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Citation

Abstract
This is a brief description of the guidelines regarding enteral nutrition through feeding tube administration.

GENERAL GUIDELINES FOR ENTERAL SUPPORT
1. Use appropriate-size feeding tube
2. Verify tube position before initiating feedings by radiological confirmation (KUB: abdominal film).
3. Specify tube type and feeding site (gastric vs. duodenal)
4. Specify formula by strength, category, and route
5. Initiate feedings at 20 cc/hour and advance by 20 cc/hour q 6 hours until goal rate is achieved
6. If receiving gastric feedings, monitor residuals q 4 hours; hold feedings if residuals are greater than 150 cc: hold for one hour and recheck, if less than 150 cc at time of recheck, restart at 1/2 of previous rate.
7. For increased residuals or GI intolerance (abdominal distension, etc.) administer Reglan 5-10 mg IVP q 6 hours.
8. Maintain Head of Bed (HOB) at least 30 degrees at all times.
9. Confirm gastric tube placement every 4 hours (via auscultation).
10. If there is any question regarding tube displacement, verify with a radiological exam before continuing feedings (i.e. KUB).
11. Review stress ulcer prophylaxis medications when patient is tolerating enteral nutrition
12. Monitor glucose levels with accuchecks q 6 hours and sliding scale insulin as necessary to maintain normoglycemia (Blood Glucose 80-110)
13. Monitor weight, fluid balance daily
14. Monitor electrolytes, Phosphate, Magnesium, Calcium, BUN, Cr, CBC, triglyceride levels biweekly
15. Monitor liver function weekly
16. Monitor prealbumin and UUN baseline values, then q 1-2 weeks.
17. For drug administration:
   a. Flush tube with at least 30 cc H2O initially
   b. Flush tube after each medication - and each medication should be given separately
   c. Crush all tablets to a fine powder, except for enteric coated or sustained release
   d. Medications
   e. Dilute hyperosmolar or irritating medications
   f. Change to liquid formulations if possible.
18. TPN must be administered through a central venous catheter via a dedicated port, and with strict adherence to central line care and signs of infection.
SUGGESTED PROTOCOL

Figure 1

Nutritional support indicated: YES

Is the Gastrointestinal tract functional?

No

Yes

Parenteral nutrition

Increased risk for aspiration or high gastric residua

Parenteral nutrition

Nasoduodenal tube with prokinetic agents*

Nasolaryngeal tube

not successful

successful

Radiological or Endoscopic placement of nasoduodenal tube

Not tolerating enteral feeding
i.e., gastric residua > 150 cc
abdominal distension,
excessive diarrhea > 1000 cc/day

Radiological or Endoscopic placement of nasoduodenal tube

Prokinetic agents include: Reglan 5-10 mg IV or q 6 hrs x 4 doses Erythromycin 200 - 250 mg IV q 12 hrs

References

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