Journal List was conceived and planned by the Intensive Care Society's council and research subcommittee.

Consideration in order to cope. Although they often feel frustrated and helpless during the acute phase of patient often does not remember this acute confusional state. If patients become disturbed, correctable causes such as catheter related infection should be sought.

And human contact by both carers and family are also comforting and reassuring. As the patient's about what is happening to them. Family participation in care and conversation is encouraged. Touch surrounded by familiar objects, music, and family photos. Patients need repeated simple explanations are important design features. Clock faces should be large and easily visible, and patients should be adequate organ perfusion and nutrition rather than to any specific treatment. A recent multicentre study the incidence of serious bleeding from stress ulcers in critically ill patients has fallen greatly in the past.

*For high energy or protein requirements or fluid restriction.

High energy/low electrolytes§

Low protein and minerals‡

Low sodium†

Standard

Enteral feed

Advantages and disadvantages of enteral and parenteral nutrition

Parenteral

Enteral

Advantages of parenteral nutrition

Preserves gut mucosal integrity

Central venous access not required

Cheaper

Disadvantages of parenteral nutrition

Increased risk of infection

Increased morbidity because of central venous pneumonia

Diarrhoea in 24-40% of patients

Advantages of enteral nutrition

Maintenance of nutritional intake

Preserves gut mucosal integrity

Disadvantages of enteral nutrition

Ongoing nasogastric tube feeding may be distressing

Diarrhoea in 24-40% of patients

*For serious hypernatraemia—for example, hepatic encephalopathy.

†For hypernatraemia

‡It is not possible to provide standard recommendations for precise needs of any individual patient and such needs have to be determined by clinical judgment.

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ABC of intensive care