

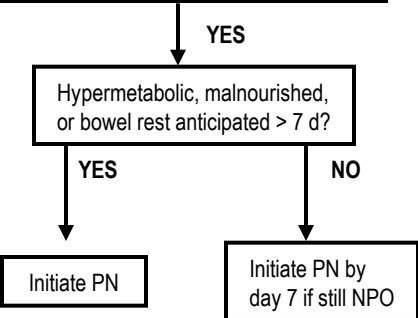
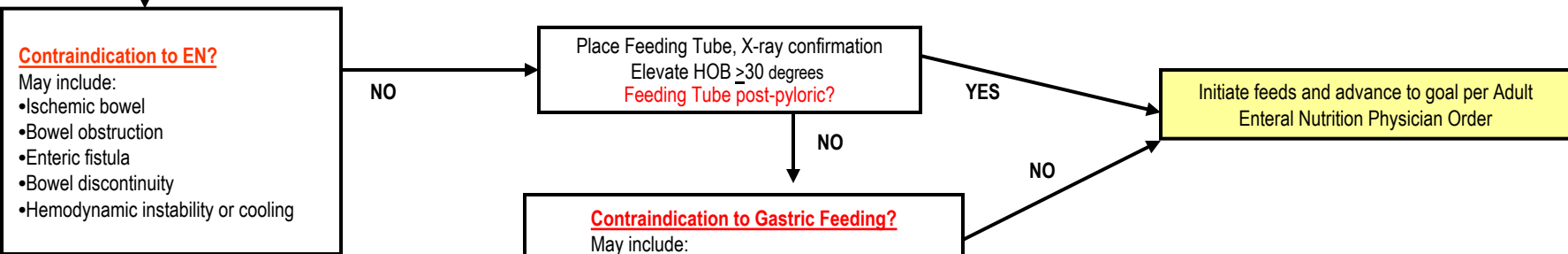
Start:

ICU ENTERAL NUTRITION FEEDING GUIDELINE

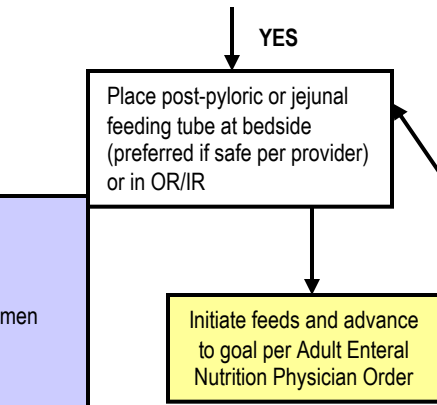
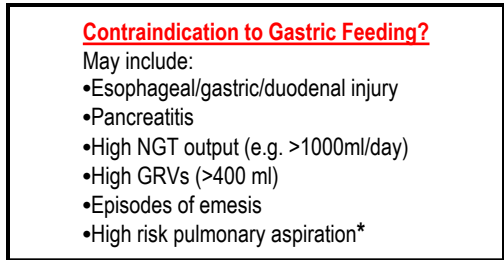
Refer to Critical Care Policy and Procedure 3.0: Nutrition Therapy in the Critically Ill Adult

Unable to meet needs orally:
Consult **Registered Dietitian**

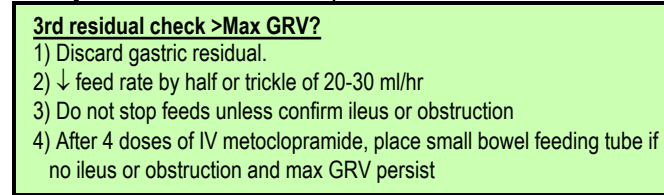
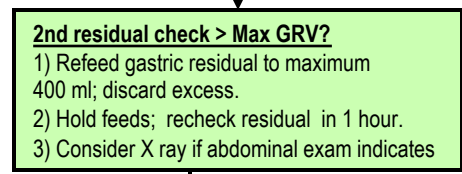
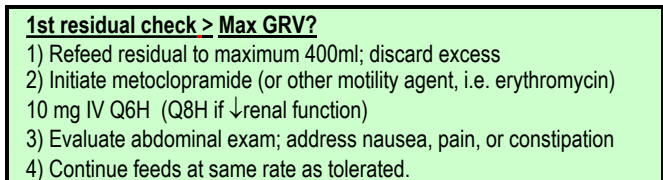
Goals: 1) Initiate EN within 24 - 48 hours of admission 2) Aim to deliver >80% of requirements on a daily basis.



Reassess NPO/PN daily for EN eligibility



IF GASTRIC FEEDING TUBE:
CHECK GASTRIC RESIDUAL VOLUME (GRV) Q 4 HR
MAXIMUM GRV: 400 ml



INTERRUPTION OF ENTERAL FEEDS

- Hold feeds **4 hours** prior to extubation
- Hold feeds for increasing abdominal distension, pain or vomiting and address with pain meds, anti-emetics, and review of bowel regimen
- Hold feeds **6 hours** prior to procedure if:
 - Patient not intubated
 - Patient will need ETT change in OR
 - Oral/airway surgery (including trach)
 - Planned gastrointestinal surgery
 - Upper endoscopy
 - TEE

Consider hold feeds prior to procedure:

- Feeding tube in stomach and high aspiration risk*
- Prolonged prone position or HOB <30 degrees

FOR ALL OTHER INTUBATED PATIENTS UNDERGOING SURGERY, IR, or ANGIOGRAPHY FEEDS WILL NOT BE INTERRUPTED!

*Risk factors for aspiration: (small bowel feeding tube preferred)
Age > 70 years, reduced LOC (including TBI), gastroesophageal reflux, HOB < 30 (including multiple transports), prone position, inability to protect airway