Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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THE IMPORTANCE OF EARLY NUTRITIONAL INTAKE IN PATIENTS DIAGNOSED WITH SARS-COV-2

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Rationale: The current SARS-Cov-2 pandemic is characterized by acute respiratory complications that require prolonged ICU stays, favoring malnutrition development, once there is a difficulty in meeting the nutritional needs, making nutritional assistance essential to contribute to better prognosis.
Methods: Retrospective, transversal study with patients admitted to critical units of a private hospital of São Paulo from March to April 2020. The data collected were age, gender, nutritional risk, pursuant to the Nutritional Risk Screening 2002, degree of malnutrition, pursuant to the Global Leadership Initiative on Malnutrition, and feeding path. In enteral and parental nutritional therapies (ENT/PNT): time for beginning, nutritional goals, and reasons for its inadequacy. The data were analyzed using measures of central tendency, and absolute and relative frequencies.
Results: Fifty onepatients were evaluated, with mean age of 68 (±18) years old, 72% (n=37) being male subjects, 45% (n=23) presenting nutritional risk, and, of those, 34% (n=8) were classified as malnourished. Regarding nutritional therapy, 53% (n=27) were in ENT, 39% (n=20) orally, 4% (n=2) in PNT, and 4% (n=2) in mixed therapy. The mean time for beginning was of 1.6 (±1.3) day, and most of these patients (n=18) reached nutritional needs within 7 days. The main reasons for the low supply were: 90.9% (n=10) risk of refeeding syndrome, 90.9% (n=10) use of vasoactive drugs, 54.5% (n=6) use of neuromuscular blocker, 18.2% (n=2) prone position, 18.2% (n=2) procedures, and 18.2% (n=2) intolerance.
Conclusion: Most of the patients presented an early beginning on the first 48 hours and met the nutritional goals, reinforcing the importance of nutritional interventions on patientswith SARS-Cov-2, given the severity of the disease and complications in its treatment.
Disclosure of Interest: None declared

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MONITORING OF DIETARY ADMINISTRATION IN PATIENTS WITH ENTERAL NUTRITIONAL THERAPY USING A PRESCRIBED VOLUME X INFUSED VOLUME INDICATOR

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Rationale: Enteral therapy administered to patients at nutritional risk aims to prevent and treat malnutrition by ensuring an adequate energy supply, improving the immune and healing response, preventing and treating complications resulting from treatment and from the clinical features, and reducing the length of hospital stay by accelerating patient recovery.
Methods: An observational, descriptive and retrospective study was carried out with 811 patients of both sexes, between 18 and 99 years of age and undergoing exclusive enteral nutritional therapy, admitted to a private hospital in the city of São Paulo from January 2018 to March 2020. Caloric requirements for determining the prescribed volume were calculated using predictive formulas based on the American (ASPEN) and European (ESPEN) International Guidelines for Parenteral and Enteral Nutrition. The established goal was that all patients, at the end of each monthly assessment, had received an adequate nutritional intake, of at least 80% of their prescribed daily volume of diet.
Results: Throughout the study, the percentage of patients who reached their caloric needs with therapy, considering the prescribed daily volume of diet versus the actual infused volume, grew progressively. The acquired results, comparing what was effectively administered with what was prescribed were: 50.1% in 2018, 75.9% in 2019 and 90.0% in 2020. This progressive result was possible through the commitment of the entire multidisciplinary team regarding the patients' daily water balance records.
Conclusion: The energy deficit can lead to hopital malnutrition and increase the chances of associated morbidity and mortality. Continuous monitoring through an active interdisciplinary team is essential for better administration and for the success of nutrtritional therapy.
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IS IT POSSIBLE TO REACH THE PATIENT'S CALORIC GOAL WITHIN 72 HOURS AFTER HOSPITAL ADMISSION?

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Rationale: Enteral Nutritional Therapy is an indispensable factor in promoting health, decreasing physiological stress and maintaining immunity and, therefore, as important as the appropriate prescription to the patient's needs is the certainty that they will effectively receive what has been prescribed.
Methods: This is an observational, descriptive and retrospective study with 104 patients of both sexes, between 25 and 81 years old and under prescription of exclusive enteral nutritional therapy, admitted to a private hospital in the city of São Paulo, from January to March 2020. The calculation of the patients' caloric goal was performed using the recommendations of the American (ASPEN) and European (ESPEN) International Guidelines for Parenteral and Enteral Nutrition. It was established as a cutoff point that the patient reaches at least 80% of the defined caloric needs.
Results: During the three months of the study, the goal was reached. In January, 90.0% of patients received more than 80% of the caloric goal established, in February 83.7% and in March 97, 1%. A similar study carried out on surgical patients in 2011 showed different data, with only 50% of patients reaching over 80% of the established caloric goal.
Conclusion: Achieving the patient's caloric goal within 72 hours after hospital admission is a challenge for the entire multi-professional nutritional therapy team and an important factor in recovering the patient's nutritional status. The success of this indicator is due to constant training of the involved team, as well as the implementation of well-defined care protocols.
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MAIN REASONS FOR INTERRUPTION OF ENTERAL NUTRITION INFUSION IN HOSPITALIZED PATIENTS

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