# Calderdale and Huddersfield NHS Foundation Trust

# Intensive Care Unit

Flow Chart for Initial Commencement of Enteral Feeding – March 2017

Consider another method of nutritional support.

Seek medical/dietetic advice.

Is enteral feeding indicated?

Yes No

 Yes No Yes No Yes No

Commence feeding with Nutrison Protein Plus Multifibre at **25ml/hr for 4 hours**.

(If patient has had bowel surgery use Nutrison Protein Plus at 25 ml/hr,

If sodium is high can use Nutrison Low Sodium at 25 ml/hr

If concerns over high sodium/potassium/renal issue use Nepro HP and do not exceed 25 ml/hr until dietitian review)

**Aspirate after 4hrs**.

Is the volume of aspirate

< **300mls**?

Return **300mls** of aspirate and reduce feed to **10mls/hr**

Verify NGT position using pH strips/XRAY and document NGT cm marking at nostril.

**Aspirate** after 4hrs. Is aspirate < **300mls**?

Return **300mls** of aspirate and continue feed at **25 mls/hr**

Return aspirate and continue feed **at 50mls/hr** until the dietitian has assessed the patient.

Continue to aspirate **6 hourly** **for 24hrs**. If aspirate **>300mls**, return to the beginning of the flow chart.

Once feeding is established aspirate at 6am and 6pm.

Return aspirate and increase feed to **50mls/hr**.

NB. If the patient weighs <55kgs or is at risk of refeeding syndrome maintain feed at 25mls/hr and refer to dietitian.

 No Yes

Continue to feed at **10mls/hr.** Discuss with medical staff the use of prokinetic agents i.e. Maxalon/ Erythromycin if the patient has more than 2 aspirates **>300mls**.

If after 48 hour the patient is still not absorbing feed consider an alternative method of nutritional support, i.e. NJ feeding.

**Aspirate** after 4hrs.

Is aspirate **< 300mls**?

RATIONALE

* Ensure that the correct position of the NGT has been verified. Please refer to the Trust nasogastric tube management plan.
* Refer to the Trust’s nasogastric tube management plan, medication and enteral feeding guidelines for general care of patients with nasogastric tubes.
* Please ensure that the intensivists and surgeons have agreed that it is appropriate to commence enteral feed for post-operative patients.
* Patients should be fed continuously for 23 hours unless otherwise prescribed by dietitian.
* The NGT is aspirated 4 hourly to minimise incidents of nausea and vomiting due to a build up of gastric contents. Stop the feed daily at 17.00hrs for 1 hour prior to aspiration to allow for pH testing in order to confirm tube position.
* All patients should be positioned with their heads elevated no less than 30 to 45 degrees to minimise incidents of pulmonary aspiration.
* Once NG feeding has been fully established aspirate at 6am and 6pm. Aspirate is returned to the stomach because it is rich in digestive enzymes, which facilitate absorption.
* Clean all connections with a chlorhexidine wipe prior to use.
* The NG tube should be flushed with 40mls of sterile water:

-Following each aspiration.

-Before and after the administration of medicines.

-Prior to, and following NG feeding.

-If the feed is stopped for any reason.

-All NG medications should be mixed with sterile water to minimise incidents of bacterial contamination.

* All syringes are single use only. Only 50ml purple enteral syringes should be used for flushing. Smaller purple enteral syringes can be used for measurement/administration of small doses of medication.
* Change the giving sets and feed every 24hours. Label feed with date and time that it has been changed and place a day to be changed sticker on the giving set.
* The amount of feed given to any patient is dependent on their fluid and nutritional requirements. Each patient will be assessed individually by the dietitian.
* With patients that are at risk of refeeding syndrome, please ensure that daily phosphate, potassium, magnesium and calcium levels are checked and any electrolyte imbalances are corrected. Malnourished patients are especially at risk of refeeding syndrome. Once the patient’s electrolyte levels are stable and in all other patients please check at the start of feeding and twice weekly thereafter.
* HDU patients on step down will be reassessed by the dietitian regarding the need for overnight feeding, rather than 24-hour feeding.
* Check pressure areas on the patient’s nose and re-tape the NG tube as required.
* If the patient has not begun to tolerate enteral feeding after prokinetics have been administered for 48 hours, consider the insertion of an NJ tube.
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2. Guidelines for the Provision and Assessment of Nutrition Support Therapy in the Adult Critically Ill Patient: Society of Critical Care Medicine (SCCM) and American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.) Journal of Parenteral and Enteral Nutrition. Vol. 33. No. 3. May/June, 2009. pp. 277-316.
3. Joint Formulary Committee (2008) British National Formulary 55th Edition, London.
4. NICE (2006) Nutrition Support for Adults, Oral Nutrition Support, Enteral Tube Feeding and Parental Nutrition. Clinical Guideline (CG32) February.
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