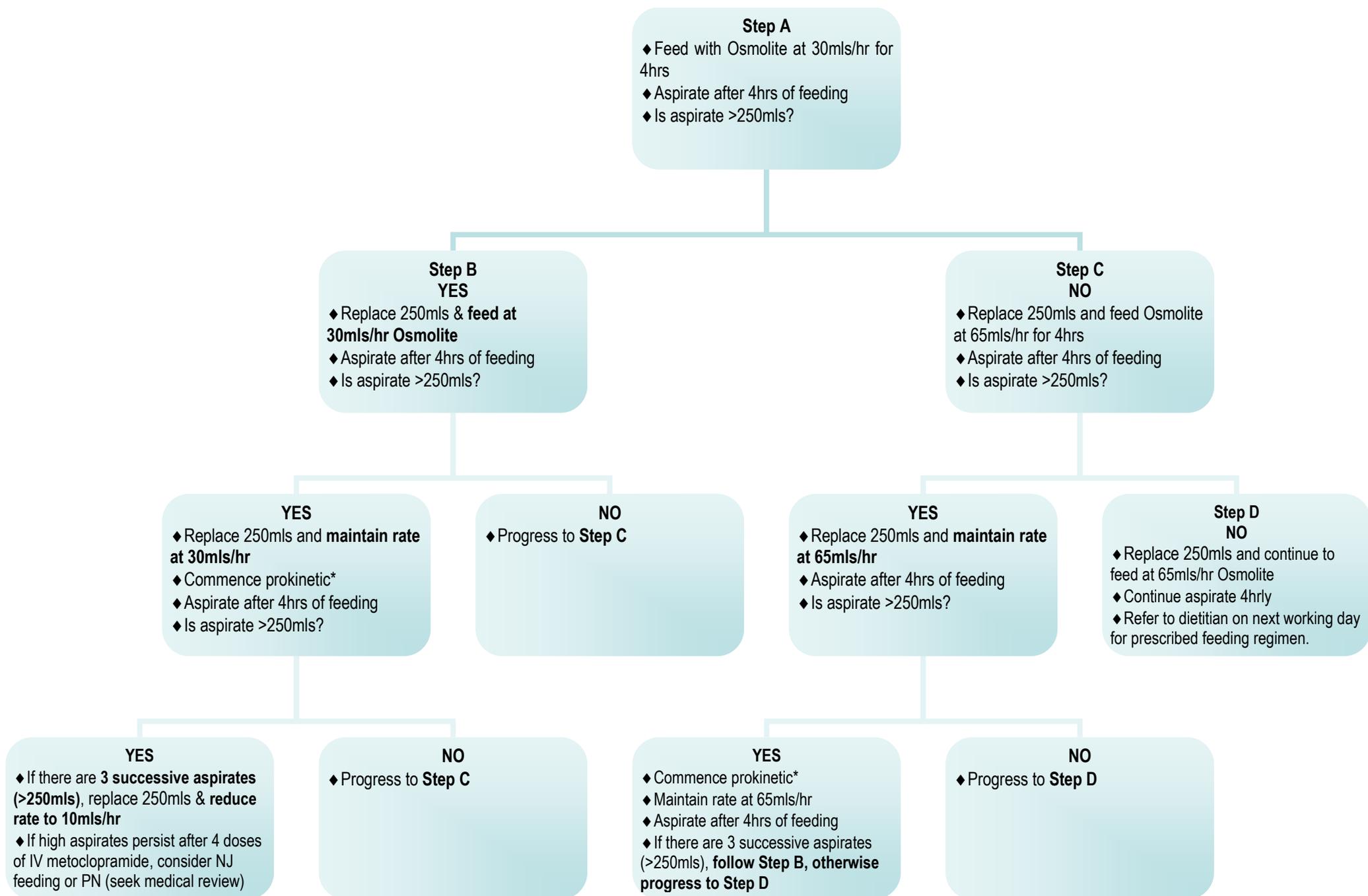


**ENTERAL Starter Feeding Regimen for patients not at Refeeding Risk (Regimen 1) - ENSURE HEAD OF BED IS ELEVATED AT  $\geq 30^\circ$  (DRAFT form)**



**Step A**  
◆ Feed with Osmolite at 30mls/hr for 4hrs  
◆ Aspirate after 4hrs of feeding  
◆ Is aspirate >250mls?

**Step B YES**  
◆ Replace 250mls & feed at 30mls/hr Osmolite  
◆ Aspirate after 4hrs of feeding  
◆ Is aspirate >250mls?

**Step C NO**  
◆ Replace 250mls and feed Osmolite at 65mls/hr for 4hrs  
◆ Aspirate after 4hrs of feeding  
◆ Is aspirate >250mls?

**YES**  
◆ Replace 250mls and maintain rate at 30mls/hr  
◆ Commence prokinetic\*  
◆ Aspirate after 4hrs of feeding  
◆ Is aspirate >250mls?

**NO**  
◆ Progress to **Step C**

**YES**  
◆ Replace 250mls and maintain rate at 65mls/hr  
◆ Aspirate after 4hrs of feeding  
◆ Is aspirate >250mls?

**Step D NO**  
◆ Replace 250mls and continue to feed at 65mls/hr Osmolite  
◆ Continue aspirate 4hrly  
◆ Refer to dietitian on next working day for prescribed feeding regimen.

**YES**  
◆ If there are 3 successive aspirates (>250mls), replace 250mls & reduce rate to 10mls/hr  
◆ If high aspirates persist after 4 doses of IV metoclopramide, consider NJ feeding or PN (seek medical review)

**NO**  
◆ Progress to **Step C**

**YES**  
◆ Commence prokinetic\*  
◆ Maintain rate at 65mls/hr  
◆ Aspirate after 4hrs of feeding  
◆ If there are 3 successive aspirates (>250mls), follow **Step B**, otherwise progress to **Step D**

**NO**  
◆ Progress to **Step D**

**ENTERAL Starter Feeding Regimen for patients at Refeeding Risk (Regimen 2) - ENSURE HEAD OF BED IS ELEVATED AT  $\geq 30^\circ$  (DRAFT form)**

