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
   - absent bowel sounds
   - single episodes of stimulation related emesis
   - 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
   - rule out stool impaction (complete a rectal check/other)
   - send stool for C. difficile
   *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 ≥75% of requirements.