ICU/HDU Nasogastric Feeding Regimen (Protocol 1)

ICU / HDU	Patient name:	Est fluid requirement (30-35 ml/kg/day):	Regimen for 30 kg actual bodyweight if BMI ≤ 25
	Patient number:	Admission weight:	
		Ideal body weight:	Regimen for 30 kg ideal body weight if BMI > 25
		BMI:	

Day of feeding	Insert Date	Feed	Feed volume in 24 hrs	Feed rate (ml/hr)	Feed duration	Feed break	Additional fluids needed?
Day 1		Protein Plus	150	6	24 hrs	Nil	Flush with 50 ml of sterile water pre and post feed Additional enteral water/IV fluids may be required – team to advise.
Day 2		Protein Plus	300	13	24 hrs	Nil	Flush with 50 ml of sterile water pre and post feed Additional enteral water/IV fluids may be required – team to advise.
Day 3		Protein Plus	420	18	24 hrs	Nil	Flush with 50 ml of sterile water pre and post feed Additional enteral water/IV fluids may be required – team to advise.
Days 4 to 7		Protein Plus	420	18	24 hrs	Nil	Flush with 50 ml of sterile water pre and post feed Additional enteral water/IV fluids may be required – team to advise.
Day 8 onwards		Protein Plus	600	25	24 hrs	Nil	Flush with 50 ml of sterile water pre and post feed Additional enteral water/IV fluids may be required – team to advise.

Please use a NGT Safety Bundle (paper/Metavision) for all patients on NG feeds. Check and record pH of gastric aspirate a minimum of once daily.

1) Feed contains fish oils. For vegetarian/vegan patients use Nutrison Soya unless contraindicated. Inform the ward dietitian
2) If a patient does not tolerate the feed, decrease feed to a rate that was previously tolerated and contact the ward dietitian
3) If possible, raise the head of the bed to 30 degrees during feeding and for 30-60 mins after feeding
4) Use a new giving set, bag of feed or water container every 24 hours
5) Use a 60 ml enteral syringe and sterile water for all water flushes
6) Flush with a minimum of 30mls sterile water pre and post all medications

ONCE THE TIP OF THE NASOGASTRIC TUBE (NGT) HAS BEEN CONFIRMED TO BE IN STOMACH BY EITHER A pH ASPIRATE (pH MUST BE 1-≤5.0) OR A CHEST X-RAY, REPEATED CHECKS MUST BE MADE TO CONFIRM POSITION AS FOLLOWS:-

BEFORE ADMINISTERING EACH FEED
BEFORE GIVING MEDICATION
AT LEAST ONCE DAILY

Please see ICU flowchart for checking placement of NGTs. IF YOU SUSPECT TUBE DISPLACEMENT, STOP FEED AND INFORM MEDICAL TEAM.
Arrange for chest X-Ray and replace tube if appropriate.

Protocol 1 uses a high protein feed (1.25 kcal/ml). This is the standard enteral feeding regimen that can be used for most ventilated/non-ventilated patients initiated on an NG feed (at any level of refeeding risk).

How to select the correct regimen

The choice of feeding regimen is based on weight and BMI:

- **If BMI is 25 or less, select the weight-based feeding regimen based on your patient's ACTUAL weight**
- **If BMI is > 25, select the select the weight-based feeding regimen based on your patient's IDEAL weight**

Allergies/specific dietary choices

If your patient has a **milk protein allergy, or strictly excludes milk/fish products** from their diet, Protein Plus feed is not suitable. Please contact the Dietitians. If we are not available, and the patient does not have a soy allergy, substitute Nutrison Soya feed (1 kcal/ml) for Protein Plus feed, and use the feed rates shown overleaf. **Let us know about any patients started on Nutrison Soya feed as soon as possible.**

Existing PEG/RIG tubes

Please contact the Dietitians as soon as possible. If we are not available, this feeding regimen can be used for these patients (unless there are any contraindications, as described above).

When to contact the Dietitians

Some patients may require specific dietetic input or may need a different feeding protocol/ different feed. Please contact the Dietitians for further advice if:

1. On feeding, serum phosphate drops significantly. Refeeding hypophosphatemia is defined as PO4 < 0.65 mmol/L or a drop of > 0.16 mmol/L (ensure Pabrinex is prescribed).
2. Gastric residual volumes do not decrease to acceptable levels with use of a prokinetic.
3. Your patient has worsening hypernatraemia that cannot be treated with additional NG water.
4. Your patient requires a low volume feed and/or a lower potassium feed.
5. Your patient requires continuous renal replacement therapy (CRRT).
6. Propofol is running > 10 ml/hour.
7. Your patient requires TPN.
8. Your patient is intubated/extubated.
9. Your patient has chronic pancreatitis/uses Creon (i.e. requires an individualised regimen).

How to contact the Dietitians

- Emma bleep 8069, Vicky bleep 8384
- Online e-referral (under 'Systems and links' on the Intranet home page)
- Dietetic Office 64290 (also to order more feed)