SUPPLEMENTAL DIGITAL CONTENT 14

This table also appears in the Supplemental Digital Content 2 in the complete set of evidence tools.

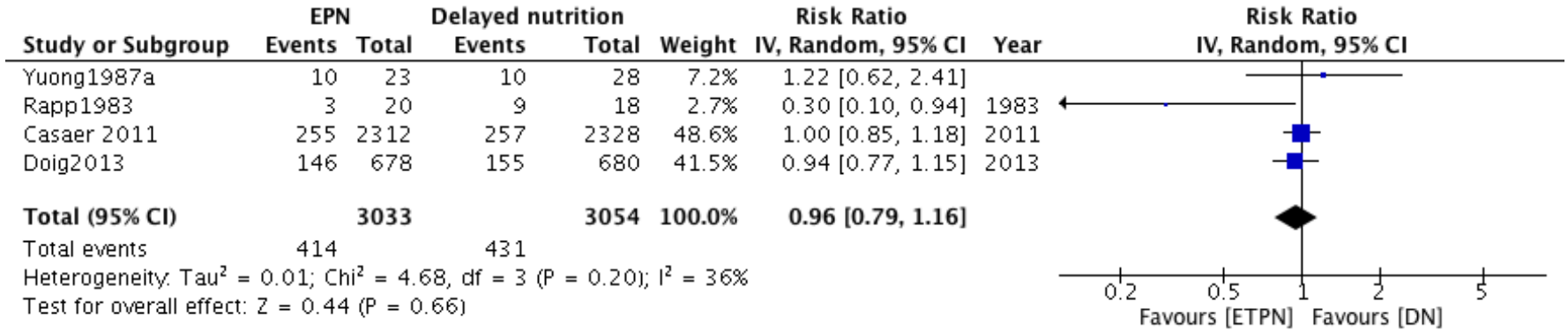
Table 66. Early parenteral nutrition versus delayed initiation of nutrition in critically ill patients with sepsis

Quality assessment							№ of patients		Effect		Quality	Importance
№ of studies	**Study design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**EPN**	**delayed nutrition**	**Relative (95% CI)**	**Absolute (95% CI)**		
Mortality												
4	randomized trials	not serious	not serious [1]	not serious	serious [2]	none	414/3033 (13.6%)	431/3054 (14.1%)	**RR 0.96** (0.79 to 1.16)	**6 fewer per 1000** (from 23 more to 30 fewer)	⨁⨁⨁◯ MODERATE	CRITICAL
								40.0% [3]		**16 fewer per 1000** (from 64 more to 84 fewer)		
Infections												
3	randomized trials	not serious	not serious	serious	not serious [4]	none	683/3016 (22.6%)	614/3038 (20.2%)	**RR 1.12** (1.02 to 1.24)	**24 more per 1000** (from 4 more to 49 more)	⨁⨁⨁◯ MODERATE	CRITICAL

CI: Confidence interval; **RR:** Risk ratio

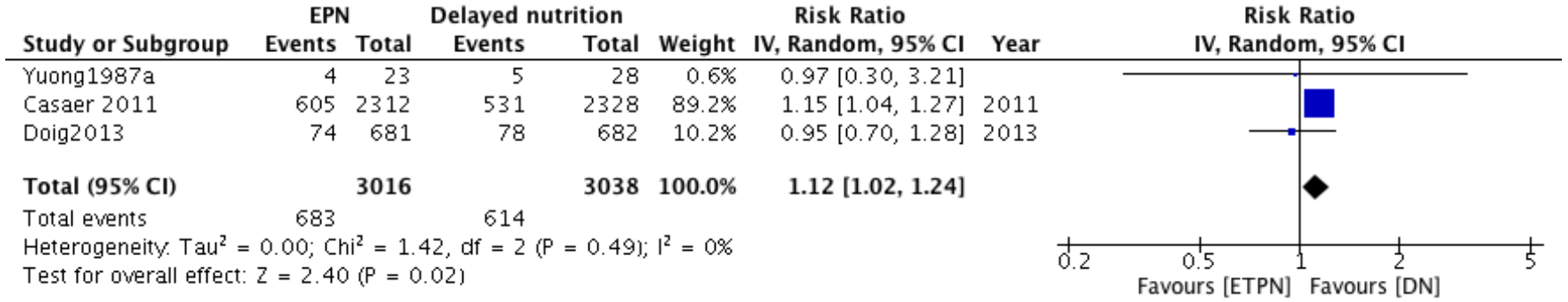
1. Although the I^2 = 36%, we did not consider this as significant heterogeneity, we did not downgrade the quality of evidence
2. We downgraded the quality of evidence for imprecision, the CI interval included significant benefit and harm
3. We assumed a mortality rate of 40% in septic shock patients, data from Sepsis-3
4. Although

Figure 44. Early parenteral nutrition versus delayed initiation of nutrition in critically ill patients: Mortality Outcome



EPN: Early parenteral nutrition**; IV:** Inverse variance

Figure 45. Early parenteral nutrition versus delayed initiation of nutrition in critically ill patients: Infections Outcome



EPN: Early parenteral nutrition**; IV:** Inverse variance