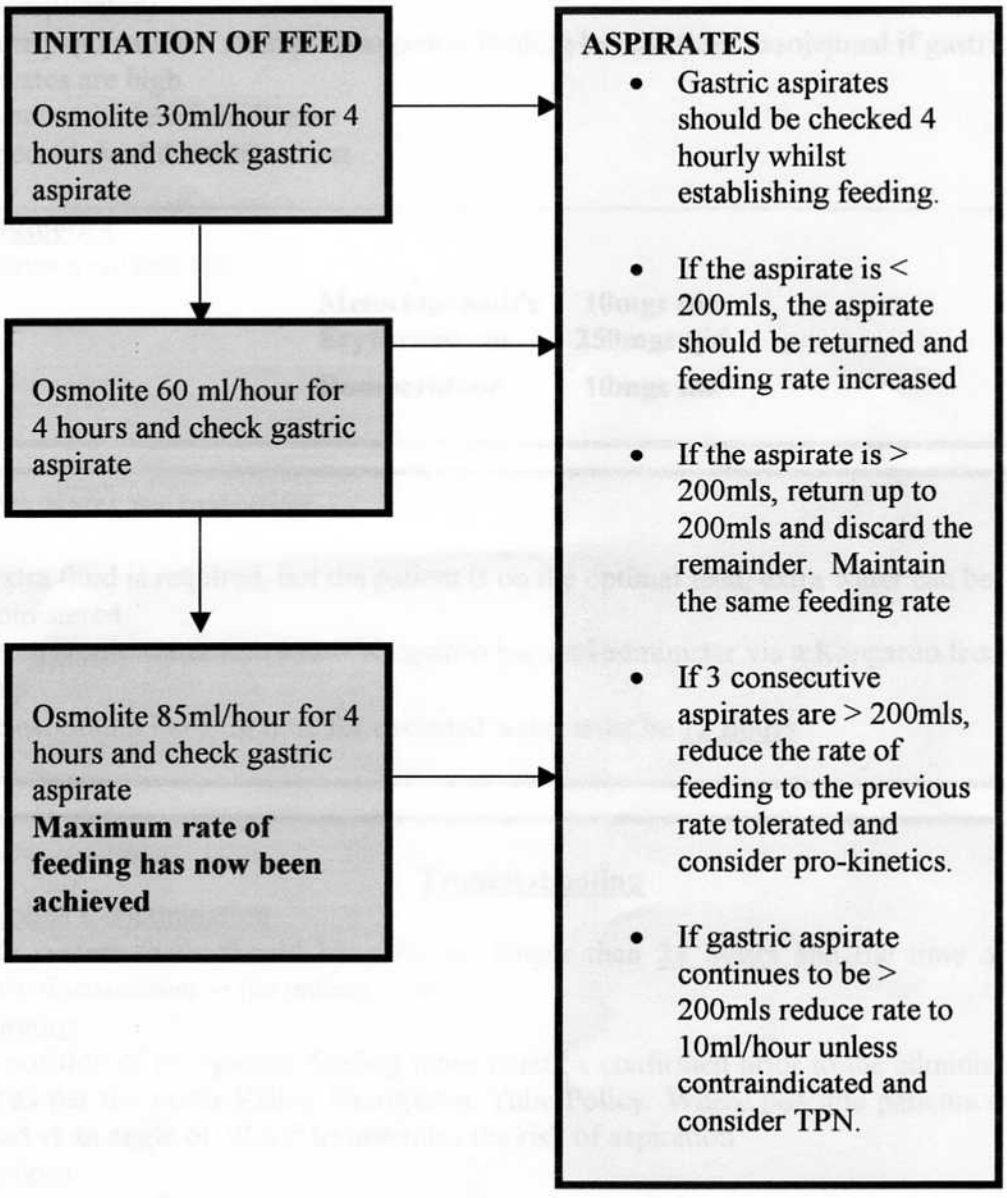
NHS
Forth Valley

PROCEDURE FOR STARTING ENTERAL FEEDING IN ITU

FEED

The standard feed to be used is Osmolite, which provides 1kcal/ml and is low residue. Each patient will be assessed by the Dietitian on the next working day and the most appropriate feeding regimen will be recommended and documented on the Enteral Feeding Chart / fluid prescription chart.



Feeding should continue for 24 hours without any breaks

Contraindications to Enteral Feeding

Anatomical disruption, obstruction or high nasogastric losses
General peritonitis
Severe exacerbation of inflammatory bowel disease
Severe shock states
Gut ischaemia
Imminent bowel resection, endoscopy or extubation planned

Cautions to Enteral Feeding

Localised peritonitis, intra-abdominal abscess
Extremely short bowel (<30cms) or enteric fistula
Enteric anastomoses (usually safe to commence enteral nutrition with 24-36hrs if surgery uncomplicated)
Acute pancreatitis – attempt nasogastric feeding but consider nasojejunal if gastric aspirates are high
Patients with terminal disease
Expected short duration of fast

Prokinetics

Options available are:

Metoclopramide	**10mgs tds**
Erythromycin	**250mgs qid**
Domperidone	**10mgs tds**

Extra water for hydration

If extra fluid is required, but the patient is on the optimal feed, extra water can be administered.
Decant sterile water into a new Kangaroo bag and administer via a Kangaroo feeding pump.
The maximum hanging time for decanted water must be **12 hours**.

Troubleshooting

Microbial Contamination

Close system feeds should hang for no longer than **24 hours** and the time of spiking clearly documented in the patient's notes.

Aspiration

The position of nasogastric feeding tubes must be confirmed prior to the administration of feed as per the Forth Valley Nasogastric Tube Policy. Where possible patients should be nursed at an angle of 30-45° to minimise the risk of aspiration.

Diarrhoea

If other causes of diarrhoea have been excluded (eg antibiotics, infection) consider:

- Changing to a fibre feed eg Jevity
- Reducing the rate of feeding to tolerance
- Consider semi-elemental feed if true malabsorbtion suspected.

For further information please refer to the Guidelines on the Management of Enteral and Parenteral Feeding and Drug Administration.