RENAL LOW VOLUME OUT OF HOURS GASTROSTOMY FEEDING REGIMEN (in a formed stoma tract)

Ward__________________________
Patient’s Name__________________________
Hospital Number_________________________

Before starting Gastrostomy feed:

1. Refer to the patient’s Lead Clinical team to assess refeeding syndrome risk and implement plan, as per Trust refeeding protocol

2. Refer to the dietitian using the online referral form on the intranet

3. Identify Feeding Tube PEG RIG BGT Button (circle)

<table>
<thead>
<tr>
<th>Date/Day</th>
<th>Feed</th>
<th>Volume of feed (ml)</th>
<th>Rate (ml/hr)</th>
<th>No. of Hours</th>
<th>Rest Period</th>
<th>Comments (additional fluid/flushes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1</td>
<td>Nutrison Concentrated</td>
<td>250</td>
<td>13</td>
<td>~20</td>
<td>4 hours</td>
<td>Flush the tube with 30mls sterile water before and after feed</td>
</tr>
<tr>
<td>Day 2</td>
<td>Nutrison Concentrated</td>
<td>500</td>
<td>25</td>
<td>20</td>
<td>4 hours</td>
<td>Flush the tube with 30mls sterile water before and after feed</td>
</tr>
<tr>
<td>Day 3</td>
<td>CONTINUE AS PER PLAN ON DAY 2 UNTIL REVIEWED BY A DIETITIAN (unless patient weighs less than 40Kg, then remain on Day 1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Use alongside the correct Enteral Feeding Tube After Care Form (download from dietetic intranet site)

- Monitor fluid balance daily. You may need to consider additional water flushes or I/V fluids
- Many Nutrison feeds contain Fish Oils. If this patient is a vegetarian or vegan please use Nutrison Soya unless contraindicated and inform the ward dietitian
- If a patient does not tolerate the feed please decrease the feed to a rate that was previously tolerated and contact your ward dietitian
- Raise the head of the bed to 30 degrees during feeding and for ½-1 hour after feeding
- Use a new giving set, bag of feed or water container every 24 hours
- Use a 60 ml enteral syringe and sterile water for all water flushes
- Flush with a minimum of 30mls sterile water pre and post all medications

Name and signature of nurse starting regimen: ____________________________ Date: ____________________________

Updated June 2018