-continued

Nutrient Composition	Amount	% U.S. RDA*
Vitamin A	6000 IU	100
Beta-Carotene	3.0 mg	**
Vitamin D	600 IU	148
Vitamin E	45 IU	148
Vitamin K	75 mcg	**
Vitamin C	510 mg	840
Thiamine (B_1)	3.0 mg	200
Riboflavin (B_2)	3.6 mg	212
Niacin	42 mg	208
Vitamin B_6	6 mg	300
Folic Acid	810 mcg	136
Pantoth. Acid	21 mg	140
Vitamin B_{12}	12 mcg	132
Biotin	600 mcg	132
Choline	675 mg	**
Taurine	150 mg	**
L-Carnitine	150 mg	**
Calcium	1000 mg	100
Phosphorus	1000 mg	100
Magnesium	400 mg	100
Zinc	36 mg	240
Iron	27 mg	148
Copper	3.0 mg	148
Manganese	4.0 mg	**
Iodine	225 mcg	148
Sodium	1020 mg	**
Potassium	1872 mg	**
Chloride	1740 mg	**
Chromium	60 mcg	**
Molybdenum	180 mcg	**
Selenium	75 mcg	**

*U.S. Recommended Daily Allowance for Adults & Children 4 or more years of age
**U.S. RDA not established
***MCT provides 40.8 grams/1000 ml

In this example, the protein source comprises essentially 100% hydrolyzed whey protein. The carbohydrate source preferably includes approximately 70% to 95% maltodextrin, from about 5% to 15% corn starch, and up to about 20% sucrose; all % being on the basis of energy. Lastly, the lipid source preferably includes approximately 70% MCTs, approximately 17% soybean oil; approximately 8% residual milk fats; and approximately 5% soy lecithin; all % being on the basis of energy.

By way of example, and not limitation, a contemplative example illustrating the use of the present invention will now be given.

CONTEMPLATIVE EXAMPLE

An experimental enteral product formulated according to the principles presented in this application and essentially identical to the composition presented can be evaluated in a group of severely traumatized patients requiring early enteral feeding. Patients are fed by small bowel feeding tubes. The goal of this early feeding is to supply at least 60% of their calculated energy needs. The primary data collected to evaluate this early feeding is to determine the tolerance to early and fairly aggressive feeding. Gastrointestinal symptoms such as diarrhea, bloating and cramping are tabulated and evaluated. Actual intake as a percentage of calculated energy requirements is calculated for each patient on each day of feeding for five consecutive days. The nutritional goals set are 25 kcal/kg of estimated body weight/day and 1.6 grams of protein/kg/day.

Eighteen (18) patients, for example, are entered into the study and 16 of these patients complete the 5 days of feeding. For the first 24 hours of feeding, the average intake for the 16 patients is 65±12% of the calculated nutritional requirement. The intake over the first 48 hours of feeding is 68±8% of requirements. Over the first 72 hours of feeding, the average intake is 73±6% of requirements and for the first 96 hours of feeding, the mean intake typically rises to 87±6% of requirement. Over the full five days of feeding evaluation, the average intake is 92±7% of the calculated energy requirements for the 16 patients who completed the full study period. Diarrhea develops in only one patient in the group and this generally persists for approximately 18 hours. No other gastrointestinal symptoms would typically be reported during the study period.

It should be understood that various changes and modifications to the presently preferred embodiments described herein will be apparent to those skilled in the art. Such changes and modifications can be made without departing from the spirit and scope of the present invention and without diminishing its attendant advantages. It is therefore intended that such changes and modifications be covered by the appended claims.

We claim:

1. An enteral, peptide-based composition comprising:

a protein source consisting of enzymatically hydrolyzed whey and free amino acids wherein the protein source provides approximately 15% to 18% of energy of the composition, and wherein said protein source is the sole protein source of the composition;

a carbohydrate source; and

a lipid source including a mixture of medium and long chain triglycerides, the enteral composition having a caloric density of 1.4 kcal/mL to 1.8 kcal/mL, wherein the composition provides a ratio of non-protein calories per gram nitrogen of at least 90:1.

2. The enteral composition of claim **1** wherein the lipid source comprises approximately 20% to 50% of the calorie distribution of the composition.

3. The enteral composition of claim **1** including 100% of U.S. RDA of vitamins and minerals in approximately 1500 kcal.

4. The enteral composition of claim **1** wherein the composition includes per 1500 kcal of composition:

a zinc source providing from approximately 28.5 to 43.5 mg;

a vitamin C source providing from approximately 405 to 615 mg;

a selenium source providing from approximately 60 to 90 mg;

a taurine source providing from approximately 120 to 180 mg; and

a L-carnitine source providing from approximately 120 to 180 mg.

5. The enteral composition of claim **1** further including a source of beta-carotene.

6. A method for providing nutrition to a metabolically stressed patient comprising the step of administering to the patient a therapeutically effective amount of an enteral, peptide-based composition comprising:

a protein source comprising approximately 15% to 18% of the calorie distribution of the composition, the protein source consisting of enzymatically hydrolyzed whey and free amino acids, and wherein said protein source is the sole protein source of the composition;

a carbohydrate source;

a lipid source;

the enteral composition having a caloric density of 1.4 kcal/mL to 1.8 kcal/mL; and