Initiating Tube Feedings for SICU Service

These guidelines are for patients with a PEG, G-tube, NG or OG feeding tube

Lower osmotic formulas: start at 30ml/hr and advance by 20ml Q4 hours to goal Hyperosmotic formulas: start at 10 ml/hr and advance by 10ml Q4 hours to goal

Lower Osmotic Formulas:

Glucerna Select

Jevity 1.2

Osmolite

Perative

Higher Osmotic Formulas:

Ensure Plus

Nepro

Nutri-Hep

Optimental

Oxepa

Pulmocare

Pivot

TwoCal HN

Residuals should be checked Q4 hours and re-fed back to the patient.

Hold TF when residual is > 200

Start Erythromycin – 400mg suspension q 8 hrs

Wait 2 hours and recheck residuals

- If <200ml, restart TF at previous rate.
- If >200ml can also start Reglan 10mg QID. If renally impaired give 5 mg QID.

After a patient returns from a procedure, tube feedings should be started back at the rate the patient was receiving prior to the procedure.

Mondays:

- 1. order prealbumin, c-reactive protein, triglyceride, serum iron for all patients
- 2. order prealblumin, c-reactive protein, triglycerides, serum iron, ionized calcium, LFTs, total bilirubin, magnesium, phosphorus for all patients on TPN

Order MNT (Medical Nutrition Therapy) protocol on everyone.

References

- 11. Kozar RA, Moore F, et at. "Postinjury Tolerance is Reliably Achieved by a Standardized Protocol." J Surg Res 2002.
- 12. A.S.P.E.N. Nutrition Support Practice Manual 2nd Edition, copyright 2005
- 13. A.S.P.E.N. Nutrition Support Core Curriculum: A Case-Based Approach The Adult Patient. 2007
- 14. Nguyen, Nam, et al. "Prokinetic therapy for feed intolerance in critical illness: One drug or two?" Critical Care Medicine 2007 Vol. 35, No. 11
- 15. ADA Pocket Guide to Enteral Nutrition. American Dietetic Association 2006.
- 16. www.nutritioncare.org

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