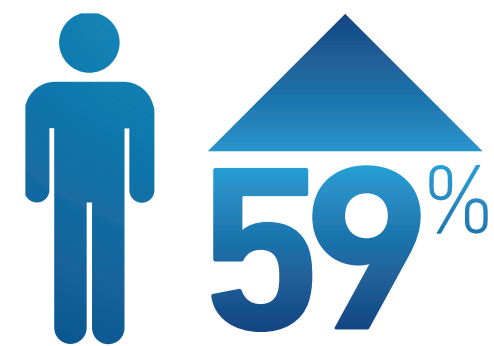
PEP uP Study

Caloric and protein deficits are prevalent in critically ill patients¹

Inadequate provision of nutrition in ICU patients is associated with increased overall complications, prolonged length of stay (LOS), and increased mortality.^{2,3}

Deferring enteral nutrition (EN) is far too common: 40% to 60% of eligible patients do not receive EN within 48 hours of admission to the ICU.⁴

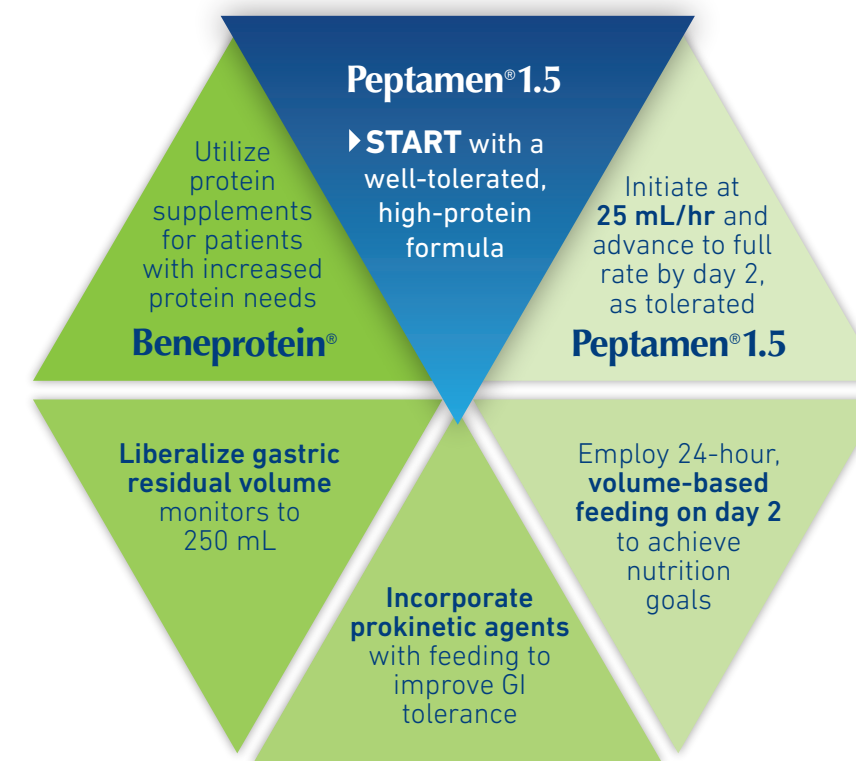
Caloric deficit is associated with more days on mechanical ventilation, more complications, and longer stays in the ICU.^{3,5,6}



GREATER RISK OF MORTALITY IN CRITICALLY ILL PATIENTS WHO DID NOT RECEIVE ENTERAL NUTRITION WITHIN THE FIRST 24 HOURS²

Support early EN from day 1 with the PEP uP* protocol

6 ELEMENTS OF IMPLEMENTATION:



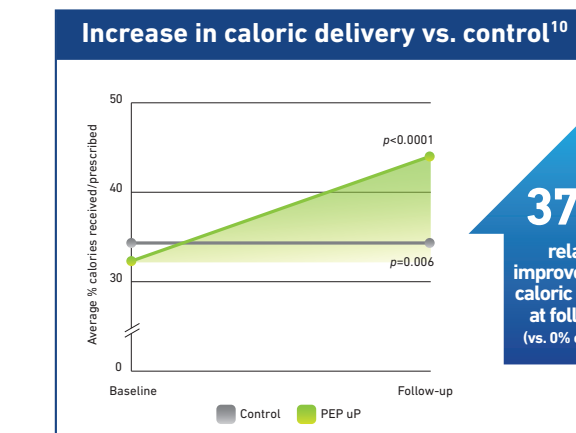
*Enhanced Protein-Energy Provision via the Enteral Route in Critically Ill Patients (PEP uP).
†Prospective, randomized trial of 1059 mechanically ventilated, critically ill patients from 18 ICUs.¹⁰

