

PATIENT CARE ORDERS

Weight (kg)	Adverse Reactions
Please use black ink ballpoint pen only and press firmly to make copy	

CANADIAN GUIDELINES FOR
Achieving Best Practice
 CRITICAL CARE NUTRITION

SAMPLE Feeding Protocol

ORDER AND SIGNATURE

ICU GASTRIC AND INTESTINAL FEEDING ORDERS (ADULT)	TRANSCRIPTION
1. <input type="checkbox"/> CXR to confirm initial tube placement. OR <input type="checkbox"/> _____ tube placement confirmed _____. (gastric, intestinal) (e.g. radiographically, endoscopically)	
2. Attempt to elevate head of bed 45°, unless contraindicated.	
3. <input type="checkbox"/> Begin high calorie formula at 10 mL/h after initial tube placement confirmed. To be reassessed in 1 day. OR <input type="checkbox"/> Begin _____ at 25 mL/h after initial tube placement confirmed. To be reassessed in 1 day. OR <input type="checkbox"/> NPO. To be reassessed in 1 day.	
4. <input type="checkbox"/> Monitor gastric residual volumes as per Adult Gastric Feeding Flow Chart on back of Orders.	
5. <input type="checkbox"/> Increase feeding rate by 25 mL/h q4 h up to _____ mL/h (for gastric feedings, follow Adult ICU Gastric Feeding Flow Chart on back of Orders).	
6. <input type="checkbox"/> Monitor stool output.	
7. <input type="checkbox"/> q Monday and Thursday: urea and prealbumin. <input type="checkbox"/> q Monday: 24 hour urine for urea and creatinine clearance (start Sunday, complete Monday).	
8. <input type="checkbox"/> Flush tube with at least 10 mL sterile water q4 h during feedings, at beginning and end of feedings, after aspiration for residuals, and before and after medication administration.	
9. <input type="checkbox"/> Declog tube with pancrelipase 8,000 units mixed with crushed sodium bicarbonate 500 mg in 5 mL warm water prn if unable to flush.	
Signature & Designation:	Pharmacy Use Only: Reviewed by: _____ Entered by: _____ Checked by: _____
Printed Name:	
Date (YYYY/MM/DD) & Time (HHMM):	