Vancouver CoastalHealth
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ICU GASTRIC FEEDING / PROKINETIC / NASODUODENAL FEEDING TUBE GUIDE

Initiate feeds at 25 mL/hr; ↑ by 25 ml Q4H to goal rate. Refer to "Rapid Resource 1: Feeding Facts" (see Calorie Calculator section) to identify goal feeding rate.

Q4H GRV > **250 mL?**

YES

FIRST ↑GRV (>250 mL) :
1) Refeed GRV to maximum 400 mL; discard excess.
2) Continue feeds at same rate.
3) ↓ narcotics to min effective dose.
4) Continue in **BLUE** section.

SECOND ↑GRV (>250 mL):
5) Go to **PINK** section below.

1) Refeed GRV to max 400 mL; discard excess.
2) Hold feeds 1 hr; recheck GRV.

GRV > **250 mL?**

NO

YES

1) Discard GRV (total amount).
2) ↓ feed by multiples of 25 mL to min of 25 mL/hr: Example:
   if 75 mL/hr ↓ to 50 mL/hr
   if 50 mL/hr ↓ to 25 mL/hr
   if 25 mL/hr continue as is.
3) **Do not stop feeds**.
4) Go to Prokinetc Guide Step 1 to the right (**GREEN** box).

Developed by: J Greenwood, RD and members of the ICU QA/QI Committee. VCHA – VA. Update 28/10/08.

NO

1) Refeed GRV to max 400 mL; discard excess.
2) Continue feeds if at goal rate; ↑ feeds by 25 mL if not at goal rate.

GASTRIC RESIDUAL VOLUME (GRV) THRESHOLD MAXIMUM

250 mL

* unless contraindicated
\# requires MD order

PROKINETIC GUIDE: STEP 1 (Metoclopramide)
1) After two consecutive GRV > **250 ml** order metoclopramide*# (10 mg IV Q6H; Q8H if renal failure).
2) Once GRV < **250 mL,** resume titration of feeds up to goal by multiples of 25 mL/hr as per protocol. Continue metoclopramide.
3) If after 4 doses metoclopramide, GRV remain >**250 mL,** therapy has failed. Stop metoclopramide*# and go to Prokinetic Guide Step 2 (**ORANGE** box).

PROKINETIC GUIDE: STEP 2 (Erythromycin)
1) Order erythromycin*#; 250 mg IV q 6H x **4 doses.**
2) Once GRV <**250 mL,** titrate feeds to goal by multiples of 25 mL/hr as per protocol. Complete original order of **4 doses** of erythromycin.
3) If GRV >**250 mL** after **2 doses erythromycin**, therapy has failed. Stop erythromycin. Place naso-duodenal (ND) feeding tube (see ND Guide **PURPLE** box above).

ND PLACEMENT:
1) ICU ND Placement Team to see re manual bedside placement*#.
2) If ICU Placement Team unable to achieve optimal tip position (≥2 D), consult GI for endoscopic placement*#.
3) Following radiologic confirmation of optimal tip position resume feeds at goal rate*#.