### **nutrinovo** simply innovative nutrition



## **PRODUCT RESOURCE BY COVID-19 STAGE**

#### **Disease Stage & Nutritional Considerations**

#### **ONSET OF SYMPTOMS**

Hydration and high calorie, high protein intake should be a main focus when onset of COVID-19 is noted<sup>1</sup>. Reports suggest that many patients struggle with GI distress upon confirmed diagnosis and even before other symptoms arise<sup>2</sup>.

#### **HOSPITAL ADMISSION**

The clinical situation may not greatly differ from hospital to home. While symptoms will be similar they will likely be more intense. Hydration and high protein, high calorie intake should be the main nutritional focus<sup>3</sup>. If GI issues are present, intervention may be necessary.

#### **INTUBATION**

ESPEN/ASPEN/SCCM recommendations for COVID-19 nutrition intervention in the ICU all recommend high protein provision<sup>3,4</sup>. Recommendations vary between 1.2-2.0 gm/kg body weight and 15-20 kcal/kg body weight<sup>3</sup>. Because these patients are likely being tube fed, they may also be experiencing loose stools/diarrhoea which could be exacerbated by the COVID-19 virus.



# 4 flavours variants. ProSource Plus



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HyFIBER

or to have -

FIBER

15g Protein, 100kcal, 30ml liquid, single use sterile sachet, semi-elemental, 3 flavours variants.

single use sterile sachet, semi-elemental,

### HyFIBER

12g Soluble fibre, FOS, 30ml liquid, single use sterile sachet.

#### **ProSource TF**

**Products to Consider Using** 

**ProSource Liquid** 

10g Protein, 100kcal, 30ml liquid,

11g Protein, PDCAAS score of 100, 44kcal, no carbs, 45ml water-thin liquid, semi-elemental, single use sterile sachet.

#### **ProSource TF Plant**

15g Protein, plant based, 90kcal, 45ml water-thin liquid, semi-elemental, single use sterile sachet.

#### HyFIBER

12g Soluble fibre, FOS, 30ml liquid, single use sterile sachet.

#### **Additional Notes**

#### Using ProSource products & HyFIBER orally

ProSource Liquid and ProSource Plus have been designed primarily for oral use. Their protein quality, taste and variety of flavours ensure effective compliance. Neutral varients support food first if required. HyFIBER is designed to be used both orally or via an enteral feeding tube without any risk of tube blockage.

#### **Product Information**

Detailed product information about all our products are avaiable on our website **www.nutrinovo.com** 

#### **Administration in Enteral Feeding**

Further information surrounding the use of ProSource TF, TF Plant and HyFIBER can be found on the Covid-19 page at www.nutrinovo.com. All products are water-thin and are designed to be used as part of an enteral feeding regime.



#### **Disease Stage & Nutritional Considerations**

#### **EXTUBATION**

Post extubation dysphagia may be a challenge depending upon patient symptoms and duration of intubation<sup>5</sup>. During the post ICU/extubation period, it is suspected that protein provision should still play an important role in the nutritional care plan.

#### RECOVERY

It is recommended to maintain high calorie and high protein intake for 6 months or more<sup>6</sup>. The goal will likely be continuing to target a protein intake of 1.2-2.0 gm/kg/day, while also maximising calorie load<sup>6,7</sup>. If there was a lengthy duration of intubation, dysphagia maybe of concern.



PRCFourp

**Products to Consider Using** 



#### **ProSource Liquid**

10g Protein, 100kcal, 30ml liquid, single use sterile sachet, semi-elemental, 4 flavours variants.

#### **ProSource Plus**

15g Protein, 100kcal, 30ml liquid, single use sterile sachet, semi-elemental, 3 flavours variants.

#### **ProSource Jelly**



Or is low .

Jelly

#### 20g Protein, 90kcal, 118ml jelly, single use sterile cup, semi-elemental, 4 flavour variants, IDDSI level 4.

#### **HvFIBER**

12g Soluble fibre, FOS, 30ml liquid, single use sterile sachet.

#### **Additional Notes**

#### **Dysphagia**

Nutrinovo products have been independently assessed by an expert to review their IDDSI level. A chart showing each product and it's IDDSI level can be found on the COVID-19 page at www.nutrinovo.com

#### References:

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- 2. Management of Patients with Confirmed 2019-nCoV. (2020, April 6). Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html
- 3. Martindale, R., & Patel, J. et al. Nutrition Therapy COVID-19 SCCM-ASPEN. Retrieved from https://www.nutritioncare.org/uploadedFiles/Documents/Guide-lines\_and\_Clinical\_Resources/Nutrition Therapy COVID-19\_SCCM-ASPEN.pdf
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- 5. Rassameehiran, S., Klomjit, S., Mankongpaisarnrung, C., & Rakvit, A. (2015). Postextubation Dysphagia. Proceedings (Baylor University. Medical Center), 28(1), 18–20. https:// doi.org/10.1080/08998280.2015.11929174
- 6. van Zanten, A.R.H., De Waele, E. & Wischmeyer, P.E. Nutrition therapy and critical illness: practical guidance for the ICU, post-ICU, and long-term convalescence phases. Crit Care 23, 368 (2019). https://doi.org/10.1186/s13054-019-2657-5
- 7. Wischmeyer, P. (2017). Optimising nutrition for recovery after icu. ICU Management and Practice, 17(3), 156–158. Retrieved from https://healthmanagement.org/uploads/article\_at- tachment/icu-v17-i3-wischmeyer-optimisingnutrition.pdf



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