

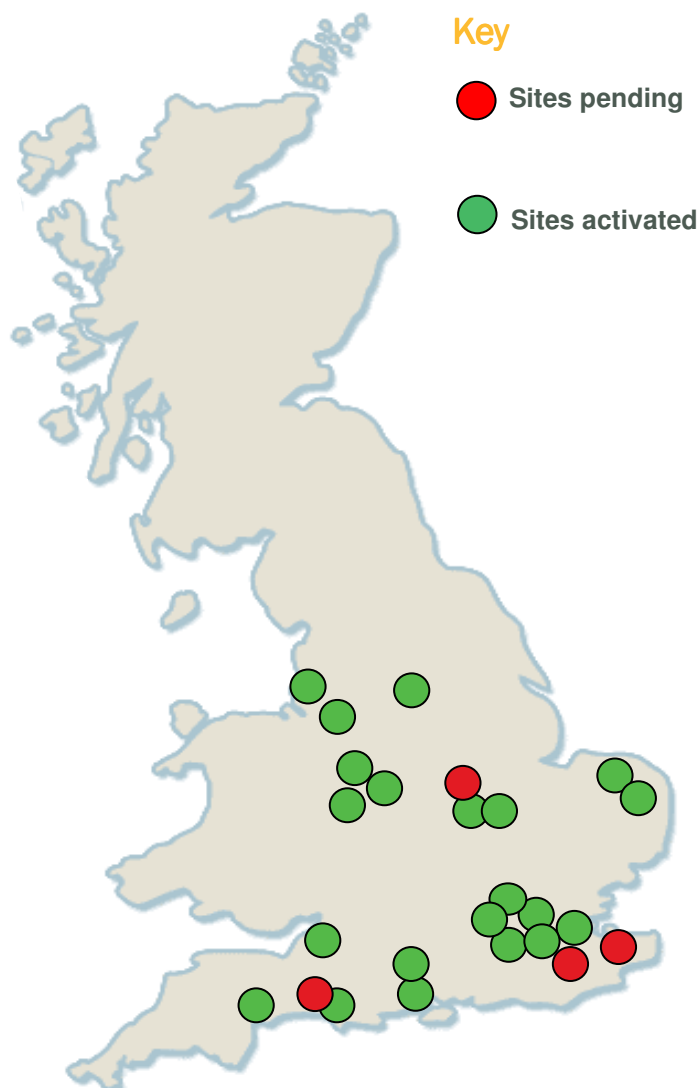
Aim and rationale

It is not clear which is the optimum route for delivery of early nutritional support to critically ill patients. The purpose of CALORIES therefore, is to compare the clinical and cost-effectiveness of early nutritional support via the parenteral route versus the enteral route. Following randomisation, nutritional support should start as soon as possible (no later than 36 hours following critical care unit admission) and continue for five days (120 hours), or until the patient transitions to exclusive oral feeding or is discharged from the critical care unit. Patients allocated to the parenteral route arm must not receive enteral trickle feeding during the five days.

Participating sites

CALORIES opened to recruitment on **17 June 2011**.

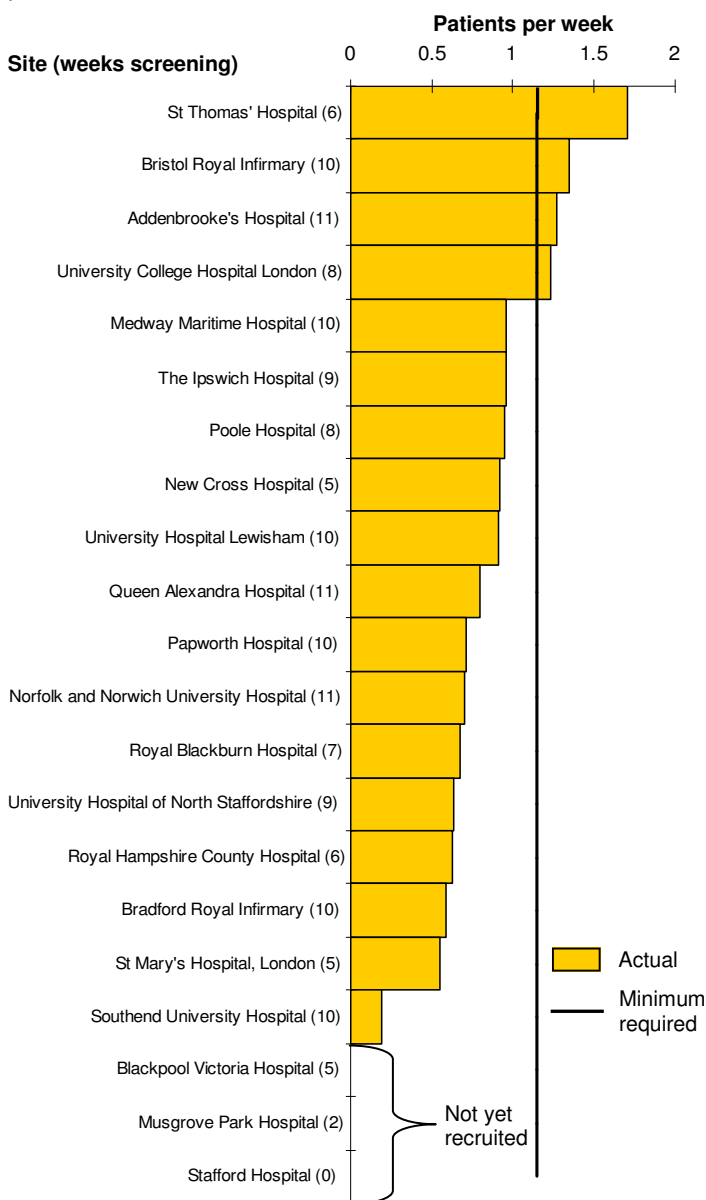
Currently, 21 sites are activated with another four sites pending.



