Supplementary Appendix S1: PRISMA-ScR Checklist

Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) Checklist

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
TITLE			
Title	1	Identify the report as a scoping review.	1
ABSTRACT			
Structured summary	2	Provide a structured summary that includes (as applicable): background, objectives, eligibility criteria, sources of evidence, charting methods, results, and conclusions that relate to the review questions and objectives.	2
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known. Explain why the review questions/objectives lend themselves to a scoping review approach.	3
Objectives	4	Provide an explicit statement of the questions and objectives being addressed with reference to their key elements (e.g., population or participants, concepts, and context) or other relevant key elements used to conceptualize the review questions and/or objectives.	3
METHODS			
Protocol and registration	5	Indicate whether a review protocol exists; state if and where it can be accessed (e.g., a Web address); and if available, provide registration information, including the registration number.	N/A: not registered
Eligibility criteria	6	Specify characteristics of the sources of evidence used as eligibility criteria (e.g., years considered, language, and publication status), and provide a rationale.	4
Information sources*	7	Describe all information sources in the search (e.g., databases with dates of coverage and contact with authors to identify additional sources), as well as the date the most recent search was executed.	4
Search	8	Present the full electronic search strategy for at least 1 database, including any limits used, such that it could be repeated.	Supplementary Appendix S2
Selection of sources of evidence†	9	State the process for selecting sources of evidence (i.e., screening and eligibility) included in the scoping review.	4
Data charting process‡	10	Describe the methods of charting data from the included sources of evidence (e.g., calibrated forms or forms that have been tested by the team before their use, and whether data charting was done independently or in duplicate) and any processes for obtaining and confirming data from investigators.	4
Data items	11	List and define all variables for which data were sought and any assumptions and simplifications made.	4
Critical appraisal of individual sources of evidence§	12	If done, provide a rationale for conducting a critical appraisal of included sources of evidence; describe the methods used and how	4 (N/A: not done)

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
		this information was used in any data synthesis (if appropriate).	
Synthesis of results	13	Describe the methods of handling and summarizing the data that were charted.	4
RESULTS			
Selection of sources of evidence	14	Give numbers of sources of evidence screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally using a flow diagram.	6; Supplementary Appendix S2
Characteristics of sources of evidence	15	For each source of evidence, present characteristics for which data were charted and provide the citations.	Table 1-6
Critical appraisal within sources of evidence	16	If done, present data on critical appraisal of included sources of evidence (see item 12).	N/A
Results of individual sources of evidence	17	For each included source of evidence, present the relevant data that were charted that relate to the review questions and objectives.	Table 1-6 and page 6-11
Synthesis of results	18	Summarize and/or present the charting results as they relate to the review questions and objectives.	Page 6-11
DISCUSSION			
Summary of evidence	19	Summarize the main results (including an overview of concepts, themes, and types of evidence available), link to the review questions and objectives, and consider the relevance to key groups.	12-15
Limitations	20	Discuss the limitations of the scoping review process.	15-16
Conclusions	21	Provide a general interpretation of the results with respect to the review questions and objectives, as well as potential implications and/or next steps.	17
FUNDING			
Funding	22	Describe sources of funding for the included sources of evidence, as well as sources of funding for the scoping review. Describe the role of the funders of the scoping review.	17

JBI = Joanna Briggs Institute; PRISMA-ScR = Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews.

* Where *sources of evidence* (see second footnote) are compiled from, such as bibliographic databases, social media platforms, and Web sites.

† A more inclusive/heterogeneous term used to account for the different types of evidence or data sources (e.g., quantitative and/or qualitative research, expert opinion, and policy documents) that may be eligible in a scoping review as opposed to only studies. This is not to be confused with *information sources* (see first footnote).

‡ The frameworks by Arksey and O'Malley (6) and Levac and colleagues (7) and the JBI guidance (4, 5) refer to the process of data extraction in a scoping review as data charting.

