

RAPID RESOURCE 1: FEEDING FACTS (pg 1)

INITIATION/TITRATION OF ENTERAL NUTRITION (EN) (see pre-printed orders)

- 1) Unless contraindicated, include EN orders with admission orders (ALWAYS discuss with ICU Fellow/Attending).
 - GI access: Insert #18 Fr Salem Sump NG tube (unless contraindicated)
 - Initiation and titration: Initiate and titrate feeds as per ICU Gastric Feeding Protocol.
 - Start rate _____ mL/hr (if different from 25 mL/hr)
 - Goal rate: _____ mL/hr (refer to Calorie Calculator).
 - Enteral feeding formula: _____ (refer to formulary).
- 2) Following GI surgery, **do not** initiate EN until the Surgeon and ICU Fellow/Attending have discussed the feeding plan.
- 3) Unless contraindicated, order the ICU bowel protocol (standard or spine-injured) with admission orders.
- 4) Unless contraindicated, order MVI (10 mL), folate (5 mg), thiamine (100 mg) IV once daily x 3 days with admit orders.

MAINTENANCE OF ENTERAL NUTRITION

- 5) Initiate metoclopramide (unless contraindicated) in patients with elevated gastric residual volumes (> 250 ml Q4H).
 - normal renal function: 10 mg IV Q6H
 - renal dysfunction: dosage adjustment required
- 6) ***DO NOT STOP EN*** in the following situations (unless medically indicated):
 - elevated gastric residual volumes
 - single episodes of stimulation related emesis
 - absent bowel sounds
 - diarrhea
- 7) Insert a nasoduodenal (ND) feeding tube (unless contraindicated) in the following patients (consult ICU ND Team):
 - gastric residual volumes >250 mL despite 4 doses metoclopramide followed by 2 doses erythromycin
 - aspiration risk (i.e. Hx. GERD; nursed in supine or prone position)
- 8) Manage patients who develop diarrhea as follows:
 - discontinue bowel protocol
 - send stool for *C. difficile*
 - rule out stool impaction (complete a rectal check/other)

Note: Use of a Flexi-Seal rectal tube requires a full evaluation and completion of the ICU pre-printed MD order form.
- 9) Adhere to the ICU approved peri-operative periods:
 - intubated: NPO 5 minutes; resume EN at pre-op rate within 1hr.
 - non-intubated with NG tube: NPO 6 hrs; resume EN at pre-op rate within 1hr.
 - non-intubated with ND tube: NPO 2 hrs; resume EN at pre-op rate within 1hr.
- 10) Adhere to the ICU approved extubation NPO periods:
 - pre-extubation: NPO 1 hr (place NG Sump on suction).
 - post-extubation: resume EN at last tolerated rate in 4 hrs (unless contraindicated).
 - post-extubation: resume oral intake (sips/clear fluids) in 6 hrs (unless contraindicated).
- 11) Prior to extubation, assess if EN is required. If indicated, ensure the patient has the appropriate feeding access. Unless contraindicated, a small bore nasogastric feeding tube is preferable.
- 12) Following extubation, a swallowing assessment is required in patients with a known or expected swallowing disorder or in patients who exhibit signs of aspiration with the consumption of food and/or fluids.

TERMINATION OF ENTERAL NUTRITION

- 13) Following extubation, continue EN if oral intake is not to be resumed that same day. Discontinue EN once the patient is consuming $\geq 75\%$ of requirements.

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Reviewed by: Members of the ICU QI/QA Committee. **Approved by:** Dr V. Dhingra, ICU Medical Director