



Weight (kg)	Allergies

Addressograph

ENTERAL FEEDING INITIATION ORDERS To Be Completed by Nursing, the Dietitian or MD and signed by an MD		TRANSCRIPTION															
<p>1. <input type="checkbox"/> CXR to confirm initial tube placement.</p> <p>OR</p> <p><input type="checkbox"/> _____ tube placement confirmed _____.</p> <p style="margin-left: 20px;"><i>(gastric, intestinal)</i> <i>(e.g. radiographically, endoscopically)</i></p> <p>2. <input type="checkbox"/> Begin Volume-Based Feeding. (24 hour period as per flow sheet - Xam to Xam).</p> <p>a) On Day 1 of enteral feeding, start with Peptamen 1.5 @ 25 ml/hr</p> <p>b) On Day 2 of enteral feeding, dietitian to calculate 24 hr target volume based on patient's actual admission weight. If dietitian is not available use:</p> <table style="margin-left: 20px;"> <tr> <td><input type="checkbox"/> ≤ 50 kg</td> <td>—————→</td> <td>700 ml/24 hrs</td> </tr> <tr> <td><input type="checkbox"/> 50.1 – 65 kg</td> <td>—————→</td> <td>900 ml/24 hrs</td> </tr> <tr> <td><input type="checkbox"/> 65.1- 80kg</td> <td>—————→</td> <td>1100 ml/24 hrs</td> </tr> <tr> <td><input type="checkbox"/> 80.1 – 95 kg</td> <td>—————→</td> <td>1300 ml/24 hrs</td> </tr> <tr> <td><input type="checkbox"/> > 95.1 kg</td> <td>—————→</td> <td>1600 ml/24 hr</td> </tr> </table> <p>c) Calculate the <u>hourly</u> rate of infusion using the 24 hr target volume from part (b) divided by the number of available hours for feeding today (Day 2), or use the <u>Volume Based Feeding Schedule</u>. Do not exceed 150 ml/hr.</p> <p>d) Consult dietitian to reassess 24 hr target volume (continue weight based 24 hr target volume calculating <u>hourly</u> rate as per <u>Volume Based Feeding Schedule</u> until dietitian review)</p> <p>e) Monitor gastric residual volumes as per <u>Gastric Feeding Flow Chart</u></p> <p>OR</p> <p><input type="checkbox"/> Begin Trophic Feeds</p> <ul style="list-style-type: none"> • Start Peptamen 1.5 at 10 mL/h. Do not monitor gastric residual volumes. 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 (<i>e.g. ruptured AAA, upper intestinal anastomosis, surgically place jejunostomy, or impending intubation</i>)]. <p>OR</p> <p><input type="checkbox"/> NPO. Please write in reason: _____.(For contraindications to EN only: <i>bowel perforation, bowel obstruction, proximal high output fistula</i>). Note: recent OR and high NG output are not contraindications to EN. Reassess and switch to Volume-Based Feeding the next day. Do not start metoclopramide or protein supplements in patients who are NPO.</p> <p>3. Unless NPO: Start metoclopramide: <input type="checkbox"/> 10 mg IV q 6 hr, or <input type="checkbox"/> 5 mg q6h IV if renal dysfunction. Reassess daily.</p> <p>4. Unless NPO: Protein supplement Beneprotein® - 2 packets mixed in 120 ml sterile water bid via NG (consider holding in renal failure if not on dialysis or if pt. has hepatic encephalopathy).</p> <p>5. Monitor nutritional adequacy daily: (volume of EN rec'd in last 24 hour period/prescribed 24 hour target volume) and report this percentage intake on daily rounds.</p> <p>6. Monitor lytes and Ca, Mg, Phos q12h x 72 hours then as per ICU admission orders.</p> <p>7. Flush tube with at least 10 mL sterile water q4 h during feedings, if feedings are held, after aspiration for residuals, and before and after medication and Beneprotein administration.</p> <p>8. For declogging tubes, give pancrelipase 8,000 units mixed with crushed Na bicarbonate 500 mg in 25 mL warm water prn.</p> <p>9. You may override Total Fluid Intake (TFI) order if needed; Do not increase IV rate to make up for held feedings because this volume will be made up later with increased rates of EN.</p>		<input type="checkbox"/> ≤ 50 kg	—————→	700 ml/24 hrs	<input type="checkbox"/> 50.1 – 65 kg	—————→	900 ml/24 hrs	<input type="checkbox"/> 65.1- 80kg	—————→	1100 ml/24 hrs	<input type="checkbox"/> 80.1 – 95 kg	—————→	1300 ml/24 hrs	<input type="checkbox"/> > 95.1 kg	—————→	1600 ml/24 hr	<div style="border: 1px solid black; height: 100%;"></div>
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Signature & Designation:		Printed Name:															
Date (YYYY/MM/DD) & Time (HHMM):																	

Please note: These are suggested guidelines for enteral feeding based on Enhanced Protein-Energy Provision via the Enteral Route in Critically Ill Patients (PEP up)Protocol. They are not intended as a substitute for medical advice.