§ The process of systematically examining research evidence to assess its validity, results, and relevance before using it to inform a decision. This term is used for items 12 and 19 instead of "risk of bias" (which is more applicable to systematic reviews of interventions) to include and acknowledge the various sources of evidence that may be used in a scoping review (e.g., quantitative and/or qualitative research, expert opinion, and policy document).

From: Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA Extension for Scoping Reviews (PRISMAScR): Checklist and Explanation. Ann Intern Med. 2018;169:467–473. doi: 10.7326/M18-0850.

Supplementary Appendix S2: Search strategy

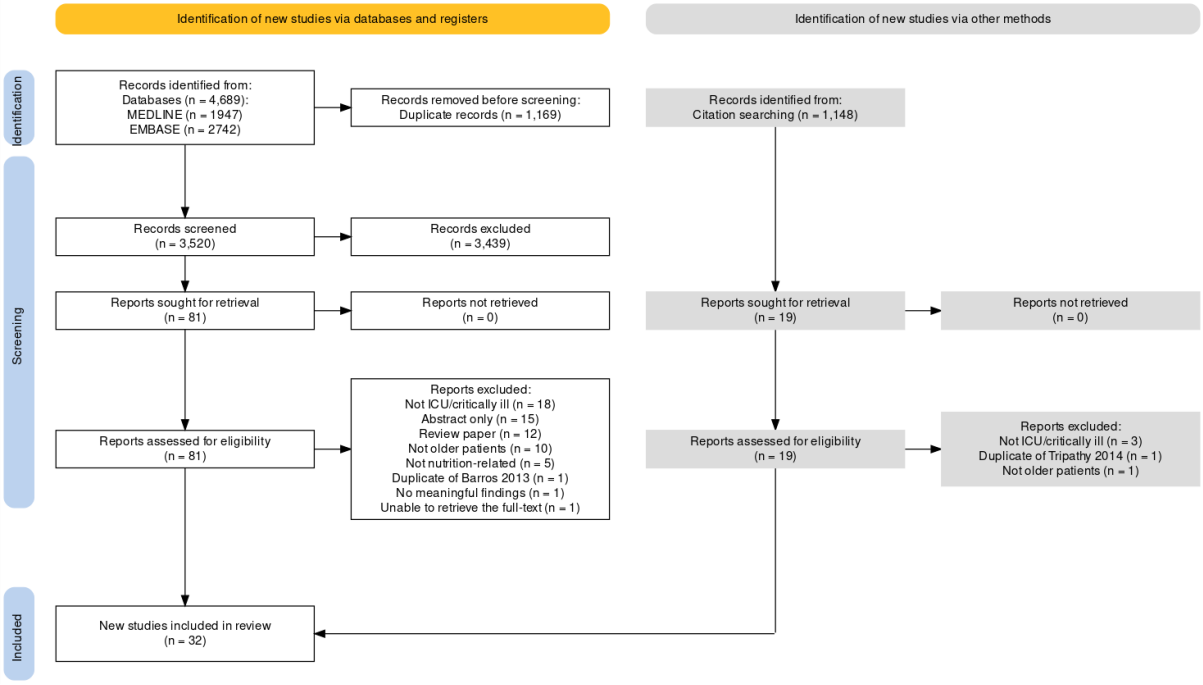
1. Ovid MEDLINE(R), Ovid MEDLINE(R) Daily and Epub Ahead of Print, In-Process & Other Non-Indexed Citations <1946 to Present>

