

ICU GUIDELINE: ENTERAL NUTRITION (EN) POST-PYLORIC FEEDING

(Nasal/oral duodenal; gastrojejunostomy; jejunostomy)

INDICATIONS FOR A POST-PYLORIC FEEDING TUBE

- 1) Gastric stasis (sump GRV > 250 mL despite a 24 hr trial of prokinetics).
- 2) Aspiration risk (i.e. pt nursed in supine or prone position).
- 3) Severe acute pancreatitis.
- 4) Peri-op support (highly catabolic; > 3 O/R's pending i.e. > 40% BSAB).
- 5) Upper GI anastomosis (tip distal to anastomosis).

START

ALL CRITERIA MET?

- 1) Radiologic confirmation of tube tip in optimal position **AND**
- 2) Pt hemodynamically stable **AND**
- 3) Abdomen clinically benign **AND**
- 4) Permission obtained from ICU Attending or Fellow to start EN.

YES

NO

INITIATE EN

- 1) Initiate EN at 25 mL/hr#.
- 2) Clamp gastric sump.
- 3) Measure sump gastric residual volumes (GRV) Q4H; record volume; discard.

STOP EN

- 1) Do not initiate EN.
- 2) If EN initiated:
 - a) Contact MD.
 - b) Hold feeds.
 - c) Place sump on suction.
 - d) Hold all cathartic agents (i.e. citromag; PEG; colace; etc)
 - e) Obtain abdominal x-ray.
 - f) Reduce narcotics to minimum effective dose.

TOLERATING EN?

- 1) Abdomen clinically benign **AND**
- 2) Q4H sump GRV \leq 400 ml (sump clamped) **AND**
- 3) Q4H sump GRV does not contain a **significant** amount of feed **AND**
- 4) Q4H sump GRV does not contain frank blood **AND**
- 5) Absence of spontaneous emesis.

NO

YES

EN TITRATION

Increase EN by 25 mL*#. Assess EN tolerance Q4H (GREEN box). **NOTE:** If indication for post pyloric tube #3 or #5 (GREY box), continue EN at 25 mL/hr for 24 hrs before increasing.

*unless contraindicated
requires MD order

Developed by:

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