

Enteral Feeding Guideline

1Contraindications to Enteral Nutrition

Definite contraindications to enteral nutrition

- Escalating vasoactive or inotropic support
- Hemodynamic instability with ongoing volume resuscitation
- Suspected or confirmed necrotizing enterocolitis or intestinal ischemia
- Mechanical bowel obstruction
- Significant gastrointestinal bleeding

Relative contraindications to enteral nutrition

- First 24 hours after cardiac surgery or open chest
- Ongoing central hypothermia
- Less than 24 hours after cardiac arrest
- Severe ileus with high nasogastric output and/or emesis
- High gastrointestinal stomal output
- Intractable diarrhea

2When to consider post-pyloric feeds?

Aspiration Risk

- Previous history of aspiration
- Witnessed regurgitation or aspiration of gastric contents
- Severe gastro-esophageal reflux disease
- Altered mental status with depressed gag and cough reflexes.
- Persistent vomiting (2 or more episodes in a 24-hour period).
- Noninvasive ventilation **WITH** escalating or high settings.

NPO for greater than 24 hours and...

- anticipate the patient will remain on respiratory support and not safe for NG feedings. Do not start feedings if respiratory status remains unstable and patient may need intubation.

3Bowel Regimen

Osmotic laxative: Miralax, Lactulose

Stimulant laxative: Senna, Bisacodyl

Emollient laxative (softener): Docusate

Rectal options: glycerin suppository, docusate suppository, sodium phosphate enema

4Signs and Symptoms of Intolerance

- Vomiting (2 or more episodes/24 hours)
- Abdominal discomfort with distention and tenderness
- Diarrhea- 3 or more episodes of loose stool in 24 hours not related to antibiotics or a bowel regimen.
- *There is no evidence to support the use of abdominal girth or gastric residual as a sign of feeding intolerance.*

Nutritional Goals

Age	Kcal/Kg/day
0-3 mo	102
4-36 mo	82
4-6 yrs	65
7-10 yrs	55
11-18 yrs	40

* if the patient is mechanically ventilated, subtract 10% of the total daily calories. Do not subtract for NIPPV.

NPO time for Procedures

- All tube feedings must be stopped 8 hours prior to scheduled surgery/sedation (Breastmilk can be held 6 hours prior).
- Intubated patients with post-pyloric feeds do not need to have feedings stopped. (If extubating, stop post-pyloric feedings 8hrs prior).
- Clear liquids and medications may be given in all types of tubes until 2 hours prior to scheduled surgery (broth and breastmilk are not considered clear).