#	Query	Results from 9 Feb 2022
1	Critical care/	57,413
2	Critical illness/	34,885
3	critical care.ti,ab,kf.	37,582
4	intensive care.ti,ab,kf.	171,454
5	critical illness.ti,ab,kf.	11,509
6	critically ill.ti,ab,kf.	53,070
7	Intensive care units/	64,318
8	nutritional support/	6,874
9	enteral nutrition/	21,061
10	parenteral nutrition/	15,939
11	parenteral nutrition, total/	10,308
12	(nutrition* adj3 support*).ti,ab,kf.	14,237
13	artificial nutrition.ti,ab,kf.	1,330
14	enteral nutrition.ti,ab,kf.	9,988
15	parenteral nutrition.ti,ab,kf.	21,576
16	(parenteral adj3 infusion*).ti,ab,kf.	2,374
17	exp aged/ or exp geriatrics/ or exp geriatric nursing/ or (centarian* or centenarian* or elder* or eldest or frail* or geriatri* or nonagenarian* or octagenarian* or octogenarian* or old age* or older adult* or older age* or older female* or older male* or older man or older men or older patient* or older people or older person* or older population or older subject* or older woman or older women or oldest old* or senior* or senium or septuagenarian* or supercentenarian* or very old*).ti,ab,kf.	3,604,704
18	or/1-7	268,014
19	or/8-16	65,748
20	17 and 18 and 19	1,947

2. Embase Classic+Embase <1947 to 2022 February 08>

#	Query	Results from 9 Feb 2022
1	Intensive care/	135,670
2	critical illness/	32,863
3	critically ill patient/	55,776
4	critical care.ti,ab,kw.	62,090
5	intensive care.ti,ab,kw.	249,037
6	critical illness.ti,ab,kw.	18,749
7	critically ill.ti,ab,kw.	78,991
8	intensive care unit/	190,791
9	medical intensive care unit/	3,178
10	surgical intensive care unit/	2,185
11	nutritional support/	21,124
12	exp artificial feeding/	93,856
13	(nutrition* adj3 support*).ti,ab,kw.	20,440
14	artificial nutrition.ti,ab,kw.	2,165
15	enteral nutrition.ti,ab,kw.	17,384
16	parenteral nutrition.ti,ab,kw.	32,362
17	(parenteral adj3 infusion*).ti,ab,kw.	999
18	exp aged/ or exp geriatrics/ or exp elderly care/ or (centarian* or centenarian* or elder* or eldest or frail* or geriatri* or nonagenarian* or octagenarian* or octogenarian* or old age* or older adult* or older age* or older female* or older male* or older man or older men or older patient* or older people or older person* or older population or older subject* or older woman or older women or oldest old* or senior* or senium or septuagenarian* or supercentenarian* or very old*).ti,ab,kw.	3,844,402
19	or/1-10	459,828
20	or/11-17	123,551
21	18 and 19 and 20	2,742

