Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Results: Sixty four patients were admitted to the ICU for management of COVID19 (mean age 60.6yrs (range 21–90yrs), 66% male, mean ICU LOS 16.5 days (range 1–71days)). Weight status in this cohort is presented below.

Admission weight (kg, mean (range))	81.7 (45–155)
BMI (kg/m ² , mean (range))	29.6 (18.3–62.1)
Underweight BMI <18.5kg/m ² (%)	1.75
Healthy weight BMI 18.5–24.9kg/m ² (%)	24.5
Overweight BMI 25–29.9kg/m ² (%)	36.8
Obese BMI >30kg/m ² (%)	36.8

69% of patients experienced at least 5% weight loss during ICU admission and 31% had greater than 10% weight loss, despite provision of nutrition support.

Conclusion: Overweight and obesity were prevalent in patients admitted to our ICU for management of COVID19. Significant weight loss in this cohort confirms that malnutrition and obesity co-exist in critically unwell patients. These findings are consistent with emerging data from other centres internationally³ and inform appropriate nutritional management of this cohort of critically ill patients.

References: ¹Simonet et al. *Obesity* (2020) 28: 1195–1199, ²Lew et al. *JPEN* (2017) 41(5):744–58, ³House et al., ICNARC 2020.

Disclosure of Interest: None declared.

LB-116

PREVALENCE, RISK FACTORS AND CLINICAL IMPLICATIONS OF HYPOPHOSPHATEMIA IN CRITICALLY ILL CHILDREN ON ORAL AND ENTERAL NUTRITION

A.M.M. Springer¹, T.D.R. Hortencio^{1,2}, E.C. Melro¹, T.H. de Souza¹, R.J.N. Nogueira^{1,2}. ¹Pediatric Department, UNICAMP, Brazil; ²Medicine Department, São Leopoldo Mandic, Campinas, Brazil

Rationale: Hypophosphatemia events frequently occurs in pediatric intensive care units (PICU) and is related to comorbidities such as sepsis, malnutrition and risk of mortality. These events are poorly described in oral and enteral nutrition. The aim of this study is evaluate the incidence of hypophosphatemia in critically ill pediatric patients under baseline serum without phosphate, in oral and/or enteral nutrition and investigate possible relationship with nutritional and inflammatory status.

Methods: Prospective, observational cohort study, conducted between March 2017 and July 2018 at a PICU of a tertiary hospital. Participants aged 28 days to 14 years were included. The anthropometric assessment (weight and height) and the laboratory assessment (CRP and phosphorus (P) and vitamin D (Vit – D) intake per day were recorded.

Results: 112 participants were included in the study. Hypophosphatemia events varied from 27.2% – 37.5% between periods. A CRP as an inflammatory marker occurred in all intervals, ranging from 65 to 80%. The median intake of PTN, Ca, P and Vit D did not reach as current recommendations throughout the study. The inflammatory state was associated with hypophosphatemia (p -valor = 0.003).

Conclusion: Hypophosphatemia is frequent in critically ill pediatric patients, even if they are not under parenteral nutrition. It is necessary to monitor phosphorus levels and think about the possibility of an early replacement.

References: Leite HP, Pinheiro Nogueira LA, Teodosio AHC. Incidence and Clinical Outcome of Hypophosphatemia in Pediatric Burn Patients. *J Burn Care Res.* 2017;38(2):78–84.

Mehta NM, Skillman HE, Irving SY, Coss-Bu JA, Vermilyea S, Farrington EA, et al. Guidelines for the Provision and Assessment of Nutrition Support Therapy in the Pediatric Critically Ill Patient: Society of Critical Care Medicine and American Society for Parenteral and Enteral Nutrition. *JPEN J Parenter Enteral Nutr.* 2017 Jul;41(5):706–42.

Disclosure of Interest: None declared

LB-117

ANALYSIS OF NUTRITION SUPPORT IN COVID19 CRITICAL CARE PATIENTS

E. O'Sullivan¹, A. McMorrow¹, D. McCormack¹, E. O'Connor². ¹Department of Clinical Nutrition, St. James's Hospital, Dublin, Ireland; ²Department of Anaesthetics, St. James's Hospital, Dublin, Ireland

Rationale: The aim of this analysis was to determine route and adequacy of nutrition support in patients with COVID19 during the first 7 days of admission to an intensive care unit (ICU).

Methods: Nutrition parameters were collected for all patients admitted to ICU with COVID19 and compared to best practice guidelines¹.

Results: Of the initial 64 patients admitted to ICU for management of COVID19, all patients were assessed by a critical care dietitian. Patients who were tolerating oral diet were commenced on oral nutrition support as appropriate. Forty eight patients (75%) required enteral nutrition (EN) or parenteral nutrition (PN). The feeding route of choice for the majority of patients was EN (89.5%). In patients with gastrointestinal (GI) intolerance where strategies to optimise tolerance were unsuccessful, supplementary or total PN was used (10.5%). Energy and protein intakes during the early and late acute phase are described below.

	Target nutrition provision ¹	Energy (% requirements met)	Protein (% requirements met)
Early acute phase Day 0–3 ¹	≤70% estimated requirements	69.8 (27.2)	44.2 (23.8)
Late acute phase Day 4–7 ¹	100% estimated requirements	81.5 (25.4)	67.8 (28.4)

The most common reason for suboptimal nutrition intake in the late acute phase was GI intolerance, affecting 27% of patients. Compared with those without GI intolerance, patients who experienced feed regurgitation, vomiting or high gastric residual volumes achieved significantly less energy and protein intakes ($p \leq 0.05$). Prone position did not affect GI tolerance in our cohort ($p = 0.65$).

Conclusion: Energy intakes in the early acute phase were consistent with best practice guidelines while protein provision was a challenge in both phases. GI intolerance was common which compromised nutrition intakes, though prone position did not affect these outcomes. Where strategies to improve GI tolerance are unsuccessful supplementary PN should be considered without delay to optimise nutrition intake.

References: ¹Singer et al. *Clinical Nutrition* (2019) 38(1), 48–79.

Disclosure of Interest: None declared.

LB-118

NUTRITIONAL TREATMENT IN CRITICALLY ILL PATIENTS WITH COVID-19 DISEASE: SPANISH EXPERIENCE IN A UNIVERSITY HOSPITAL (EXTENDED)

C. Cuerda Compés¹, C. Velasco Gimeno¹, M. Miguelez¹, M. Carrascal¹, R. Romero², P. Carrasco¹, C. Serrano¹, I. Bretón¹, M. Motilla¹, L. Arhip¹, Á. Morales¹, S. Rubio¹, C. Calvo¹, J. Wong¹, M. Cambor¹. ¹Unidad de Nutrición Clínica y Dietética, Spain; ²Servicio de Farmacia Hospitalaria, HOSPITAL GENERAL UNIVERSITARIO GREGORIO MARAÑÓN, Madrid, Spain

Rationale: Patients with COVID-19 disease develop respiratory insufficiency, 5% of which needs ICU treatment. Describe the experience of a tertiary hospital in the nutrition treatment during this pandemic.

Methods: Retrospective study including COVID-19 patients from 5 ICU units of our hospital that needed medical nutrition treatment (MNT). Collected variables: sex, age, BMI, underlying diseases, time from hospitalisation to ICU admission, type of respiratory support, caloric and protein requirements (25 kcal/kg adjusted body weight (ABW), 1.3 g/kg ABW/day), MNT type (enteral nutrition (EN), parenteral nutrition (PN), mixed EN+PN), total calories (including propofol) and proteins administered,