

Supplement Table 7. Summary of included studies evaluating enteral nutrition in critically ill adult patients receiving vasopressors (KQ4)

Study	Design	Participants	Comparison	Summary
Khalid et al. (2010) [55]	Retrospective observational study	1,174 Critically ill patients mechanically ventilated ≥ 48 hours requiring vasoactive medications	Early EN (<48 hr) (n=707) vs. Delayed EN (>48 hr) (n=467)	Early EN group: lower ICU (22.5% vs. 28.3%; $P=0.03$) and hospital (34.0% vs. 44.0%; $P<0.001$) mortality.
Mancl et al. (2013) [56]	Retrospective observational study	259 Adult ICU patients with concomitant EN and IV vasopressor therapy	EN tolerance (n=259) vs. intolerance (n=87) based on GI symptoms and complications	Tolerance: 74.9% tolerated EN. Dose relationship: Lower tolerance with higher norepinephrine equivalent doses (12.5 vs. 19.4 $\mu\text{g}/\text{min}$, $P<0.001$).
Patel et al. (2016) [57]	Retrospective observational study	66 Patients with septic shock on mechanical ventilation	No EN vs. Trophic EN (<600 kcal/d) vs. Full EN (≥ 600 kcal/d)	Trophic EN group: Shorter ICU stay (12 vs. 5 vs. 13 days, $P<0.025$) and mechanical ventilation duration (7 vs. 3 vs. 7.5 days; $P<0.025$). No mortality difference. (33.3% vs. 21.6% vs. 21.4%; $P=0.64$)
Merchan et al. (2017) [58]	Retrospective observational study	120 Septic shock patients on mechanical ventilation and vasopressors	EN tolerant (n=74) vs. intolerant (n=46) patients	Tolerance: 62% tolerated EN. Early initiation (≤ 48 hr) and norepinephrine ≤ 0.14 $\mu\text{g}/\text{kg}/\text{min}$ associated with tolerance. Mortality: Higher mortality in intolerant group (48% vs. 22%; $P=0.047$).
Ortiz-Reyes et al. (2022) [59]	Nested cohort from international multicenter RCT	626 Patients with circulatory shock from 52 ICUs	Early EN (<48 hr) (n=526) vs. Delayed EN (>48 hr) (n=100)	Unadjusted: Early EN associated with lower persistent organ dysfunction + death (42% vs. 53%, $P=0.04$), more ICU-free days, shorter MV duration. Adjusted: Benefits diminished after severity adjustment. Suggests benefits in less severely ill patients.
Jiang et al. (2025) [60]	Post-hoc analysis of multicenter cluster-RCT	785 Patients with circulatory shock on day 1 (527 transient CS, 258 persistent CS)	Early EN (≤ 48 hr) (n=385) vs. Delayed EN (>48 hr) (n=400)	Transient shock: Early EN reduced composite outcome (organ failure on day 10 or 28-day mortality) (aOR 0.63, 95% CI 0.41–0.95, $P=0.027$). Persistent shock: No benefit from early EN (aOR 1.28, 95% CI 0.64–2.58, $P=0.485$).

EN, enteral nutrition; ICU, intensive care unit; GI, gastrointestinal; IV, intravenous; RCT, randomized controlled trial; MV, mechanical ventilation; CS, circulatory shock; aOR, adjusted odds ratio; CI, confidence interval.

