









Cost Savings in ICU with Evidence-Based Enteral Nutritional Solutions

Challenges in delivering optimal nutrition

1.  EN is slow to start due to feeding tolerance issues¹
2.  EN needs to start as early as possible, within 24 hours for some patients²
3.  EN never reaches the recommended targets as feeds are not high enough in protein¹

Optimal nutrition impacts major cost factors

1.  Length of stay in ICU³
2.  Hospitalisation costs³
3.  15 day readmission rate³
4.  Ventilation days⁴
5.  Nosocomial infections⁵

Reaching nutritional targets with early EN lowers costs by reducing major cost factors

Receiving at least
80%
of the protein target is more important than reaching the energy target when looking at 60-day mortality⁶



Protein target reached⁷:

In 85% of ICU patients after 48 h
In 95% of ICU patients after 96 h

Fresubin® Intensive

High protein early enteral nutrition

- High protein (10g/100ml), moderate energy (1.2kcal/ml)
- 100% whey protein hydrolysate and low in fat MCT
- High biological value protein
- Modified carbohydrate profile with low glycaemic index
- 3g of EPA and DHA per RDD from fish oil and antioxidant micronutrients



Peptide based EN produces cost savings by reducing GI related complications⁸



Fresubin® Intensive helps to avoid energy overfeeding:

Exceeding 110% of calorie requirements is associated with higher hospital mortality⁹

Cost savings of
5,330€

per ICU patient are possible with EEN⁴

EN: Enteral nutrition; EEN: Early enteral nutrition; MCT: Medium chain triglycerides; EPA: Eicosapentaenoic acid; DHA: Docosahexaenoic acid; RDD: Recommended daily dose

1. Bendavid I et al. Clin Nutr 2017;36(4):1122-9. 2. Kreyman KG et al. Clin Nutr 2006;25(2):210-23. 3. Freijer K et al. J Am Med Dir Assoc 2014;15(1):17-29. 4. Doig GS et al. Clinicoecon Outcomes Res 2013;5:429-36. 5. Heyland DK et al. Clin Nutr 2011;30(2):148-55. 6. Heyland DK et al. Nutr Clin Pract 2017;32(1_suppl):58S-71S. 7. Looijaard WG et al. ESPEN 2017. 8. Seres DS, Ippolito PR. Clin Nutr 2017;36(3):706-9. 9. Weijs PJ et al. Crit Care 2014;18(6):701.



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