

Category :**Nutritional support**

**A1 - The effects of the first feeding time on the prognosis of the patients with trauma who were followed up in pediatric intensive care unit**

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**Introduction:**

Providing support for early enteral nutrition reduces the severity and complications of the disease, shortening the length of stay in the intensive care unit and affecting the patients positively. Although there is not enough evidence about when to start feeding in intensive care patients, it is recommended to start feeding within 24-48 hours with hemodynamically stable condition. Conditions such as surgery, sepsis and trauma increase the energy needs of patients. The aim of this study was to determine the first enteral nutrition time of patients with trauma followed up in the pediatric intensive care unit.

**Methods:**

The cases followed up between July 2018 and June 2019 in our pediatric intensive care unit due to trauma were examined. The demographic, clinic findings and first enteral nutrition hours of the patient were recorded retrospectively.

**Results:**

A total of 49 patients with trauma were included in the study. The ages of the patients were minimum 6 months and maximum 17 years. Thirty eight (77.6%) of the patients were male. There were 31 patients (63.2%) fed within the first 24 hours of admission to intensive care unit and 14 (28.6%) patients fed within 24-48 hours, and the number of patients with an initial enteral nutrition time over 48 hours was 4 (8.2%). The reason for not being fed within the first 48 hours was the requirement of an abdominal surgery after trauma.

**Conclusion:**

It is of importance to provide nutritional support in critically ill children with trauma in the intensive care unit, as in other patient groups. If there is no contraindication in terms of nutrition, patients should be fed as early as possible, the enteral route should be preferred, and the sufficiency of the calories given should be frequently evaluated.

**References:**

achdev G, Backes K, Thomas BW, Sing RF, Huynh T. Volume Based Protocol Improves Delivery of Enteral Nutrition in Critically Ill Trauma Patients. JPEN J Parenter Enteral Nutr. 2020;44:874-9.