



Nutrition In Systemic Inflammatory Response Syndrome



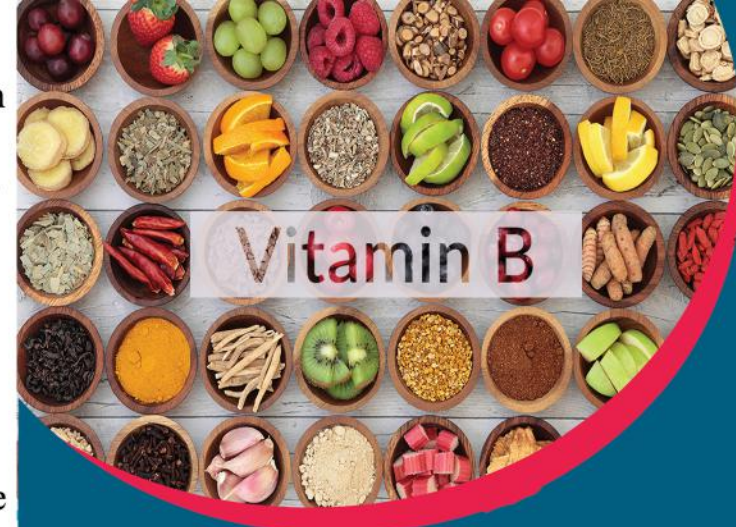
The vital role of physical evaluation cannot be ignored. Measuring and identifying the reduction of lean body mass and increasing fluid accumulation in the body of patients admitted to the ICU are the most important anthropometric and physical indicators. In general, nutritional status before injury or before surgery is important in these people (that) the need for early nutritional support and options for access to intestinal and intravenous nutrition for the patient are considered. Because these patients are ill, their oral intake of food and fluids is severely limited. (Severe limitation of oral food intake and fluids are due to ill condition of people.)

► Some Common Nutritional Diagnoses Include The Following ◀

Oral Inadequate intake of food and fluids , Inadequate or excessive intake of intestinal and intravenous nutrition , Improper injection of intestinal or intravenous nutrition , Insufficient or excessive fluid intake , Increased nutritional needs , Get extra carbs , Abnormal values of nutrition-related laboratory results , Changes in gastrointestinal function

► Nutritional Needs In Systemic Inflammatory Response Syndrome Energy ◀

In patients with infection and trauma, depending on the extent and severity of injuries, the amount of energy consumption increases. (A low-calorie diet that meets 50 to 70 percent of your calorie needs.)



Further studies are needed to validate nutritional support with a low-calorie diet as standard in obese patients, especially because of the wide variety of body compositions.

► Protein ◀

Determining the amount of protein required in critically ill patients is difficult. Patients typically need 1.2 to 2 grams of protein per kilogram of body weight per day, depending on nutritional status, degree of damage, metabolic demand, and abnormal protein loss. Clinical care is recommended to provide adequate protein in patients with severe hepatic or renal insufficiency. It is useful and safe to prescribe protein at a rate of 2 to 2.5 grams per kilogram of body weight.

► Vitamins, Minerals and Trace Elements ◀

In patients with systemic inflammatory response syndrome, the need for B vitamins, especially thiamine and niacin, may increase as caloric intake increases.



Systemic Inflammatory Response Syndrome

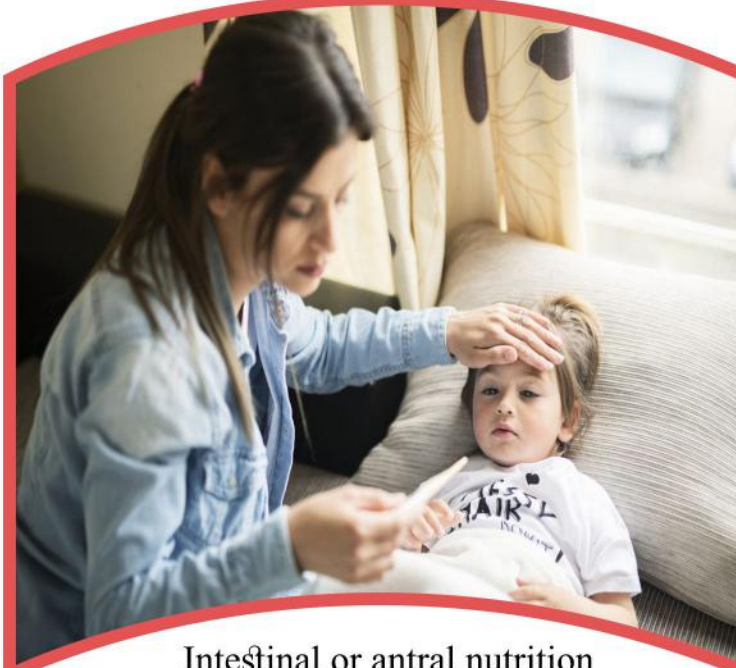
► Systemic Inflammatory ◀ Response Syndrome

The systemic inflammatory response syndrome, formerly known as "sepsis", is now recognized as a general response to a number of systemic activators of inflammatory mediators. In systemic inflammatory response syndrome, the patient may die of renal failure, pulmonary insufficiency, and gastrointestinal bleeding. Systemic inflammatory response syndrome presents clinically with the following symptoms:

Hypermetabolism, High heart output, Low oxygen consumption, High oxygen saturation in venous blood and lactic acidosis (lactic acidosis is caused by the inability of the metabolic system to break down lactate), Edema and decreased plasma protein.

► Pathophysiology Of ◀ Systemic Inflammatory Response Syndrome

Dysfunction of the intestinal barrier causes the initiator of the systemic inflammatory response syndrome that it is due to the transfer of intestinal bacteria to the lymph nodes, liver and other organs.



Intestinal or antral nutrition is thought to maintain strong connections between epithelial cells, stimulate blood flow, and secrete building blocks.



There are two types of malnutrition associated with systemic inflammatory response syndrome:

- Hunger-related malnutrition
- Chronic illness-related malnutrition

► Medical Nutrition Therapy In ◀ Systemic Inflammatory Response Syndrome

Patients with severe injuries are usually unable to provide a dietary history and anthropometric assessments which are not readily available in these patients due to acute changes; For example, the weight index after receiving fluids can have an error.