**Informed Consent Statement:** Waiver of informed consent was provided by by Icahn School of Medicine at Mt Sinai Institutional Review Board.

The MSSM IRB approved the request for Waiver of Authorization for use and disclosure of PHI for this project on 5/21/2013.

.

The IRB determined that the waiver of authorization satisfies the following criteria:

1. The use or disclosure of PHI involves no more than a minimal risk to the privacy of individuals,

based on, at least, the presence of:

1. an adequate plan to protect the identifiers from improper use and disclosure;

ii. an adequate plan to destroy the identifiers at the earliest opportunity consistent with the conduct of research, unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law; and

iii. the PI has provided adequate written assurances that the PHI will not be reused or disclosed to any other person or entity, except as required by law, for authorized oversight of the research study or for other research for which the use or disclosure of PHI would be permitted by the Privacy Regulations.

2. The research could not practicably be conducted without the waiver;

3. The research could not practicably be conducted without access to and use of the PHI.

The PHI for which access has been determined to be necessary for this project [which are the minimum necessary] include the following: Name, MRN, date of birth, hospital admission date, ICU admission and discharge date, enteral feeding order, IP nutrition consult, document flow sheet, intake of liquids and output of urine, progress notes, medication administration

 The request for access to decedent PHI was approved on 5/21/2013

**Please refer to IRB letter provided in the Institutional Review Board.**