Supplementary Appendix S3: PRISMA flowchart



Supplementary Appendix S4: Reason of exclusion of all retrieved studies

No	Full citation	Reason	Source
1.	Abella Álvarez A, López de la Oliva Calvo L, Enciso Calderón V, et al. Risk factors associated with poor prognosis in patients with secondary peritonitis admitted to the intensive care unit (ICU). *Br J Surg.* 2021; 108(Suppl 3). doi:10.1093/bjs/znab160.024	Abstract only	Search
2.	Akazawa N, Okawa N, Hino T, Tsuji R, Tamura K, Moriyama H. Higher malnutrition risk is related to increased intramuscular adipose tissue of the quadriceps in older inpatients: a cross-sectional study. *Clin Nutr.* 2020; 39(8):2586-2592. doi:10.1016/j.clnu.2019.11.028	Not ICU/ critically ill	Citation screening
3.	Alampi D, Boninsegna R. Nutritional risk in elderly patients undergoing emergency surgery. *Crit Care.* 2018; 22 (Suppl 1):P323. doi:10.1186/s13054-018-1973-5	Abstract only	Search
4.	Albrich L, Hickson M. Prevalence of nutritional-related symptoms in discharged previously ventilated adult ICU patients - The pilot symptoms and nutrition after critical care (SNACC) survey. *South Afr J Clin Nutr.* 2021; 34(3):65. doi:10.1080/16070658.2021.1968126	Not ICU/ critically ill	Search
5.	Anding R. Nutrition support for the critically ill older patient. *Crit Care Nurs Q.* 1996; 19(2):13-22. doi:10.1097/00002727-199608000-00005	Review paper	Search
6.	Arantes SS, Silva JM Jr, De Aguilar-Nascimento JE, Dock-Nascimiento DB. Effects of intravenous fluid overload on caloric and protein deficit in critically ill patients. *Nutr Hosp.* 2018; 35(5):1017-1023. doi:10.20960/nh.1839	Not older patients	Search
7.	Baldyga AP, Paganini EP, Chaff C, Higgins TL. Acute dialytic support of the octogenarian: is it worth it? *ASAIO J.* 1993; 39(3):M805-M808.	Not nutrition-related	Search
8.	Barnett RL, Gosalia K, Glick-Bauer M, Klein E. Metabolic features of patients older than 80 years receiving total parenteral nutrition (TPN). *J Am Soc Nephrol* 2021; 32:830-831	Abstract only	Search
9.	Barros K, Cassulino AP, Schalch L, et al. Can intravenous N-3 fatty acids, as pharmaconutrition, modify plasma phospholipids composition and clinical outcome in critically ill elderly? *Intensive Care Med.* 2012; 38(Suppl 1):S19. doi:10.1007/s00134-012-2683-0	Abstract only	Search
10.	Barros KV, Cassulino AP, Schalch L, et al. Pharmaconutrition: acute fatty acid modulation of circulating cytokines in elderly patients in the ICU. *JPEN J Parenter Enteral Nutr*. 2014; 38(4):467-474. doi:10.1177/0148607113480183	Duplicate of Barros 2013	Search
11.	Bell SJ, Borlase BC, Swails W, Dascoulias K, Ainsley B, Forse RA. Experience with enteral nutrition in a hospital population of acutely ill patients. *J Am Diet Assoc*. 1994; 94(4):414-419. doi:10.1016/0002-8223(94)90097-3	Not older patients	Search
12.	Bourdel-Marchasson I, Barateau M, Rondeau V, Dequae-Merchadou L, Salles-Montaudon N, Emeriau JP, Manciet G, Dartigues JF, Gage Group. A multi-center trial of the effects of oral nutritional supplementation in critically ill older inpatients. *Nutrition*. 2000; 16(1):1-5. doi:10.1016/s0899-9007(99)00227-0	Not ICU/ critically ill	Search
13.	Bower RH, Cerra FB, Bershadsky B, et al. Early enteral administration of a formula (Impact) supplemented with arginine, nucleotides, and fish oil in intensive care unit patients: results of a multicenter, prospective, randomized, clinical trial. *Crit Care Med.* 1995; 23(3):436-449. doi:10.1097/00003246-199503000-00006	Not older patients	Search
14.	Bufarah MNB, Costa NA, Losilla MPRP, et al. Low caloric and protein intake is associated with mortality in patients with acute kidney injury. *Clin Nutr ESPEN*. 2018; 24:66-70. doi:10.1016/j.clnesp.2018.01.012	Not ICU/ critically ill	Citation screening
15.	Buonso I, Almeida S, Flato U, Wirgues A, Ralio R, Vilela M, Rocco I.S, Costa F, Almeida L, Alves A. Barriers to adequate nutritional supply in patients with COVID-19. *Intensive Care Med Exp.* 2021; 9(1):001045. doi:10.1186/s40635-021-00415-6	Abstract only	Search
16.	Buhl SF, Andersen AL, Andersen JR, et al. The effect of protein intake and resistance training on muscle mass in acutely ill old medical patients - A randomized controlled trial. *Clin Nutr*. 2016;35(1):59-66. doi:10.1016/j.clnu.2015.02.015	Not ICU/ critically ill	Citation screening
17.	Carroll PV, Jackson NC, Russell-Jones DL, Treacher DF, Sönksen PH, Umpleby AM. Combined growth hormone/insulin-like growth factor I in addition to glutamine-supplemented TPN results in net protein anabolism	Not older patients	Search

