

PEPUP

Increased protein and energy delivery

POCKET
GUIDE

Upon admission to ICU:

physician should complete “Enteral Feeding Initiation Orders” and **select one** of the following three **feeding strategies**:

1 Volume-Based Feeds (most patients)

Day 1 - 25 mL/hr (until end of flow sheet)

Day 2 (and subsequent days) - Rate determined by 24-hr volume goal

- Consult RD to determine goal
- If no RD available, use weight-based goals on the EN Feeding Initiation Orders or use the Weight-Based Target Volume Table* (See back)

Calculating rate from 24-hr volume goal:

$$\begin{array}{rclcl} 24\text{-hr} & & & & \\ \text{Volume goal} & - & \text{Volume already} & = & \text{Volume remaining} \\ & & \text{received today} & & \text{for today} \\ \\ \text{Volume remaining} & \div & \text{Hours} & = & \text{Rate} \\ \text{for today} & & \text{remaining today} & & \end{array}$$



Rate should never exceed 150 mL/hr. For more assistance calculating rate, consult “volume-based feeding schedule”.

2 Trophic Feeds

- Feed @ 10 mL/hr
- Appropriate for patients:
 - On vasopressors (if adequately resuscitated)
 - Who are not suitable for high volume feeding (ruptured AAA, upper intestinal anastomosis, impending intubation, risk of refeeding syndrome)

3 NPO

- Appropriate for patients with:
 - ✓ Bowel perforation
 - ✓ Bowel obstruction
 - ✓ Proximal high output fistula
- The following are not automatic contraindications to EN – Individual assessment is needed:
- ✗ Recent operation
 - ✗ High NG output

Interruptions due to procedures?

- Consult “EN guideline for surgical procedures”
- Volume-based feeds: If patient is scheduled to be NPO, adjust rate so volume goal is met before feeding is stopped

High gastric residual volumes?

- Trophic feeds: Do not monitor GRVs
- Volume-based feeds: Consult “Gastric Feeding Flow Chart”

Diarrhea?

Consult “Nurses’ Guideline for Management of Diarrhea”

Discuss at rounds every day

- 1** Trophic feeds or NPO: Ability to progress to volume-based feeds
- 2** Daily nutritional adequacy (Volume patient received ÷ 24-hr volume goal × 100)
- 3** Appropriateness of enteral formula, motility agents and protein supplements

This protocol is a guideline; it does not replace clinical judgment. If uncomfortable with any aspect of the protocol, discuss it with a dietitian or physician.

Remember

Patients on volume-based or trophic feeds should also be started on:

- Metoclopramide: 10 mg IV q 6h
- Beneprotein®: 2 packets (14 g) mixed in 40-120 mL water administered BID - Note: if using Peptamen® Intense High Protein, the addition of Beneprotein® may not be indicated.

Questions?

Contact your ICU dietitian

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*Weight-Based Target Volume

Weight	Peptamen® Intense High Protein 24-hour target volume with a 1.0 cal/mL feeding	Peptamen® AF 24-hour target volume with a 1.2 cal/mL feeding	Peptamen® 1.5 24-hour target volume with a 1.5 cal/mL feeding
≤50 kg	1050 mL/24 hrs	875 mL/24 hrs	700 mL/24 hrs
50.1-65 kg	1350 mL/24 hrs	1125 mL/24 hrs	900 mL/24 hrs
65.1-80 kg	1650 mL/24 hrs	1375 mL/24 hrs	1100 mL/24 hrs
80.1-95 kg	1950 mL/24 hrs	1625 mL/24 hrs	1300 mL/24 hrs
≥95.1 kg	2400 mL/24 hrs	2000 mL/24 hrs	1600 mL/24 hrs

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