

Suggested Adult Enteral Feeding Protocol for the Patient with Obesity: Sample Order Set



Enteral Feeding Initiation Check appropriate order(s)

- 1. RD Nutrition Consult for nutrition assessment, feeding recommendations, tolerance assessment and tracking of cumulative calorie deficit.
Suggested energy and protein: Class I-III: 11-14 kcal/kg actual body weight or 22-25 kcal/kg ideal body weight;
Class I-II: (BMI 30-39.9) \geq 2.0 gm pro/kg ideal body weight;
Class III: (BMI > 40) \geq 2.5 gm pro/kg ideal body weight.
Utilize standard protein recommendations for existing disease states such as hepatic insufficiency and renal disease without renal replacement therapy.
- 2. Insert nasogastric feeding tube and verify tube placement with abdominal film;
OR
 Consult GI or Tube Team for specialized feeding tube placement (check one):
 nasogastric nasojejunal percutaneous gastrostomy percutaneous jejunostomy.
- 3. Verify tube placement.
- 4. If patient has had nothing by mouth for > 10 days, monitor for Refeeding Syndrome.

Formula Selection and Infusion Method Check appropriate order(s)

- 1. Prescribing Physician **OR** Registered Dietitian
- 2. Early initiation (within 24-48 hrs.) of very high protein formula. PEPTAMEN® Intense VHP or the appropriate Class I-III obese patient population.
- 3. For patients with major elective surgery, trauma, burns, head and neck cancer, provide 1 pkt ARGINAID® mixed with 120-180 mL water via tube t.i.d.
- 4. Select formula: PEPTAMEN® Intense VHP Or _____ formula **OR** Defer to RD for Formula Selection.
- 5. **Select infusion method:**
 Continuous feeding: Begin _____ mL/hour full strength and advance 25 mL/hour every 8 hours as tolerated to goal rate:
(Specify) _____ mL/hour.
 Bolus feeding: _____ mL every _____ hours.
 Volume based feeding: _____ mL daily; nurse to infuse over available hours/day, not exceeding 280 mL/hour for gastric feeding and 150 mL/hour post-pyloric feeding.
- 6. Select free water flush: 200 mL/shift **OR** _____ mL free water every _____ hour.

Routine Nursing Orders

- Mouthwash swab application 10 mL chlorhexidine to mucous membrane twice daily.
- Record accurate initial height and daily weight on graphics.
- Keep head of bed elevated 30-45 degrees at all times, unless contraindicated.
- For clogged feeding tube, instill one 8,000 unit crushed pancrelipase tablet and 324 mg crushed sodium bicarb tablet with 10 mL warm water as needed ____time(s).
- Record stool frequency.
- DO NOT stop feeds for residuals < 500 mL where there are no other signs of intolerance.
- Gastric residual aspirate of <500 mL should be returned to the patient when no accompanying signs of intolerance are present.
- Flush with 50 mL water every 4 hours to keep feeding tube patent, if flush is not ordered elsewhere.
- Flush feeding tube with 10 mL at beginning and ending of feedings, after gastric residual aspiration and before/after medication administration.
- Nurse to resume feeding once tube placement has been confirmed by radiologist or physician responsible for care.
- Do not stop tube feedings for diagnostic tests, usual nursing care, or routine bedside procedures unless specifically ordered by the physician.

Optional Orders Check appropriate order(s)

- Monitor blood glucose every ____ hours (default is every 6 hours).
 Call physician if blood glucose is greater than _____ mg/dL or less than _____ mg/dL.
- For inadvertent gastric enteral feeding tube removal, nurse may reinsert tube and order abdominal x-ray for placement confirmation.
- Metoclopramide 10 mg IV or IM or PO every 6 hours, if indicated/tolerated for increased gastric motility.
- Erythromycin 1-2 mg/kg IV every 8 hours or 125-250 mg liquid oral suspension twice daily, if indicated/tolerated for increased gastric motility.
- When tube feeding is discontinued and diet is advanced to oral intake, consider supplementation with OPTISOURCE® Very High Protein drink as part of the transitional diet until patient is able to consume 100% of protein and calorie requirements from standard oral diet.

