ENTERAL / TUBE FEEDING ORDERS

Date: ____________ Time: ____________

Please select route:

- Metabolic Support Services Assess and Treat Enteral Protocol

FEEDING ORDERS

☐ Begin Vital 1.5 Calorie @ 30 ml/hr
  - Day 1 – Metabolic Support to assess and treat for target volume.
  - Day 2 and subsequent 24 hour volume goals, Use Volume Based Feeding Schedule chart to calculate the hourly rate of infusion.

OR

☐ Begin Trophic Feeds
  - Start Vital 1.5 at 10 mL/hr. Reassess ability to transition to Volume-Based Feeding the next day. [For patients on vasopressors (regardless of dose) as long as they are adequately resuscitated OR patients not suitable for Volume Based Feeding (e.g. ruptured AAA, upper intestinal anastomosis, surgically placed jejunostomy, or impending intubation)].

OR

☐ NPO. Please write in reason: __________________________________.(For contraindications to EN only: bowel perforation, bowel obstruction, proximal high output fistula). Note: recent OR and high NG output are not contraindications to EN. Reassess and switch to Volume-Based Feeding the next day.

- Flush feeding tube with 50ml sterile water every 4 hours.
- Check residual every 4 hours. Note: no residuals checks with J-Tube access or trophic feeds. Flush with 30ml sterile water before and after residual check.

MEDICATION ORDERS

- For gastric access only: Start metoclopramide: 10 mg IV every 6 hr, or 5 mg IV every 6 hr if creatinine clearance is less than 40 ml per minute. Reassess daily. Do not start metoclopramide in patients who are not receiving enteral feeds unless otherwise ordered.
- Unless NPO: Protein supplement - 2 packets mixed in 120 ml sterile water per tube bid.
- Pharmacy to review medications for correct dosage form. If needed, contact physician for orders.
- Flush feeding tube with 30ml of water prior to medication administration, HOLD feeds. Give each medication separately via feeding tube and flush with 10ml water between each medication. Flush feeding tube with 30ml water to clear residual medication before feeds resumed.
- If feeding tube occludes, patency may be restored using a Clog Zapper (obtain from pharmacy). Mix product with sterile water as per package instructions and inject, with Clog Zapper applicator, 2-5 ml of solution. Wait 1 hour then flush with 6 ml sterile water. Store Clog Zapper, once reconstituted, in refrigerator for up to 24 hours. May repeat once.

BLOOD GLUCOSE MONITORING

- Fingerstick blood glucose monitoring every 4 hours, discontinue previous monitoring frequency.
- If enteral nutrition stopped abruptly, infuse intravenously Dextrose 10% in Water at same rate of enteral nutrition. Contact physician for further orders or if IV access is compromised.
- Initiation of Glycemic and Insulin Management (Adult) when blood glucose greater than 140 mg/dL (correction scale only)
- Fingerstick monitoring may be discontinued if patient within glycemic goal ranges and required no anti-diabetic medication intervention

ROUTINE ORDERS

- Verify tube placement with x-ray confirmation after insertion and reinsertion. Hold feeds until x-ray confirmation.
- Reinsert feeding tube if accidentally removed or occluded. Contact MSS (Metabolic Support Service) for small bowel placement.
- Use only sterile water for flushes.
- Record volume of EN received in last 24 hour period.
- Weigh patient daily.
• Elevate head of bed to 40 to 45 degrees at all times, unless otherwise ordered or contraindicated.
• Critical Care Panel every 12 hours times 72 hours then Critical Care Panel, Triglyceride and Prealbumin weekly.
• Residuals:
  ▪ Gastric access
    ▪ Less than or equal to 300ml - return aspirate to patient and resume feeds
    ▪ Greater than 300ml – return 300ml aspirate to patient and discard remainder, hold feeds and notify physician
      Wait 1 hour then recheck residual.
  ▪ Oral/nasal small bowel access
    ▪ Less than or equal to 20ml – return aspirate to patient and resume feeds
    ▪ Greater than 20ml – hold feeds and contact Metabolic Support Service at 988-5207
• Initiate Adult Electrolyte Replacement Protocol when:
  ▪ Serum Potassium less than 3.5 mg/dL
  ▪ Serum Magnesium less than 1.8 mg/dL
  ▪ Serum Phosphorus less than 2.5 mg/dL
  ▪ Or if per history patient at risk for refeeding syndrome (alcoholism, anorexia, hyperemesis gravidarum, marasmus,
    rapid refeeding- to goal rate in less than 24 hours, and dextrose infusion greater than or equal to 2 mg/kg/min)

__________________  _____        ____________           _______    _____
PHYSICIAN SIGNATURE               NUMBER                 DATE          TIME