Artificial nutrition in UK intensive care units: a review of current practice

P. J. Needham, A. B. Burton and D. G. Jayne
Department of Colorectal Surgery, St James’s University Hospital, Beckett Street, Leeds LS9 7TF, UK

There is an increasing appreciation of the importance of appropriate nutritional support in critically ill patients. The forthcoming publication of NICE guidelines on adult nutritional support prompted an assessment of current nutritional practices in UK intensive care units (ICU). The primary aim was to assess how nutritional practice had changed since the last such study in 1992 (1). We also wished to compare practice locally and nationally, and teaching hospital practice with that in district general hospitals (DGH).

We identified all adult general ICU in the UK, and a questionnaire was sent to the dietitian providing ICU cover. We requested patient data from a single day, and information was sought on nutrition protocols and unit nutritional practices. A total of 265 questionnaires were sent with 199 responses (75%) totalling 208 ICU and reporting on 1360 patients. Of these patients 78% were receiving some form of artificial nutritional support and 13.3% were having TPN. This compares to frequencies of 42% and 25.3% respectively in 1992 (both \( P < 0.001 \)). TPN usage was more frequent in DGH than in teaching hospitals (16.2% v. 10.6%; \( P = 0.002 \)). TPN usage in North and West Yorkshire hospitals was more frequent than the national average excluding this region (22.9% v. 12.9%; \( P = 0.026 \)). Compared to a similar study in 1992, frequency of TPN usage has halved in intensive care. However use of some modality of artificial nutritional support has doubled as appreciation of the importance of malnutrition in critical illness has grown. TPN usage is more prevalent in DGH compared to teaching hospitals, and TPN use locally may be particularly high.