139 patients recruited

Well done to the CALORIES Team at **Queen Alexandra Hospital (Portsmouth)** who randomised the first patient! **Addenbrooke's Hospital** and **Bristol Royal Infirmary** are leading the way with 14 patients each!

We need 2,400 patients over two years. This equates to an average of 5 patients per month or 1.15 patients per week at each site.



Congratulations to the CALORIES Teams at:

St Thomas' Hospital, Bristol Royal Infirmary, Addenbrooke's Hospital and **University College Hospital** who are all currently above target! If you are having issues recruiting, please do not hesitate to contact us.

FAQs



- Q.** If a planned admission becomes unplanned, when does the '36 hour clock' start for eligibility?
- A.** The clock starts at the time of the original admission to a critical care unit.
- Q.** How do we assess the Glasgow Coma Score (GCS) if the patient is sedated?
- A.** GCS should only be assessed when the patient is free from the effects of sedative and/or paralytic or neuromuscular blocking agents, unless the patient has self-sedated, e.g. deliberate/accidental over dose/poisoning. If medicated sedation, please record the last GCS assessed prior to sedation.
- Q.** How should the verbal score for GCS be assessed/recorded for patients who are intubated or who have a tracheostomy?
- A.** Use clinical judgement to score verbal response as follows:

Appears oriented and able to converse	5
Responsive but ability to converse questionable	3
Generally unresponsive	1

- Q.** Should we record 'Bowels open - yes' if the patient has a stoma, e.g. a colostomy?
- A.** Yes but please indicate on the Case Report Form and in the comments box on the web portal that the patient has a stoma and the type e.g. colostomy, ileostomy etc.
- Q.** Should an infection, suspected before randomisation, that is confirmed after randomisation be recorded under infectious episodes?
- A.** No, only new infections (suspected or confirmed) that occur after randomisation should be recorded.

Screening Logs

Please ensure that your Screening Logs are kept up-to-date, as we will request copies of these periodically.

You should record all eligible patients (i.e. met all inclusion criteria but no exclusion criteria) who were not randomised, and all patients who met all inclusion criteria plus one or more of the exclusion criteria.

CLRN resources

We hope you are managing to obtain the agreed resources for CALORIES through your CLRN. Please contact us if you are having any problems.



Focus on data



Patient and GP contact details

When writing to the patient's GP, and to the patient, we take information directly from the web portal. It would be very helpful to us if you could enter these details exactly as you would write them in a letter (e.g. 'Joe Bloggs' rather than 'JOE BLOGGS'), including the full postcode formatted correctly (e.g. WC1H 9HR). Many thanks!

Nutritional support

If the route of feeding, the site (e.g. of the central line), or the feed product changes during the same calendar day, please complete the Change of Nutritional Support form, attach to the Case Report Form booklet and enter the data onto the web portal. This includes transitioning to exclusive oral feeding before five days (120 hours).



Contact us

ICNARC CALORIES Team, general enquiries

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CALORIES 24/7 clinical support line

Tel: 020 7554 9775

SAE reporting to ICNARC

Fax: 020 7388 3759