	in critical illness. *Am J Physiol Endocrinol Metab*. 2004; 286(1):E151-E157. doi:10.1152/ajpendo.00122.2003		
18.	Casamitjana L, Sauret C, Espallargas A, Mazarico I, Albert L, Rigla M. Artificial nutritional support in a Sars-Cov-2 (COVID-19) cohort. *Clin Nutr ESPEN*. 2020;40:493. doi:10.1016/j.clnesp.2020.09.262	Abstract only	Search
19.	Chalfin DB, Carlon GC. Age and utilization of intensive care unit resources of critically ill cancer patients. *Crit Care Med*. 1990; 18(7):694-698. doi:10.1097/00003246-199007000-00002	Not nutrition-related study	Search
20.	Chen HL, Shih SC, Bair MJ, Lin IT, Wu CH. Percutaneous endoscopic gastrostomy in the enteral feeding of the elderly. *Int J Gerontol.* 2011; 5(3):135-138. doi:10.1016/j.ijge.2011.09.040	Review Paper	Search
21.	Deer RR, Volpi E. Protein requirements in critically ill older adults. *Nutrients*. 2018; 10(3):378. doi:10.3390/nu10030378	Review Paper	Search
22.	Dickerson RN. Protein requirements during hypocaloric nutrition for the older patient with critical illness and obesity: an approach to clinical practice. *Nutr Clin Pract*. 2020; 35(4):617-626. doi:10.1002/ncp.10501	Review Paper	Search
23.	Dos Anjos Garnes S, Bottoni A, Lasakosvitsch F, Bottoni A. Nutrition therapy: a new criterion for treatment of patients in diverse clinical and metabolic situations. *Nutrition*. 2018; 51-52:13-19. doi:10.1016/j.nut.2017.12.009	Not ICU/ critically ill	Search
24.	El Kik RM, Luz F, Reis JC, Alscher S, Dias RDL. Nutritional status of patients in enteral nutrition therapy at a university hospital in the south region of Brazil. *Clin Nutr Suppl*. 2012; 7(1):103. doi:10.1016/S1744-1161	Abstract only	Search
25.	Fernandes SRR, Moura CM, Santos P, Carvalho J, Antunes T, Velosa J. Acute pancreatitis in the elderly: A cause for increased concern? Retrospective evaluation of a tertiary referral center. *United Eur Gastroenterol J*. 2016; 4(5_Suppl 1):A371. doi:10.1177/2050640616663689	Not nutrition-related study	Search
26.	Fushimi N, Yamada M, Hachiya H, et al. Effects of two different glutamine-containing enteral supplements on stool frequency and density in elderly patients recovering from acute critical illness. *Geriatr Gerontol Int*. 2017; 17(12):2514-2519. doi:10.1111/ggi.13121	Not ICU/ critically ill	Search
