Nutrition Therapy in the ICU: Examining New Data for Calorie and Protein Targets

Test Questions

1. What percent of muscle mass does the typical Medical ICU patient lose in the first 10 days of hospitalization?
   a. 5%
   b. 10%
   c. 25%
   d. 33%

2. The concept of anabolic resistance in ICU paitents, as demonstrated by Chapple et al., refers to
   a. the inability of the gut to digest and absorb dietary protein during critical illness and catabolism.
   b. the ability to use parenteral amino acids, but not enteral protein sources, to effectively build muscle.
   c. the inability of the body to build muscle regardless of amount of protein intake due to ongoing catabolism. .
   d. the ability to digest and absorb dietary protein, coupled with a blunted capacity to effectively use amino acids to build muscle.

3. When would a critically ill patient be more likely to demonstrate energy (metabolic) or anabolic resistance?
   a. Early in the acute phase
   b. During the post-acute ICU phase
   c. After discharge from the ICU
   d. After hospital discharge

4. During which phase of critical illness would a nutrition prescription of calories set at 125% of indirect calorimetry needs and protein intake at 1.5-2.0 grams/kg/day be most appropriate?
   a. Acute phase Day 1-4
   b. Post Acute ICU Phase >Day 5
   c. Post ICU Phase
   d. Post Hospital Discharge

5. Which factor does the RE-EFFORT study recommend be taken into consideration when initiating and advancing protein delivery in critically ill patients?
   a. Nitrogen balance
   b. Blood lactate levels
   c. Serum urea trajectory
   d. Weight loss since admission

6. What is a key finding of the most recent evidence on macronutrient dosing and timing in critically ill patients?
   a. Early isocaloric enteral nutrition reduces mortality and the risk of secondary infections.
   b. Some patients may be harmed by early aggressive feeding of either calories or protein.
   c. Early aggressive feeding is beneficial and should be implemented in all critically ill patients.
   d. Higher doses of protein in mechanically ventilated critically ill patients decrease time-to-discharge.

Nutrition Therapy in the ICU: Examining New Data for Calorie and Protein Targets

Test Answers

1. What percent of muscle mass does the typical Medical ICU patient lose in the first 10 days of hospitalization?
   a. 5%
   b. 10%
   c. 25%
   d. 33%

2. The concept of anabolic resistance in ICU paitents, as demonstrated by Chapple et al., refers to
   a. the inability of the gut to digest and absorb dietary protein during critical illness and catabolism.
   b. the ability to use parenteral amino acids, but not enteral protein sources, to effectively build muscle.
   c. the inability of the body to build muscle regardless of amount of protein intake due to ongoing catabolism. .
   d. the ability to digest and absorb dietary protein, coupled with a blunted capacity to effectively use amino acids to build muscle.

3. When would a critically ill patient be more likely to demonstrate energy (metabolic) or anabolic resistance?
   a. Early in the acute phase
   b. During the post-acute ICU phase
   c. After discharge from the ICU
   d. After hospital discharge

4. During which phase of critical illness would a nutrition prescription of calories set at 125% of indirect calorimetry needs and protein intake at 1.5-2.0 grams/kg/day be most appropriate?
   a. Acute phase Day 1-4
   b. Post Acute ICU Phase >Day 5
   c. Post ICU Phase
   d. Post Hospital Discharge

5. Which factor does the RE-EFFORT study recommend be taken into consideration when initiating and advancing protein delivery in critically ill patients?
   a. Nitrogen balance
   b. Blood lactate levels
   c. Serum urea trajectory
   d. Weight loss since admission

6. What is a key finding of the most recent evidence on macronutrient dosing and timing in critically ill patients?
   a. Early isocaloric enteral nutrition reduces mortality and the risk of secondary infections.
   b. Some patients may be harmed by early aggressive feeding of either calories or protein.
   c. Early aggressive feeding is beneficial and should be implemented in all critically ill patients.
   d. Higher doses of protein in mechanically ventilated critically ill patients decrease time-to-discharge.