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)
- ≥40% burn injury

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 to be continued. If to be continued, ensure that the patient has the appropriate feeding access. Unless contraindicated, a small bore nasogastric feeding tube is the preferable access.

12) Following extubation, a swallowing assessment is required in patients with a known or expected swallowing disorder; signs of aspiration with the resumption of oral intake.

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.

Developed by*: J. Greenwood RD, in consultation with the ICU staff (Nutrition, Nursing, Medical).* ***Update:*** *29/6/2009.*
Reviewed by: *Members of the ICU QI/QA Committee.* ***Approved by*****:** *Dr V. Dhingra, ICU Medical Director*