PEPTAMEN® 1.5 formula and BENEPROTEIN® Instant Protein Powder supplements were recommended for the intervention group in the PEP uP study.^{6†}

Critically ill patients need the right nutrition at the right time to improve recovery.

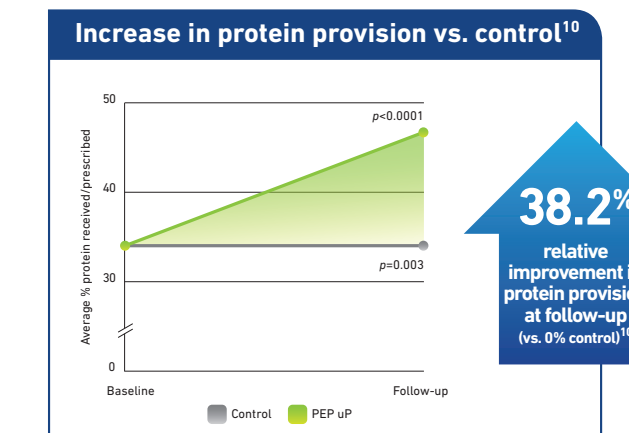
Feed early and adequately with the PEP uP protocol¹⁰

SIGNIFICANT INCREASE IN CALORIC AND PROTEIN DELIVERY¹⁰



Greater mean caloric delivery vs. control¹⁰

- Intervention sites (PEP uP): 32% at baseline, 44% at follow-up
- Control sites: 34% at baseline, 34% at follow-up



Greater mean protein provision vs. control¹⁰

- Intervention sites (PEP uP): 34% at baseline, 47% at follow-up
- Control sites: 34% at baseline, 34% at follow-up

Increased delivery of vital nutrients in ICU patients can have a positive effect on recovery.³

Providing the right nutrition right from the start. That's the **N**FACTOR



PEPTAMEN[®] formulas can help make the early enteral nutrition (EN) connection. Scan to see the mechanism of action.



BENEPROTEIN[®] *Instant Protein Powder* is made with high-quality whey protein to support increased protein needs.

FACTOR IN NUTRITION

- ▶ **A**ssess the risks associated with delayed EN
- ▶ **C**hoose a formula that supports tolerance and successful early EN
- ▶ **T**ransition to a studied protocol that promotes early EN

References: 1. Heyland DK et al. *Crit Care Med.* 2011;39:2619-2626. 2. Doig GS et al. *Intensive Care Med.* 2009;35:2018-2027. 3. Villet S et al. *Clin Nutr.* 2005;24:502-509. 4. Heyland DK et al. *J Parenter Enteral Nutr.* 2010;34:675-684. 5. Dickerson RN. *Nutr Clin Pract.* 2011;26:48-54. 6. Heyland DK et al. *Crit Care.* 2010;14:R78. 7. Marik PE et al. *Crit Care Med.* 2001;29:2264-2270. 8. Barr J et al. *Chest.* 2004;125:1446-1457. 9. Heyland DK. *Curr Opin Clin Nutr Metab Care.* 2013;16:176-181. 10. Heyland DK et al. Poster 56; A.S.P.E.N. Clinical Nutrition Week 2012.

Nutrition. The factor that can make a difference.™

All trademarks are owned by Société des Produits Nestlé S.A., Vevey, Switzerland or used with permission. © 2013 Nestlé. All rights reserved. Florham Park, NJ 07932-1521 U.S.A. NEST-12534-0413

 **NestléHealthScience**
NOURISHING PERSONAL HEALTH