Arabi Y, et al. NCP 2004;19:523-530. Bankhead R, et al. JPEN 2009;33:122-167. McClave SA, et al. JPEN 2016;40:159-211. U of L Hospital Standing Orders for EN, 2007.

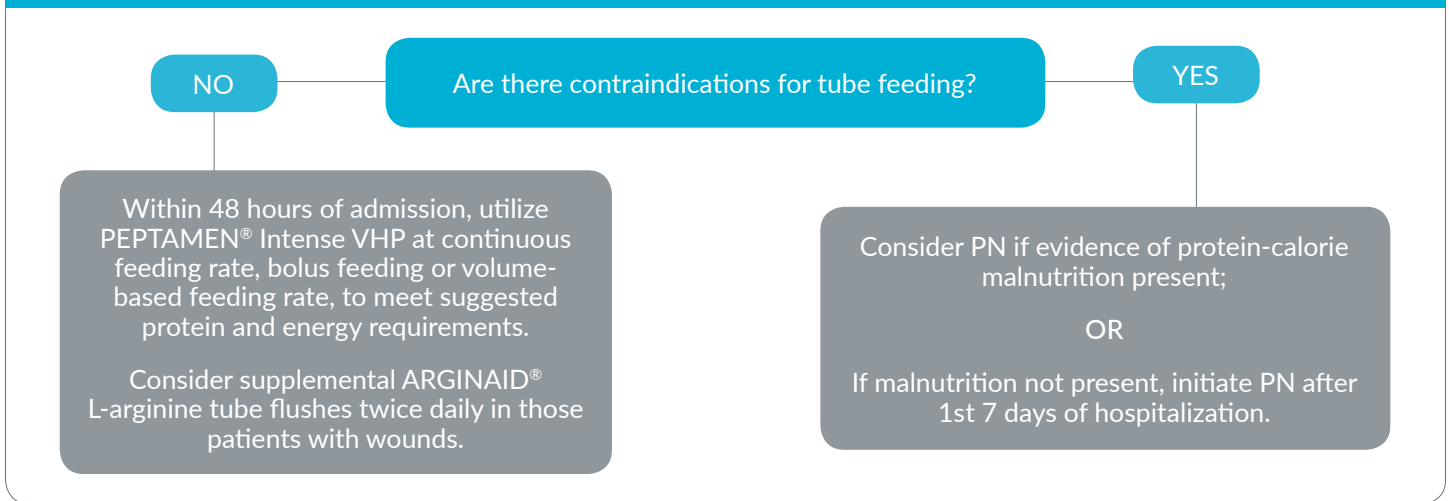
Physician Signature _____

Date and Time _____

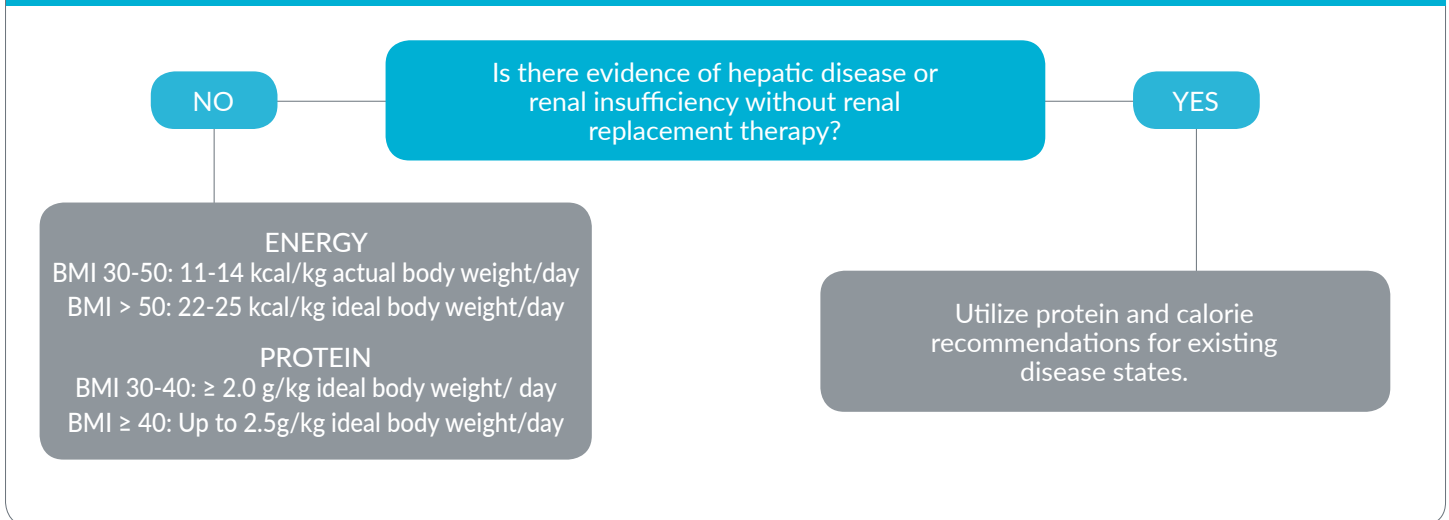
Patient Stamp

