



Enteral Nutrition (Tube Feeding) Guideline

Last Reviewed: February 4, 2016

Approved By: Interprofessional Nutrition Council

Recommendations

- Assess patients on admission for nutrition risk and need for tube feeding (TF)
- Consult Nutrition to assess and calculate energy and protein requirements to determine goals of nutrition therapy
- If patient critically ill, initiate tube feeds within 24-48 hours of admission to the ICU
- Take steps as needed to reduce the risk of aspiration or improve tolerance to gastric feeding:
 - Start with continuous TF infusion
 - Elevate the head of bed to 30-45°
 - If intubated, follow UCH VAP Bundle Guideline
 - Utilize prokinetic agents in patients at high risk of aspiration or continued intolerance (**see Box A**)
 - Establish small bowel TF if gastric feeding not tolerated
- **Do not use gastric residual volumes (GRVs) as part of routine care** to monitor patients receiving TF. If GRVs are utilized, do not hold for GRV < 500mL (**see Box B**)
- Refer to **Adult Enteral Feeding and Tube Management Policy** for further details

Box A: Prokinetic Guide

- Initiate metoclopramide 10mg IV Q6H (5mg Q6H if ↓ renal function), or erythromycin 200mg IV Q12H
- May consider combination prokinetic therapy with both agents
- Do not hold TF; continue prokinetics for 7 days or until TF discontinued, whichever is sooner
- **Contraindications to prokinetic agents:** prolonged QTC, Myasthenia gravis, bowel obstruction or perforation, liver dysfunction (3x normal Bilirubin, AST, ALT), allergy

Box B: Gastric Residual Volume Guide

- If GRVs checked, do not hold TF for GRV < 500mL
- Monitor for signs of TF intolerance (ie. abdominal distension, nausea, vomiting etc.)
- If GRV > 500mL, hold TF for 1 hour, notify responsible healthcare provider, and consider prokinetic agent(s)
- If residuals > 500mL after 4 doses metoclopramide and/or 2 doses erythromycin, consider small bowel feeding tube

Adapted from 2016 SCCM and ASPEN Guidelines:

McClave, S.A., Taylor, B.E., Martindale, R.G., Warren, M.M., Johnson, D.R., et al. (2016). 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 of Parenteral and Enteral Nutrition (A.S.P.E.N.). *Journal of Parenteral and Enteral Nutrition*, 40(2), 159-211.