

Editorial

Effect of Nutritional Assessment on Prognosis in a Critical Patient

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The development of malnutrition is relatively high in hospitalized children because of increased metabolic need in the process of disease, inadequate calorie intake, concomitant drug use, and neglected diet during the treatment of the disease.

This risk is particularly high in children who are in intensive care units and who do not have a good reserve [1]. The development of malnutrition is related with infections, delay in wound healing, impairment of gastrointestinal functions, prolongation of mechanical ventilation and hospitalization and increased morbidity/mortality [2,3]. American Society of Parenteral-Enteral Nutrition (ASPEN) recommends that all children admitted to intensive care units should be screened for nutritional status and those with high risk for malnutrition should be identified [4].

A study by Akyildiz and Vatansever [3] recommended protein energy malnutrition to be included in the evaluation criteria as well as many scoring systems used in determining the mortality in child intensive care units.

It is necessary to increase the awareness of evaluating the nutritional status of critical ill children to contribute significant benefits to the prognosis.

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