## Artificial nutrition: the experience of a Covid Hospital.

P. Maimone<sup>1</sup>, P. Calligaro<sup>2</sup>, M. Marchesini<sup>1</sup>, L. Masconale<sup>1</sup>, L. Perantoni<sup>1</sup>, N. Turato<sup>1</sup>, M. Carlini<sup>2</sup>, V. Bertasi<sup>1</sup>.

<sup>1</sup>Hospital Pharmacy AULSS 9 Scaligera - Distretto 4

<sup>2</sup>Intensive Care Unit AULSS9 Scaligera - Distretto 4

**Background and aims.** The Covid-19 pandemic represented an unprecedented challenge especially for intensive care units. Numerous evidences have shown that 45% of hospitalized patients are malnourished or at risk of malnutrition, the critically ill covid patient is even more so. This situation is associated with higher hospital costs, extended hospital stays and increased mortality. Our goal was to highlight adherence to national and international guidelines relating to patient nutritional management in a Covid Hospital.

**Methods.** The analysis was carried out retrospectively and the data were extrapolated from the company database; for the year 2020 (first vs second semester) the consumption of AN and oral supplements were analyzed, comparing the critical area and the medical area.

**Results.** In the critical area patients were treated with EN, in the measure of 95% with an increase of 80% compared to the first semester. The medical area chose PN, to the extent of 98%. Both areas combined AN with ONS: the critical area to the extent of 51% (+ 54% semester vs semester), while the medical area to the extent of 49% (+ 4% semester vs semester).

**Conclusions.** An optimal organic endowment allowed, in the critical area, adherence to guidelines with better patient performance; investing resources in healthcare is the fundamental requirement to put the patient at the center of care, especially during emergency phases.

## Bibliography:

Singer P. et al., ESPEN guideline on clinical nutrition in the intensive care unit, Clinical Nutrition (2018)

Raccomandazioni SINuC-SIAARTI (2020)

Raccomandazioni Sinpe (2020)