Journal of Nutrition & Food Sciences
ISSN: 2155-9600
OPEN ACCESS Freely available online
Commentary

# The Importance of Nutrition Facts Evaluation in Critical Care and Diet for the Hospitalized Patient

**Amine Giesy***

*Department of Quality and Safety, Institute of Agro-Product Safety, China*

## DESCRIPTION

Under nutrition is common in critical care patients, regardless of the underlying condition, and is linked to a longer hospital stay and a lower survival rate. Under nutrition should be identified and managed as early as possible. A nutritional assessment helps to identify patients at risk of malnutrition, determine the timing of assisted feeding, the methods of assisted feeding and food type, monitor patient response, and prevent complications. Starvation is frequently classified into two processes based on their distinct metabolic pathways: simple starvation and stress starvation. One process is not entirely exclusive of the other, but can exist in a continuum with the other. Sarcopenia (loss of lean body mass) can occur after a period of prolonged hyporexia or anorexia if not properly managed. It is exacerbated by increased activation of catabolic pathways (as previously noted, resulting in accelerated lipolysis and proteolysis) and severe weight loss, as seen in cachexia, which is associated with severe inflammation, malignancy, and/or ageing. In recent years, there has been a surge of interest in the impact of sarcopenia on the overall survival of sick and/or elderly people. The World Small Animal Veterinary Association (WSAVA) advocated in 2011 for nutrition to be added as the fifth vital sign, after temperature, pulse, respiration, and pain, to be routinely assessed during physical examinations of veterinary patients. A nutrition assessment is performed using a multidimensional approach, evaluating animal, diet, and feeding environmental factors to determine the nutritional status of a patient. Oral (voluntary or force feeding), enteral, and parenteral nutrition are all options for delivering nutrition therapy. The basic principle of nutrition provision is "when the gut works, use it"; as long as the GI tract can be safely used, oral and/or enteral/assisted nutrition should be implemented early. When selecting an appropriate diet for a critically ill patient, an accurate assessment and understanding of the patient's nutritional status and underlying disease are critical. The underlying disease, feeding tube lumen, food energy density, price, and availability all play a role in food selection. Commercially prepared liquid diets, canned diets, and human food ingredients are among the critical care diet options available. The patient should be closely monitored for symptoms of refeeding syndrome, enteral feeding intolerance, and tube placement complications. The syndrome of refeeding Insulin is released when energy (glucose) is introduced suddenly after a long period of fasting. As a result, there are sudden intracellular movements and cellular utilisations of phosphorus, potassium, magnesium, and thiamine, which may not have been adequate during starvation, Parenteral Nutrition (PN) is the administration of macronutrients and B vitamins intravenously through a venous catheter. The placement of a catheter must be done aseptically, and the handling of the port, line, and bag, as well as the monitoring of the PN solution, necessitate extra care by well-trained personnel. To avoid complications, laboratory values should be monitored on a regular basis using in-house laboratory equipment.

## CONCLUSION

As a result, PN should be provided to hospitalise patients. Under nutrition is a common condition in hospitalised patients, and it is linked to a longer hospital stay as well as increased mortality and morbidity. Enteral feeding is the preferred method of nutrient provision whenever possible because it preserves GI mucosa integrity, prevents bacterial translocation, and supports systemic immune function.

## ACKNOWLEDGEMENT

None.

## CONFLICT OF INTEREST

The authors declare that they have no competing interests.

**Correspondence to:** Amine Giesy, Department of Quality and Safety, Institute of Agro-Product Safety, China, E-mail: stephianag@hotmail.com

**Received:** 30-November-2022, Manuscript No. JNFS-23-21340; **Editor assigned:** 02-December-2022, PreQC No. JNFS-23-21340 (PQ); **Reviewed:** 16-December-2022, QC No. JNFS-23-21340; **Revised:** 21-December-2022, Manuscript No. JNFS-23-21340 (R); **Published:** 28-December-2022, **DOI:** 10.35248/2155-9600.22.12.1000894

**Citation:** Giesy A (2022) The Importance of Nutrition Facts Evaluation in Critical Care and Diet for the Hospitalized Patient. J Nutr Food Sci. 12: 894.