INFORMATION SHEET

Study title: Bedside nose-to-intestine short-peptide feeding versus conventional care in adults with acute respiratory distress and upper gastrointestinal bleeding: two-centre prospective cohort.

Invitation and summary. You are invited to consider taking part in a hospital study that observes usual care for patients in intensive care with severe breathing problems and a recent bleed in the upper stomach or gut. Some patients receive feeding through a soft tube passed from the nose into the small intestine using an easily digested liquid formula. Other patients receive conventional care without this small-intestine tube. Because this is an observational study, the clinical team decides your care; the study does not assign any treatment.

Why is this study being done? Many intensive-care patients in this situation struggle to meet nutrition needs. We want to learn whether the small-intestine feeding approach is associated with better nutrition over the first week and how safe and practical it is in everyday care.

Who can take part? Adults aged 18 years or older in intensive care with moderate-to-severe acute respiratory distress and a recent upper gut bleed that has been stable for at least 48 hours, who need tube feeding because they cannot take food by mouth.

What does taking part involve? If you agree, we will use information already recorded in your medical notes, such as age, test results, treatments, and daily nutrition. Blood tests done as part of usual care will be used to check proteins related to nutrition (prealbumin and albumin) on Day 1 and Day 7, and other markers such as C-reactive protein and interleukin-6 on Days 1, 4, and 7. We will review your notes for feeding intolerance, aspiration, and rebleeding during the first 7 days. We will follow your clinical recovery in intensive care until discharge, up to 28 days.

Benefits and risks. There is no guaranteed direct benefit. The information may help improve nutrition care for future patients. Observational participation does not add medical risk. If an extra blood sample is requested beyond routine care, the risk is the same as a standard blood draw.

Costs and payment. There are no costs to you and no payment for taking part.

Confidentiality. Your information will be handled in confidence. Your name and direct identifiers will be kept separate from study data. Results will not identify you. Data will be stored securely and accessed only by authorised staff or regulators if required by law.

Voluntary participation and withdrawal. Taking part is voluntary. You may withdraw at any time without affecting your care. If you withdraw, we will stop collecting new information; you can choose whether we may use information already collected.

Who is organising the study? Intensive Care Units at Xiamen Chang Gung Hospital (Xiamen, China) and Chang Gung Memorial Hospital – Linkou Branch (Taoyuan, Taiwan).

Ethics approval. Approved by the Medical Ethics Committee of Xiamen Chang Gung Hospital and the Chang Gung Medical Foundation IRB.

Contacts. For study questions, contact the ICU study team at your hospital. For questions about your rights, contact the hospital ethics committee.