CoxHealth
Springfield, MO

ENTERAL / TUBE FEEDING ORDERS

Date: _____Time: _____
Please select route:
☐ Oral/Nasogastric ☐Oral/Nasoduodenal / Oral/Nasojejunal ☐ PEG / G – Tube ☐ J- Tube

- 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 place 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