



Suggested Adult Enteral Feeding Protocol: Sample Order Set

Patient Stamp

Enteral Feeding Initiation Check appropriate order(s)

1. RD Nutrition Consult for nutrition assessment, feeding recommendations, tolerance assessment and tracking of cumulative calorie deficit
2. Insert nasogastric feeding tube and verify tube placement with abdominal film
Or
3. Consult GI or Tube Team for specialized feeding tube placement: (Circle one) nasogastric, nasojejunal, percutaneous gastrostomy, percutaneous jejunostomy; verify tube placement
4. If patient has had nothing by mouth for >10 days or is <85% IBW, monitor for Refeeding Syndrome

Formula Selection and Infusion Method Check appropriate order(s)

1. Prescribing physician Or RD complete Malabsorption Index™ to determine optimal formula
2. Consider early initiation (within 24-48 hrs) of immune modulating formula for the appropriate patient population (major elective surgery, trauma, burns, head and neck cancer, and/or critically ill on mechanical ventilation)
3. Select formula _____ Or Defer to RD for formula selection
4. 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
5. Select free water flush: 200 mL/shift Or _____ mL free water every _____ hours

Routine Nursing Orders

- Mouthwash swab application 10 mL chlorhexidine to mucous membrane twice daily
- Record accurate initial height and daily weights on graphics
- Keep head of bed elevated 30-45 degrees at all times, unless contraindicated
- For clogged feeding tube, instill 1 tablet Viokase and 650 mg Sodium Bicarbonate with 10 mL warm water as needed _____ time(s)
- Record stool frequency
- DO NOT stop feeds for residuals less than 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 if flush is not ordered
- Flush feeding tube with 10 mL at beginning and ending of feedings, after gastric residual aspiration and before/after medication administration
- Nursing 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 every 6 hours, if indicated/tolerated for increased gastric motility
- Erythromycin 12 mg every 6 hours, if indicated/tolerated for increased gastric motility

Physician Signature	Date and Time
Nurse Signature	Date and Time

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.

Arabi Y, et al. *NCP* 2004;19:523-530. Bankhead R, et al. *JPEN* 2009;33:122-167. McClave SA, et al. *JPEN* 2009;33:277-316. University of Louisville Hospital standing orders for enteral nutrition, 2007.