27.	Gamaletsou MN, Poulia KA, Karageorgou D, et al. Nutritional risk as predictor for healthcare-associated infection among hospitalized elderly patients in the acute care setting. *J Hosp Infect*. 2012; 80(2):168-172. doi:10.1016/j.jhin.2011.08.020	Not ICU/ critically ill	Search
28.	Gergen AK, Hosokawa P, Irwin C, et al. Never too early: parenteral nutrition administration in elderly emergency general surgery patients. Jour Nursing Home Res. 2021; 7:47-54. doi:10.14283/jnhrs.2021.8	Not ICU/ critically ill	Search
29.	Hegerová P, Dědková Z, Sobotka L. Early nutritional support and physiotherapy improved long-term self-sufficiency in acutely ill older patients. *Nutrition*. 2015; 31(1):166-170. doi:10.1016/j.nut.2014.07.010	Not ICU/ critically ill	Search
30.	Holyday M, Daniells S, Bare M, Caplan GA, Petocz P, Bolin T. Malnutrition screening and early nutrition intervention in hospitalised patients in acute aged care: a randomised controlled trial. *J Nutr Health Aging*. 2012; 16(6):562-568. doi:10.1007/s12603-012-0022-3	Not ICU/ critically ill	Search
31.	Hortencio TDR, Golucci APBS, Marson FAL, Ribeiro AF, Nogueira RJ. Mineral disorders in adult inpatients receiving parenteral nutrition. Is older age a contributory factor? *J Nutr Health Aging*. 2018; 22(7):811-818. doi:10.1007/s12603-018-1035-3	Not ICU/ critically ill	Search
32.	Iwashita Y, Yamashita K, Ikai H, Sanui M, Imai H, Imanaka Y. Epidemiology of mechanically ventilated patients treated in ICU and non-ICU settings in Japan: a retrospective database study. *Crit Care.* 2018; 22(1):329. doi:10.1186/s13054-018-2250-3	Not nutrition-related study	Search
33.	Kajiyama H, Murase K, Miyazaki T, et al. Micronutrient status and glutathione peroxidase in bedridden patients on tube feeding. *J Int Med Res.* 2001; 29(3):181-188. doi:10.1177/147323000102900305	Not ICU/ critically ill	Search
34.	Kang JH, Baik HW, Chung HK. Trace element deficiencies in long-term tube fed patients. e-SPEN journal. 2014; 9(2):e63–e68. doi: 10.1016/j.clnme.2014.02.001	Not ICU/ critically ill	Search
35.	Koch T, Gottschlich B. The critical ill elderly patient with sepsis or SIRS. *Aktuelle Ernährungsmedizin.* 2004; 29(6):323-328. doi:10.1055/s-2004-828513	Abstract only	Search

