

Supplement Table 10. Summary of randomized controlled trials comparing continuous versus intermittent enteral feeding in critically ill adult patients (KQ6)

Authors (year)	Study population	Study design	Study protocol		No of patients			Outcome variable
			Inter.	Con.	Total	Inter.	Con.	
Banaei et al. 2022 [70]	Trauma patients in ICUs	Single center, triple- blinded RCT	24 hr continuous feeding	300 mL every 3 hr, each 10–20 min	56	31	25	HLOS, ICU LOS, pulmonary aspiration, constipation
Kadamani et al. 2014 [71]	ICU patients on MV, received EN for more than 72 hr	Single center, RCT	24 hr continuous feeding	Every 4–6 hr, each 10–15 min	30	15	15	Diarrhea, constipation, vomiting, high gastric residual volume >200 mL
Panwar et al. 2024 [72]	Adult ICU patients with gastric feeding tube and requiring MV	Multicenter RCT	24 hr continuous feeding	3 times a day, each 30–60 min	120	59	61	ICU LOS, HLOS, hospital mortality
Yao et al. 2025 [73]	ICU patients whose estimated feeding time is 10 days or more	Single-center, non-blinded RCT	24 hr continuous feeding	3 times a day, each within 2 hr	134	69	65	ICU LOS, HLOS, hospital mortality
Lee et al. 2022 [74]	Adult medical ICU patients who are expected to have MV therapy for 48hrs or more	Single-center, non-blinded RCT	24 hr continuous feeding	4 times a day, each within 1 hr	99	50	49	ICU mortality, 28-day mortality, Diarrhea, constipation, vomiting, pulmonary aspiration
Hrdy et al. 2025 [75]	Adult ICU patients with high mNUTRIC score ≥5	Single-center RCT	24 hr continuous feeding	6 times a day	296	148	148	HLOS, ICU LOS, 28-day mortality, vomiting, diarrhea, pulmonary aspiration
McNelly et al. 2020 [76]	Adult mechanical ventilated patients with multiorgan failure	Single blinded RCT	24 hr continuous feeding	Every 4 hr, 6 times	121	59	62	ICU LOS, HLOS, ICU mortality, hospital mortality

Inter., intervention; Con, control; ICU, intensive care unit; RCT, randomized controlled study; H, hospital; LOS, length of stay; MV, mechanical ventilation; EN, enteral nutrition; mNUTRIC, modified nutrition risk in the critically ill.

