Abstract

Neurocritical patients require specialized nutritional support due to their intense catabolism and prolonged fasting. The preferred route of nutrient administration is the gastrointestinal route, especially the gastric route. Alternatives are the transpyloric route or mixed enteral/parenteral nutrition if an effective nutritional volume of more than 60% cannot be obtained. Total calore intake ranges from 20-30 kcal/kg/day, depending on the period of the clinical course, with protein intake higher than 20% of total calories (hyperproteic diet). Nutritional support should be initiated early. The incidence of gastrointestinal complications is generally higher to other critically ill patients, the most frequent complication being an increase in gastric residual volume. As in other critically ill patients, glycemia should be closely monitored and maintained below 150 mg/dL.

Keywords
Neurocritical patient, Traumatic brain injury, Early nutrition, Hyperglycemia.