Enteral Feeding Protocol

Start Enteral Nutrition as soon as possible after burn injury, preferably within 24 hrs of burn injury, if possible

Elevate HOB to 45 degrees, if possible

If gastric feeding, check GRVs q 4 hrs.

Is the GRV > 250 mls?

YES

Is this the 1st GRV > 250 ml*?

YES

1) Refeed gastric residual to 250ml max and discard the rest
2) Start Maxeran 10mg IV q 6 hrs
3) Continue with Enteral Nutrition

NO

1) Refeed gastric residual
2) Continue with Enteral Nutrition

NO

STOP enteral nutrition if the patient develops:
- bowel obstruction
- bowel perforation
- paralytic ileus

WATER FLUSHES:
Flush tube with at least 10 mls of sterile water:
-q4hrs during feedings
-after aspiration for GRVs
-before and after meds

BLOCKED TUBE:
Pancrealipase, 8000 units, with crushed Na Bicarb 500mg in 5ml warm water via feeding tube as needed.

This is a rechecked residual >250 mls:
1) Discard the residual
2) Continue with Motility agents
3) Switch to SMALL BOWEL FEEDING
4) Restart Enteral Nutrition
5) Monitor enteral nutrition tolerance, but do not monitor GRVs if small bowel feeding

* Gastric residual volume (GRV) of 250 mls is the minimum threshold volume. Volumes higher than 250 mls are acceptable if allowed at the individual site.