## ESPEN guideline on nutritional support for polymorbid medical inpatients



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(R10, 0, 96%) (**8** \*should be cautiously and

slowly achieved due to refeeding risk (R11, GPP, 100 %)



## Continuation of nutrition support post-discharge

(27)(28) Nutritional support shall be continued after hospital discharge in order to maintain or improve body weight, nutritional status, functional status and QoL. (R20, A, R21, B, 100 %)

(29) (30) In PMI aged  $\ge$  65 years, continued nutritional support post hospital discharge with either ONS or individualized nutritional intervention shall be considered to lower mortality. Nutritional intervention should be considered for more than two months in order to lower mortality/impact clinical course. (R22, A, 96%, R23, B, 100%)

## **Organizational changes**

(31) Organizational changes in nutrition support provision like enriched menus should be implemented for PMI who are malnourished or at risk of malnutrition to improve intake and nutritional outcome. (R27, B, 100 %)

(32) Organizational changes, particularly the establishment of a nutritional support team and the use of multidisciplinary nutrition protocols, should be implemented in PMI at risk for malnutrition. (R28, B, 100 %)

## Abbreviations:

- PMI: polymorbid medical inpatient
- GLIM: Global Leadership Initiative on Malnutrition
- IC: indirect calorimetry
- eGFR: estimated glomerular filtration rate
- TEE: total energy expenditure
- REE: resting energy expenditure
- BW: body weight
- QoL: quality of life
- βHMB: β-hydroxy β-methylbutyrate
- ONS: Oral Nutritional Supplement(s)
- EN: enteral nutrition
- PN: parenteral nutrition
- \*ESPEN Guideline Codes:
- R1: number of the recommendation in the <u>original guideline</u>
- B: Grade of recommendation ascending GPP, 0, B, A
- 97%: Percentage agreement with the recommendation