

# 1. CHOICE OF ENTERAL NUTRITION

	Current Weight ≤ 1.5 kg	Current Weight > 1.5 kg	
	All stoma types	High stoma	Low stoma
1. Choice	MEBM/DEBM	MEBM/DEBM	MEBM
2. Choice	SMA Pro Gold Prem 1	Pepti Junior	Nutriprem 2
3. Choice	NP 1 Hydrolysed	Puramino/Neocate	Pepti Junior

# 2. NUTRITIONAL STRATEGY

Current Weight ≤ 1.5 kg	Current Weight > 1.5 kg
<ul style="list-style-type: none"> <li>• Combination feeding until approx. 1.5 kg</li> <li>• Adjust ratio of parenteral and enteral feeds according to:               <ul style="list-style-type: none"> <li>○ total fluid allowance</li> <li>○ tolerated enteral volume</li> <li>○ growth</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Combination feeding until full enteral feeds tolerated</li> <li>• Increase enteral feeds until reaching the tolerance limit</li> <li>• Change over to the next milk type and continue until full feeds or no further improvement in tolerance limit achievable</li> </ul>
<ul style="list-style-type: none"> <li>• Increase feeds 1 ml 24 hourly at beginning</li> <li>• Start by bolus feed until 24 ml/kg/day, then run feeds continuously via pump</li> <li>• Babies with colostomy and no evidence of intestinal disease can be started on their respective age appropriate milk and fed by bolus like babies without stoma.</li> <li>• Use the same scheme for introduction of formula feeds as for babies without stoma</li> <li>• Wean feeding pump time once on full enteral feeds, stoma output &lt; 30 ml/kg/day and good growth</li> </ul>	

# 3. MONITORING AND MANAGING TOLERANCE

<ul style="list-style-type: none"> <li>• Daily stoma output and consistency; aim for &lt; 30 ml/kg/day and particulate stool, replace stoma output &gt; 20 ml/kg/day (assessed and replaced on 6 hrly intervals)</li> <li>• Weekly urine sodium; aim for &gt; 20 mmol/l in a random urine sample</li> <li>• Weekly liver function</li> </ul>
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