36.	Lee JH, Kwon HY, Bang BW, Kwon KS, Kim H, Shin YW. Parenteral nutrition for infectious colitis in geriatric patients. *J Gastroenterol Hepatol.* 2018; 33(Suppl 4):161-162. doi:10.1111/jgh.14482	Abstract only	Search
37.	Litao G, Jingjing S, Yu L, Lei Z, Xiaona H, Zhijing Z. Risk factors for antibiotic-associated diarrhea in critically ill patients. *Med Sci Monit*. 2018; 24:5000-5007. doi:10.12659/MSM.911308	Not older patients	Citation screening
38.	Loss SH, Viana MV, Teichmann P, et al. Fasting is associated with lower in-hospital survival in elderly critically ill patients. *Clin Nutr*. 2019; 38(Suppl 1):S292. doi:10.1016/S0261-5614(19)32461-6	Abstract only	Search
39.	Luzzati R, Cavinato S, Giangreco M, et al. Peripheral and total parenteral nutrition as the strongest risk factors for nosocomial candidemia in elderly patients: a matched case-control study. *Mycoses*. 2013; 56(6):664-671. doi:10.1111/myc.12090	Not ICU/ critically ill <50% patients in the ICU. No separate analysis of ICU patients.	Search
40.	McKendry J, Thomas ACQ, Phillips SM. Muscle mass loss in the older critically ill population: potential therapeutic strategies. *Nutr Clin Pract.* 2020; 35(4):607-616. doi:10.1002/ncp.10540	Review Paper	Search
41.	Menaker J, Scalea TM. Geriatric care in the surgical intensive care unit. *Crit Care Med.* 2010; 38(Suppl 9):S452-S459. doi:10.1097/CCM.0b013e3181ec5697	Review Paper	Search
42.	Milzman D, Huang H. Lack of early nutritional support in the ED for geriatric pneumonia patients increases mortality. *Crit Care Med*. 2012; 40(12):217. doi:10.1097/01.ccm.0000425605.04623.4b	Abstract only	Search
43.	Mowé M, Bohmer T. The prevalence of undiagnosed protein-calorie undernutrition in a population of hospitalized elderly patients. *J Am Geriatr Soc.* 1991; 39(11):1089-1092. doi:10.1111/j.1532-5415.1991.tb02874.x	Not ICU/ critically ill	Search
44.	Nakano H, Hashimoto H, Mochizuki M, et al. Urinary titin N-fragment evaluation in a randomized controlled trial of beta-hydroxy-beta-methylbutyrate for acute mild trauma in older adults. *Nutrients*. 2021; 13(3):899. doi:10.3390/nu13030899	Not ICU/ critically ill	Search
45.	Nguyen S, Anil Kumar M, Shahzad H, Datta D. Clinical outcomes in patients aged 80 years or more admitted to ICU with sepsis. *Chest*. 2021; 160(4):A1143. doi:10.1016/j.chest.2021.07.1046	Abstract only	Search
46.	Nguyen TA, Abdelhamid YA, Phillips LK, et al. Nutrient stimulation of mesenteric blood flow – implications for older critically ill patients. *World J Crit Care Med*. 2017; 6(1):28-36. doi:10.5492/wjccm.v6.i1.28	Review Paper	Search
47.	Opper FH, Burakoff R. Nutritional support of the elderly patient in an intensive care unit. *Clin Geriatr Med*. 1994; 10(1):31-49.	Review Paper	Search
48.	Oterdoom LH, Ten Dam SM, de Groot SD, Arjaans W, van Bodegraven AA. Limited long-term survival after in-hospital intestinal failure requiring total parenteral nutrition. *Am J Clin Nutr*. 2014; 100(4):1102-1107. doi:10.3945/ajcn.114.087015	Not older patients	Search
49.	Parker EA, Feinberg TM, Wappel S, Verceles AC. Considerations when using predictive equations to estimate energy needs among older, hospitalized patients: a narrative review. *Curr Nutr Rep*. 2017; 6(2):102-110. doi:10.1007/s13668-017-0196-8	Review Paper	Search
50.	Rosenthal MD, Kamel AY, Rosenthal CM, Brakenridge S, Croft CA, Moore FA. Chronic critical illness: application of what we know. *Nutr Clin Pract.* 2018; 33(1):39-45. doi:10.1002/ncp.10024	Review Paper	Search
51.	Rougier L, Preiser JC, Fadeur M, et al. Nutrition during critical care: an audit on actual energy and protein intakes. *JPEN J Parenter Enteral Nutr.* 2021; 45(5):951-960. doi:10.1002/jpen.1962	Not older patients	Search
52.	Ruppert SD. Alcohol abuse in older persons: implications for critical care. *Crit Care Nurs Q*. 1996; 19(2):62-70. doi:10.1097/00002727-199608000-00010	Review Paper	Search
53.	Schefold JC, Berger D, Zürcher P, et al. Dysphagia in mechanically ventilated ICU patients (DYnAMICS): a prospective observational trial. *Crit Care Med.* 2017; 45(12):2061-2069. doi:10.1097/CCM.0000000000002765	Not older patients	Search
54.	Shpata V, Ohri I, Naco M, Kodra N, Mjekaj E, Sula H. Evaluation of risk factors for mortality and longer stay in the medical/surgical intensive care unit. *Intensive Care Med*. 2013; 39(2):449-450. doi:10.1007/s00134-013-3095-5	Abstract only	Search

