## ICU ENTERAL NUTRITION FEEDING GUIDELINE Start: Refer to Critical Care Policy and Procedure 3.0: Nutrition Therapy in the Critically III Adult Unable to meet needs orally: Goals: 1) Initiate EN within 24 - 48 hours of admission 2) Aim to deliver >80% of requirements on a daily basis. Consult Registered Dietitian Place Feeding Tube, X-ray confirmation Contraindication to EN? Elevate HOB >30 degrees May include: NO YES Initiate feeds and advance to goal per Adult Feeding Tube post-pyloric? Ischemic bowel Enteral Nutrition Physician Order Bowel obstruction NO Enteric fistula NO Bowel discontinuity •Hemodynamic instability or cooling **Contraindication to Gastric Feeding?** May include: Esophageal/gastric/duodenal injury YES Pancreatitis IF GASTRIC FEEDING TUBE: •High NGT output (e.g. >1000ml/day) CHECK GASTRIC RESIDUAL VOLUME (GRV) Q 4 HR Hypermetabolic, malnourished, •High GRVs (>400 ml) MAXIMUM GRV: 400 ml or bowel rest anticipated > 7 d? Episodes of emesis High risk pulmonary aspiration\* 1st residual check > Max GRV? NO YES 1) Refeed residual to maximum 400ml; discard excess 2) Initiate metoclopramide (or other motility agent, i.e. erythromycin) YES 10 mg IV Q6H (Q8H if ↓renal function) Initiate PN by 3) Evaluate abdominal exam; address nausea, pain, or constipation Initiate PN Place post-pyloric or jejunal day 7 if still NPO 4) Continue feeds at same rate as tolerated. feeding tube at bedside (preferred if safe per provider) Reassess NPO/PN daily for EN eligibility or in OR/IR 2nd residual check > Max GRV? INTERRUPTION OF ENTERAL FEEDS 1) Refeed gastric residual to maximum • Hold feeds 4 hours prior to extubation 400 ml: discard excess. • Hold feeds for increasing abdominal distension, pain or vomiting 2) Hold feeds; recheck residual in 1 hour. and address with pain meds, anti-emetics, and review of bowel regimen Initiate feeds and advance 3) Consider X ray if abdominal exam indicates • Hold feeds 6 hours prior to procedure if: to goal per Adult Enteral Patient not intubated **Nutrition Physician Order** · Patient will need ETT change in OR Oral/airway surgery (including trach) 3rd residual check >Max GRV? 1) Discard gastric residual. Planned gastrointestinal surgery 2) ↓ feed rate by half or trickle of 20-30 ml/hr Upper endoscopy 3) Do not stop feeds unless confirm ileus or obstruction TEE 4) After 4 doses of IV metoclopramide, place small bowel feeding tube if Consider hold feeds prior to procedure: · Feeding tube in stomach and high aspiration risk\* no ileus or obstruction and max GRV persist Prolonged prone position or HOB <30 degrees</li> • FOR ALL OTHER INTUBATED PATIENTS UNDERGOING \*Risk factors for aspiration: (small bowel feeding tube preferred) SURGERY, IR, or ANGIOGRAPHY FEEDS WILL NOT BE INTERRUPTED! Age > 70 years, reduced LOC (including TBI), gastroesophageal reflux, HOB < 30 (including multiple transports), Authored by: Kelly Toth RD, MPH, CNSC and Christine Struble RD, CNSC prone position, inability to protect airway