

Table S1. Feeding protocol of each hospital

	Hospital A	Hospital B	Hospital C	Hospital D	Hospital E
Nutrition assessment	<ul style="list-style-type: none"> Perform SGA in all patients ≤48 hours of ICU admission 	<ul style="list-style-type: none"> All patients eligible for enteral/parenteral nutrition to be assessed within 24-48 hours of ICU admission. SGA not performed 	<ul style="list-style-type: none"> Perform nutrition assessment and SGA ≤48 hours of ICU admission 	<ul style="list-style-type: none"> Perform SGA in all patients ≤48 hours of ICU admission 	<ul style="list-style-type: none"> Refer dietician at physicians' request
Initiation of enteral feeding	<ul style="list-style-type: none"> Within 48 hours of ICU admission in haemodynamically stable patients. Start at <50% of goal rate and escalate as tolerated 	<ul style="list-style-type: none"> In hemodynamically stable patients, initiate feeding within 48 hours of ICU admission, and start at 10-20mL/hour (depending on the concentration of feeds) 	<ul style="list-style-type: none"> Within 48 hours of ICU admission in haemodynamically stable patients. Start at <50% of goal rate and escalate as tolerated 	<ul style="list-style-type: none"> Within 48 hours of ICU admission in haemodynamically stable patients. Start at <50% of goal rate and escalate as tolerated 	<ul style="list-style-type: none"> Within 48 hours of ICU admission in haemodynamically stable patients. Start at <50% of goal rate and escalate as tolerated
Indication of parenteral nutrition	<ul style="list-style-type: none"> If expected NBM >7 days Persistent high GRV meeting <50% of estimated requirements for >7 days Unable to establish enteral access 	<ul style="list-style-type: none"> Non-functioning gut e.g. intestinal obstruction, ileus, intestinal failure, persistent severe diarrhea and gastrointestinal fistula Inability to gain enteral access or other conditions that preclude the use of GI tract for >7-10 days To supplement an inadequate oral or enteral intake for patients with malabsorption e.g. short bowel syndrome, inflammatory bowel diseases or poor gut function (e.g. intractable vomiting) Premixed/customised PN for severely malnourished patients who cannot be adequately fed orally or enterally 	<ul style="list-style-type: none"> Insufficient enteral nutrition/ expected NBM >7 days Non-functioning gut e.g. ileus, ischaemic bowel, short bowel syndrome, intestinal obstruction, GI fistula Unable to establish enteral access 	<ul style="list-style-type: none"> Ileus, ischaemic bowel, short bowel syndrome, small bowel obstruction, GI fistula with >200mL output and no enteral access distal to the fistula site, persistent high GRV, severe acute necrotising pancreatitis, no enteral access 	<ul style="list-style-type: none"> If expected NBM >7 days Persistent high GRV meeting <50% of estimated requirements for >7 days Unable to establish enteral access
Management of GRV^a	<ul style="list-style-type: none"> Monitor GRV every 8 hourly If GRV >300mL, feed back up to 300mL of GRV, discard the rest and start prokinetic Recheck GRV in 4 hours If GRV still >300mL, half feeding rate 	<ul style="list-style-type: none"> Monitor GRV every 8 hourly Half the rate of feeding if GRV >250mL If GRV is consecutively >250mL, start prokinetic agent(s) If persistently high GRV, to trial post-pyloric feeding, supplemental PN, and/or continue trickle feeds 10-20mL/hour till full enteral feeds can be resumed 	<ul style="list-style-type: