

Early Goal Enteral Nutrition Associated with Decreased In-hospital Death in Mechanically Ventilated Critically Ill Adults: Retrospective Cohort Study

AUTHORS: Camilla S. Powierza, MD, Margaret M. Doyle, MPH, Katherine Wasden, BA, Taylor A. Intihar, MS, Amy S. Korwin, MD, Shyoko Honiden, MD, MSc, Melissa P. Knauert, MD, PhD

SUPPLEMENTARY MATERIALS

Table S.1: Sensitivity analyses for unadjusted and adjusted models for primary and secondary outcomes with early goal EN defined as achieving 80% or more of recommended daily calories in the baseline period.

Outcome	Model*	Hazard Ratio	p-value
In-hospital death	Subdistribution, unadjusted	0.58	<0.001
	Cause specific, unadjusted	0.68	<0.01
	Subdistribution, adjusted	0.67	<0.01
	Cause specific, adjusted	0.75	0.05
Successful Extubation	Subdistribution, unadjusted	1.36	<0.0001
	Cause specific, unadjusted	1.39	<0.0001
	Subdistribution, adjusted	1.22	0.01
	Cause specific, adjusted	1.24	0.01
Hospital Discharge Alive	Subdistribution, unadjusted	1.57	<0.0001
	Cause specific, unadjusted	1.51	<0.0001
	Subdistribution, adjusted	1.31	<0.01
	Cause specific, adjusted	1.24	0.02

* Subdistribution hazard ratios estimate the relative hazards among patients who have not yet experienced the event of interest. Cause-specific hazard ratios estimate hazards only among those who have not experienced any event. Unadjusted tests of associations were run as well as adjusted models which controlled for age, sex, body mass index, Acute Physiology and Chronic Health Evaluation (APACHE II) Score, II, presence of active infection, use of vasopressors during study day 0 to 2 (e.g., baseline period), and use of neuromuscular blockade during study day 0 to 2,