

## **An audit into the use of early nasogastric tube feeding in critically ill, non-ventilated medical patients on a medical high-dependency unit**

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The benefit of early nutritional support with enteral or parenteral feeding in critically ill patients is well recognised. The majority of studies, however, have been carried out in intensive care units in ventilated patients<sup>(1)</sup> and post-surgical patients<sup>(2)</sup>. The evidence to support the use of early enteral feeding in medical non-ventilated critically ill patients is sparse. Complications such as aspiration are greater in this group than in ventilated patients. Our aim was to audit the benefit and safety of early nasogastric tube (NGT) feeding in critically ill non-ventilated patients on a medical HDU.

A prospective audit of patients requiring early NGT feeding on a medical HDU was carried out from December 2008 to November 2009. A nutritional support protocol was implemented based on the malnutrition universal screening tool (MUST) score to identify those patients requiring NGT feeding within 24 h of admission to HDU. Details of the patients' demographic details, admitting diagnosis, the early warning system (EWS) score on admission to HDU and outcome were recorded. Nutritional information included a baseline nutritional assessment, the progress in nutrition and any complications of NGT feeding.

Twenty patients were identified (10 male) with a median age of 68 (range 47–83). Six patients (30%) were admitted with sepsis, 3 (15%) with pneumonia, 2 (10%) following a stroke and 9 (45%) with other diagnoses. The median EWS score was 4 on admission. Fifteen patients (75%) were still alive at 3 months after discharge from HDU and the average length of stay on HDU was 4.9 d. NGT feeding was given for an average of 9.8 d and the nutritional status improved in 67% of patients (it was not documented in 2 patients). With regard to the complications of NGT feeding, there was only 1 case of aspiration pneumonia which was in a patient who had stepped down from intensive care. There were no cases of trauma.

This audit suggests that NGT feeding is safe within 24 h of admission to HDU and provides nutritional improvement in critically ill non-ventilated medical patients.

1. Simpson F & Doig GS (2005) *Intensive Care Med* **31**, 12–23.

2. Sandström R, Drott C, Hyltander A *et al.* (1993) *Ann Surg* **217**, 185–195.