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A prospective study on determination of early nutrition intervention for patients admitted in a level I trauma care centre

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ABSTRACT ONLY · Volume 58, P539, December 2023

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Rationale: Research focusing on assessment and delivery of nutrition support for traumatic patients is limited. So, the aim is to document the nutrition condition of patients during admission, determine suitable dietary intervention and investigate interrelationship of different tools.

Methods: Patients were evaluated within 24 hours of admission through Subjective Global Assessment and Nutrition Risk Score. Acute Physiology and Chronic Health Evaluation-IV, Glasgow Coma Scale and Sequential Organ Failure Assessment, Nutrition Risk in Critically ill Score were performed to understand the mortality risk and determine the dietary principles.

Results: Till date 102 patients had been recruited in this ongoing study (estimated sample size 245). Average age of patients was 42.4 years (± 16.5) and BMI was 18.3 (15.1 to 25.8). Most underweight patients faced critical nutrition condition (88.5%), but interestingly patients having normal BMI were also critical (94.5%) (p value 0.340). 55% patients were having high mortality rate (40% to 73%) as per APACHE IV. For patients having high mortality rate derived from SOFA, were also suffering from nutritional risk (p value < 0.001). The correlation between SGA and NUTRIC Scores in judging nutritional risk status was moderate (Spearman's rho 0.386; ICC 0.4496). Enteral nutrition had been started in 90% case although the principle of diet varied (35% balance diet, 28% high protein diet, 16% renal diet, 9% diabetic diet). Mostly scientific supplements were introduced but kitchen feed were too recommended in oral diet.

Conclusion: Most trauma patients are at high nutrition risk and high mortality. Early nutritional



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