



**FRESENIUS
KABI**

caring for life



Fresubin® Intensive

High protein intensive enteral nutrition to meet the needs of critically ill patients.^{1,2}

1.2 kcal/ml tube feed with high biological value protein (10 g/100 ml) rich in essential and branched chain amino acids to help preserve lean body mass and reduce catabolism.³

For the dietary management of patients with or at risk of malnutrition, in particular critically ill patients including trauma, surgery, sepsis or burns.



High protein enteral nutrition for the ICU



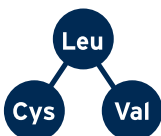
High protein (10 g/100 ml), moderate energy (1.2 kcal/ml)

- to meet the increased protein needs without exceeding energy requirements^{1,2}



100% whey protein hydrolysate and low in fat with MCT

- to improve digestion, absorption and GI tolerance^{4,5}



High biological value protein

- to help preserve lean body mass⁶
- to reduce catabolism⁶



Modified carbohydrate profile with low glycaemic index

- to improve glycaemic control and to minimise blood glucose fluctuations^{7,8}



3 g* of EPA and DHA from fish oil and antioxidant micronutrients

- to induce immune-enhancing effects⁹
- to meet the stress-induced elevated needs of critically ill patients^{9,10}

* per recommended daily dose (RDD)

References

1. Singer P et al. Pragmatic approach to nutrition in the ICU: expert opinion regarding which calorie protein target. Clin Nutr 2014; 33 (2): 246-251. **2.** Taylor S et al. Critical care: Meeting protein requirements without overfeeding energy. Clinical Nutrition ESPEN 2016; 11: e55-e62. **3.** De Bandt JP, Cynober L. Therapeutic use of branched chain amino acids in burn, trauma and sepsis. J Nutr 2006; 136: 308S-313S. **4.** Koopman R et al. Ingestion of a protein hydrolysate is accompanied by an accelerated in vivo digestion and absorption rate when compared with its intact protein. Am J Clin Nutr 2009; 90 (1): 106-115. **5.** Bauer J et al. Evidence-based recommendations for optimal dietary protein intake in older people: a position paper from the PROT-AGE Study Group. J Am Med Dir Assoc 2013; 14 (8): 542-559. **6.** De Bandt JP, Cynober L. Therapeutic use of branched chain amino acids in burn, trauma and sepsis. J Nutr 2006; 136: 308S-313S. **7.** Hsu CW. Glycemic control in critically ill patients. World J Crit Care Med 2012; 1 (1): 31-39. **8.** Vaquenzeno-Alonso C et al. Guidelines for specialized nutritional and metabolic support in the critically ill patient. Update. Consensus SEMICYUC-SENPE. Hyperglycemia and diabetes mellitus. Nutr Hosp 2011; 26 (Suppl. 2): 46-49. **9.** Hegazi RA, Wischmeyer PE. Clinical review: Optimizing enteral nutrition for critically ill patients - a simple data-driven formula. Crit Care 2011; 15 (6): 234. **10.** Hoffer LJ, Bistrian BR. Why critically ill are protein deprived. JPEN J Parenter Enteral Nutr 2013; 37: 300-309. **11.** McClave SA et al. Guidelines for the Provision and Assessment of Nutrition Support Therapy in the Adult Critically Ill Patient: Society of Critical Care Medicine (SCCM) and American Society for Parenteral and Enteral Nutrition (A.S.P.E.N). JPEN J Parenter Enteral Nutr 2009; 33: 277-316.



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