55.	Sim JA, Horowitz M, Summers MJ, et al. Mesenteric blood flow, glucose absorption and blood pressure responses to small intestinal glucose in critically ill patients older than 65 years. *Intensive Care Med*. 2013; 39(2):258-266. doi:10.1007/s00134-012-2719-5	Not nutrition-related study	Search
56.	Sim J, Trahair L, Goud R, et al. Comparative effects of small intestinal nutrients on superior mesenteric artery (SMA) blood flow and blood pressure (BP) in healthy 'older' and critically ill patients. *Crit Care Med.* 2011; 39(Suppl 12):34. doi:10.1097/01.ccm.0000408627.24229.88	Abstract only	Search
57.	Solomon DM, Hollands JM, Pontiggia L, Delic JJ, Bingham AL. Metabolic complications occur more frequently in older patients receiving parenteral nutrition. *Nutr Clin Pract*. 2020; 35(4):627-633. doi:10.1002/ncp.10499	Not ICU/ critically ill (<50% patients in the ICU. No separate analysis of ICU patients)	Search
58.	Talan L, Altintas ND, Halacli B, et al. Effect of nutrition practices and target calories on mortality in critically ill patients: A multi-center study across Turkish medical intensive care units. *Intensive Care Med Exp*. 2021; 9(1):001459. doi:10.1186/s40635-021-00415-6	Abstract only	Search
59.	Tavenier J, Haupt TH, Andersen AL, et al. A high-protein diet during hospitalization is associated with an accelerated decrease in soluble urokinase plasminogen activator receptor levels in acutely ill elderly medical patients with SIRS. *Nutr Res*. 2017; 41:56-64. doi:10.1016/j.nutres.2017.04.006	Not ICU / critically ill	Search
60.	Thomas DR, Zdrodowski CD, Wilson MM, Conright KC, Diebold M, Morley JE. A prospective, randomized clinical study of adjunctive peripheral parenteral nutrition in adult subacute care patients. *J Nutr Health Aging*. 2005;9 (5):321-325.	Not ICU/ critically ill	Search
61.	Tripathy S, Mishra JC. Assessing nutrition in the critically ill elderly patient: A comparison of two screening tools. *Indian J Crit Care Med*. 2015;19(9):518-522. doi:10.4103/0972-5229.164798	Duplicate of Tripathy 2014	Citation screening
62.	Umali MN, Llido LO, Francisco EM, et al. Recommended and actual calorie intake of intensive care unit patients in a private tertiary care hospital in the Philippines. *Nutrition*. 2006; 22(4):345-349. doi:10.1016/j.nut.2005.09.002	No meaningful findings	Search
63.	Vannucci A, Paroli L, Capriati A, Falcini F, Lino M, Santoro D, Tamburini C. Total parenteral nutrition in critically ill elderly. *Rivista Italiana di Nutrizione Parenterale ed Enterale*. 1987; 5(3):175-181.	Unable to retrieve the full-text	Search
64.	Viana MV, Becce F, Pantet O, et al. Impact of β-hydroxy-β-methylbutyrate (HMB) on muscle loss and protein metabolism in critically ill patients: A RCT. *Clin Nutr*. 2021; 40(8):4878-4887. doi:10.1016/j.clnu.2021.07.018	Not older patients	Search
65.	Wandrag L, Brett SJ, Frost G, Hickson M. Impact of supplementation with amino acids or their metabolites on muscle wasting in patients with critical illness or other muscle wasting illness: a systematic review. *J Hum Nutr Diet.* 2015; 28(4):313-330. doi:10.1111/jhn.12238	Not older patients	Search
66.	Wax JW, An AW, Kosier N, Quill TE. Voluntary stopping eating and drinking. *J Am Geriatr Soc*. 2018; 66(3):441-445. doi:10.1111/jgs.15200	Review Paper	Search
67.	Yan CL, Huang YB, Chen CY, Huang GS, Yeh MK, Liaw WJ. Hyperglycemia is associated with poor outcomes in surgical critically ill patients receiving parenteral nutrition. *Acta Anaesthesiol Taiwan*. 2013; 51(2):67-72. doi:10.1016/j.aat.2013.06.004	Not older patients	Search
68.	Zhang D, Li H, Tian X, Zhang S. Effects of enteral nutrition on heart function, inflammatory markers and immune function in elderly patients with chronic heart failure. *Pak J Med Sci.* 2022; 38(1):302-309. doi:10.12669/pjms.38.1.4451	Not ICU/ critically ill (although in cardiac care unit)	Search