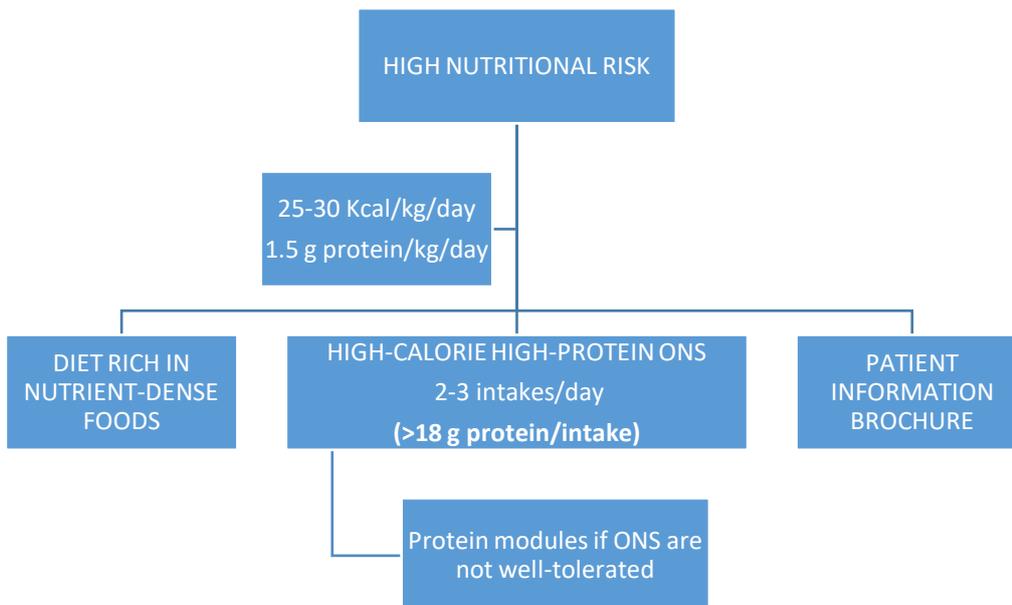


MANAGEMENT OF DISEASE-RELATED MALNUTRITION (DRM) IN HOSPITALISED PATIENTS WITH COVID-19

1. COVID-19 patients present with **high nutritional risk** as a consequence of increased requirements due to a severe acute inflammatory status. Also, the patients present hyporexia and difficulty eating which prevents them from meeting their nutritional requirements.
2. **Estimated nutritional requirements are 25-30 Kcal/Kg of weight and 1.5 g protein/kg/day** (Jin et al. Military Medical Research 2020) <https://link.springer.com/article/10.1186/s40779-020-0233-6>
3. On admission, we recommend **A DIET RICH IN NUTRIENT-DENSE FOODS and HIGH-CALORIE HIGH-PROTEIN ORAL NUTRITIONAL SUPPLEMENTS (ONS) 2-3 intakes/day** (adjusted to oral intake). The nutritional supplement has to contain at least 18 grams of protein per intake. Additionally, promote dietary adherence and improve tolerance by delivering an informative brochure on malnutrition and nutritional supplementation to the patient/family. Consider using protein modules if patients have low tolerance to ONS. Contact the Nutrition Unit to adapt treatment to the nutritional requirements of each patient (poorly managed diabetes mellitus, dysphagia, kidney disease, etc.).



4. IF NUTRITIONAL REQUIREMENTS ARE NOT MET, despite nutritional supplementation (assess every 48-72 hours):

- Consider complementary or complete enteral feeding:

- o to meet nutritional requirements, consider high-calorie high-protein formula
- o if respiratory distress, consider specific high-calorie high-protein formula

- Consider parenteral nutrition if enteral feeding is not possible (for example, due to the need for prone position or inadequate gastrointestinal tolerance) or patients are unable to meet nutritional requirements.

* Because lopinavir / ritonavir oral solution contains alcohol, its use with polyurethane feeding tubes is not recommended due to its potential incompatibility. Silicone or polyvinyl tubes should be used.

https://www.sefh.es/fichadjuntos/200316Procedimientos_SEFH_COVID_19.pdf