none"> Monitor GRV every 4 hourly If GRV is >500mL, feed back up to 250mL of GRV, discard the rest and start prokinetic Recheck GRV in 4 hours If GRV is consecutively >500mL, half feeding rate 	<ul style="list-style-type: none"> Monitor GRV every 4 hourly Half the rate of feeding if GRV >200mL If GRV is consecutively >200mL, start prokinetic agent(s) 	<ul style="list-style-type: none"> Monitor GRV every 8 hourly If GRV >300mL, feed back up to 300mL of GRV, discard the rest and start prokinetic Recheck GRV in 4 hours If GRV still >300mL, half feeding rate
Energy goal	<ul style="list-style-type: none"> 25-30kcal/kg/day 	<ul style="list-style-type: none"> 20-25kcal/kg/day 	<ul style="list-style-type: none"> 25-30kcal/kg/day 	<ul style="list-style-type: none"> 20-25kcal/kg/day 	<ul style="list-style-type: none"> 25-30kcal/kg/day
Protein goal	<ul style="list-style-type: none"> 1.3g/kg/day 	<ul style="list-style-type: none"> 1.2-1.3g/kg/day 	<ul style="list-style-type: none"> 1.3g/kg/day 	<ul style="list-style-type: none"> 1.3g/kg/day 	<ul style="list-style-type: none"> 1.3g/kg/day
Dextrose content of parenteral nutrition	<ul style="list-style-type: none"> <5mg/kg/min 	<ul style="list-style-type: none"> Approximately 50% of caloric goal 	<ul style="list-style-type: none"> ≤50% of caloric goal 	<ul style="list-style-type: none"> ≤50% of caloric goal 	<ul style="list-style-type: none"> <5mg/kg/min
Lipid emulsion of parenteral nutrition	<ul style="list-style-type: none"> SMOF emulsion 	<ul style="list-style-type: none"> SMOF emulsion 	<ul style="list-style-type: none"> Olive oil, SMOF, and Lipidem emulsion 	<ul style="list-style-type: none"> Olive oil, and SMOF emulsion 	<ul style="list-style-type: none"> SMOF emulsion
Biochemical assessment of parenteral nutrition	<ul style="list-style-type: none"> Daily: Na, K, Ur, Cr, Mg, Ca, PO₄, and glucose every 6 hourly Weekly: Tg, LFT 	<ul style="list-style-type: none"> Daily: Na, K, Ur, Cr, Mg, Ca, PO₄ and glucose every 6 hourly Weekly: Tg, LFT 	<ul style="list-style-type: none"> Daily: Na, K, Ur, Cr, Mg, Ca, PO₄, and glucose every 6 hourly Weekly: Tg, LFT 	<ul style="list-style-type: none"> Daily: Na, K, Ur, Cr, Mg, Ca, PO₄, and glucose every 6 hourly Weekly: Tg, LFT 	<ul style="list-style-type: none"> Daily: Na, K, Ur, Cr, Mg, Ca, PO₄, and glucose every 6 hourly Weekly: Tg, LFT
Protocol for prone feeding	<ul style="list-style-type: none"> Nil 	<ul style="list-style-type: none"> Nil 	<ul style="list-style-type: none"> Nil 	<ul style="list-style-type: none"> Nil 	<ul style="list-style-type: none"> Nil
Feeding protocol during ECMO	<ul style="list-style-type: none"> No protocol 	<ul style="list-style-type: none"> NA 	<ul style="list-style-type: none"> NA 	<ul style="list-style-type: none"> NA 	<ul style="list-style-type: none"> NA

Ca: serum corrected calcium; Cr: serum creatinine; ECMO: extracorporeal membrane oxygenation; GI: gastrointestinal; GRV: gastric residual volume; ICU: intensive care unit; K: serum potassium; LFT: liver function test; Mg: serum magnesium; Na: serum sodium; NA: not applicable; NBM: nil-by-mouth; PN: parenteral nutrition; PO₄: serum phosphate; Q6H: 6 hourly; SGA: Subjective Global Assessment; SMOF: soya-bean oil, medium-chain triglycerides, olive oil and fish oil; Tg: non-fasted triglycerides; Ur: serum urea

^a Each hospital has a different gastric residual volume threshold, but for the purpose of the study, high volume is defined as $\geq 250\text{mL}$