Enteral Nutrition Evaluation for the Patient with Obesity (BMI ≥ 30)

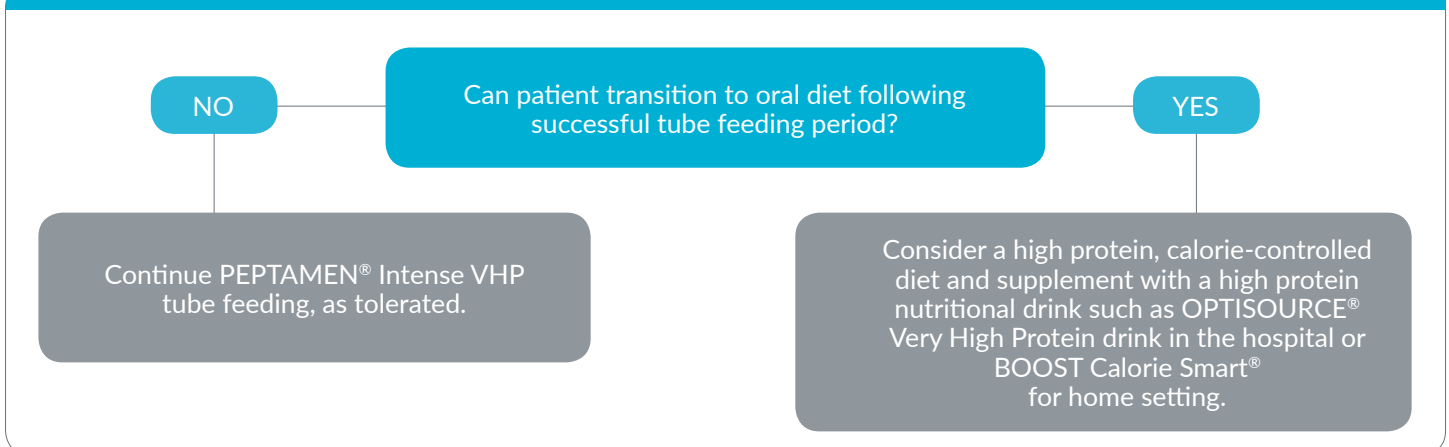
STEP 1



STEP 2



STEP 3



Please Note: These are suggested guidelines for enteral feeding based on various clinical references. They are not intended as a substitute for medical advice or existing facility protocols.