



<u>Inclusion criteria</u> - All five criteria must be met at the time of screening, except #2 which is from ICU admit, to be eligible for the study	<u>Exclusion criteria</u> - if any one of these is met, patient is ineligible
<p>1) Critically ill adult patient (≥ 18 yrs old) admitted to your ICU</p> <p>2) Have acute respiratory failure (ARF) i.e. expected to remain mechanically ventilated > 48 hrs from ICU admission This refers to invasive mechanical ventilation and is defined as intubation with mechanical ventilation or tracheostomy with mechanical ventilation. This includes any positive pressure delivered via an endotracheal tube or a tracheostomy. This does not refer to non-invasive methods of ventilation such as BI-PAP or mask-CPAP.</p> <p>3) Expected ICU dependency of 5 or more days (as per judgment by the Site Investigator/delegate) ICU dependency defined as need for mechanical ventilation, non invasive ventilation, renal replacement therapy, vasopressors or artificial nutrition because of their underlying illness. NOTE: This does not include patients that stay in ICU because of lack of availability of beds.</p> <p>4) On enteral nutrition or expected to initiate enteral nutrition within 7 days of ICU admission The “expected to initiate enteral nutrition” refers to the anticipation of the start of enteral nutrition and this is an assessment that is made at the time of screening evaluation in collaboration with the Medical Team. In the event that, at time of screening, the patient was expected to start enteral nutrition within the first 7 days and the patient is randomized, but enteral nutrition does not actually get started within this time frame, the patient still remains in the study.</p> <p>5) BMI <25 or ≥ 35 based on pre-ICU actual or estimated dry weight (Refer to Appendix B for BMI Chart) If using estimated weight/height, you may add a buffer of ±1 for the BMI, after rounding. In this case, ENTER THE BUFFERED BMI into the Central Randomization System. Example 1: If estimated BMI is 25 after rounding, use a -1 to get a BMI of 24. Record 24 into the CRS Example 2: If estimated BMI is 34 after rounding, use a +1 to get a BMI of 35. Record 35 into the CRS</p>	<p>1) > 72 hours from admission to ICU to time of consent</p> <p>2) Not expected to survive an additional 48 hrs from screening evaluation</p> <p>3) A lack of commitment to full aggressive care (anticipated withholding or withdrawing treatments in the first week but isolated DNR acceptable)</p> <p>4) Patients already receiving PN at time of screening</p> <p>5) Absence of ALL risk factors for G.I. intolerance (Refer to Worksheets pg. 6-7 or Imp Manual pg. 14 for complete list of risk factors)</p> <p>6) Patients admitted with Diabetic Ketoacidosis or non-ketotic hyperosmolar coma</p> <p>7) Pregnant or lactating patients</p> <p>8) Patients with clinical fulminant hepatic failure. Clinical fulminant hepatic failure is defined as: <ul style="list-style-type: none"> • absence of cirrhosis/chronic liver disease and • presence of coagulopathy (prothrombin time > 15 sec or INR >1.5) and • presence of any grade of hepatic encephalopathy within 26 weeks of the first symptoms in a patient with acute liver injury NOTE: This criterion applies to only those patients who, in the opinion of the Site Investigator/delegate, are deteriorating or are at high risk of dying due to clinical fulminant hepatic failure. Refer to Protocol Clarification memo dated May 7th, 2012 for further clarification.</p> <p>9) Patients with Cirrhosis Child's Class C Liver Disease (except those on a transplant list or transplantable) or lactating patients</p> <p>10) Dedicated port of central line not available</p> <p>11) Known allergy to study nutrients (soy, egg and olive products)</p> <p>12) Enrollment in another industry sponsored ICU intervention study (co-enrollment in other academic studies may be allowed).</p>