

Nr	Rekommendation	Gradering
Energibehov		
15	In critically ill mechanically ventilated patients, Energy expenditure (EE) should be determined by using indirect calorimetry. If calorimetry is not available, using VO ₂ (oxygen consumption) from pulmonary arterial catheter or VCO ₂ (carbon dioxide production) derived from the ventilator will give a better evaluation on EE than predictive equations. As predicted equation 20-25 kcal/kg/day can be used.	statement, 82% agreement.
19	If predictive equations are used to estimate the energy requirement, hypocaloric nutrition (below 70% estimated needs) should be preferred over isocaloric nutrition for the first week of ICU stay.	B strong consensus
8, 17	To avoid overfeeding, early full EN and PN shall not be used in critically ill patients but shall be prescribed within three to seven days. Hypocaloric nutrition (not exceeding 70% of EE) should be administered in the early phase of acute illness.	A strong consensus B strong consensus
18	After day 3, caloric delivery can be increased up to 80-100% of measured EE.	O strong consensus
Proteinbehov		
22	During critical illness, 1.3 g/kg protein equivalents per day can be delivered progressively.	O strong consensus
Obesa patienter		
51	An iso-caloric high protein diet can be administered to obese patients, preferentially guided by indirect calorimetry measurements and urinary nitrogen losses.	O consensus
52	In obese patients, energy intake should be guided by indirect calorimetry. Protein delivery should be guided by urinary nitrogen losses or lean body mass determination (using CT or other tools). If indirect calorimetry is not available, energy intake can be based on "adjusted body weight". If urinary nitrogen losses or lean body mass determination are not available, protein intake can be 1.3 g/kg "adjusted body weight"/day.	GPP consensus
Administreringsväg		
4	If oral intake is not possible, early EN (within 48 h) in critically ill adult patients should be performed/initiated rather than delaying EN.	B strong consensus
44	Early and progressive EN should be used in septic patients after hemodynamic stabilization. If contraindicated, EN should be replaced by progressive PN.	GPP strong consensus
38	EN should be delayed if gastric aspirate volume is above 500 ml/6 h.	B strong consensus
6	In case of contraindications to oral and EN, PN should be implemented within three to seven days.	B consensus
7	Early and progressive PN can be provided instead of no nutrition in case of contraindications for EN in severely malnourished patients.	O strong consensus
Vitaminer och spårämnen		
34	To enable substrate metabolism, micronutrients (i.e. trace elements and vitamins) should be provided daily with PN.	B strong consensus
Monitorering		
55	Electrolytes (potassium, magnesium, phosphate) should be measured at least once daily for the first week.	GPP strong consensus
56	In patients with refeeding hypophosphatemia (< 0.65 mmol/l or a drop of > 0.16 mmol/l), electrolytes should be measured 2-3 times a day and supplemented if needed.	GPP strong consensus
57	In patients with refeeding hypophosphatemia energy supply should be restricted for 48 h and then gradually increased.	B strong consensus