



London Health Sciences Centre

Critical Care Trauma Centre PATIENTS RECEIVING ENTERAL FEEDING IN CCTC PREPRINTED ORDERS

KEY: R - REQUISITIONED P - PROCESSED (KARDEX)

MAC 92/10

NON-MEDICATION ORDERS		R	P	MEDICATION ORDERS		P
<p>Reason for Exam / Clinical History and Contact # required for all Radiology / Nuclear Medicine orders.</p> <p><input type="checkbox"/> Chest x-ray to check tube placement of naso-gastric tubes prior to initiation of enteral feeding.</p> <p><input type="checkbox"/> Consult dietitian re: nutritional assessment.</p> <p><input type="checkbox"/> 24 hour urine for creatinine clearance, creatinine, urea, electrolytes and osmolality on admission and q Monday starting at 0600 until 0600 Tuesday.</p> <p><input type="checkbox"/> Prealbumin upon initiation of nutrition support and q Monday.</p> <p><input type="checkbox"/> Check for impaction q 3 days if no B.M. (See bowel routine for details.)</p> <p>Patients who are expected to go to OR:</p> <p><input type="checkbox"/> If intubated and no plans to have airway manipulation or bowel surgery: stop tube feeds 1-2 hrs prior to OR and aspirate stomach contents.</p> <p><input type="checkbox"/> If not intubated or has plans for airway manipulation or bowel surgery: stop tube feeds 8 hrs prior to OR.</p> <p><input type="checkbox"/> Resume tube feeds when patient returns from OR unless otherwise requested.</p>				<p>1. <input type="checkbox"/> Start _____ @ 25 mL/h and increase by 25 mL/h q _____ h to a final rate of _____ mL/h.</p> <p>Formula Indications</p> <ul style="list-style-type: none"> • Standard: Jevity 1.0 (1 kcal/mL) • Trauma/Burns: Jevity 1.2 (1.2 kcal/mL) • Renal Insufficiency: Jevity 1.0/Nutren 1.5 (NB: Nutren 1.5 = 1.5 kcal/mL) • Renal Failure: Nepro (Caution: 2 kcal/mL) • GI Compromise: Peptamen <p>Rate Increments</p> <ul style="list-style-type: none"> • Standard - q 4h • J-tube - q 8h • GI Compromise or risk of Refeeding Syndrome - Start @ 10 mL/h and increase by 10 mL/h q 12h - 24h. <p><input type="checkbox"/> Other: _____ _____ _____</p> <p>2. <input type="checkbox"/> Irrigate feeding tubes q 4h and pre and post meds with 30 mL sterile H₂O.</p> <p><input type="checkbox"/> If feeding is initiated via NG tube - check for residual volume q 6h. If 1st residual > GRV (250 mL) consider metoclopramide; and continue feed at same rate; If 2nd consecutive residual > GRV maximum; Hold feeds and recheck in 1 h; Rechecked residual > GRV decrease feed rate by ½ previous rate or by 25 mL/h whichever is higher, otherwise continue feed at same rate and increase to goal rate as per orders. Consider advancing feeding tube into the small bowel if high residuals persist.</p> <p><input type="checkbox"/> Replace NG tube with feeding tube when feeding is tolerated > 24h.</p> <p>3. <input type="checkbox"/> If feeding tube becomes blocked, declog with a mixture of:</p> <ol style="list-style-type: none"> one 300 mg NaHCO₃ tablet crushed the contents of one pancrelipase capsule 15 mL sterile H₂O through the feeding tube and clamp for 5 minutes. <p><input type="checkbox"/> Attempt to irrigate and repeat x 2 p.r.n.</p>		
<p>PRESCRIBER'S PRINTED NAME / SIGNATURE / CONTACT #:</p>				<p>DATE (YYYY/MM/DD):</p>		<p>TIME:</p>
<p>PROCESSOR'S INITIALS:</p>	<p>DATE (YYYY/MM/DD):</p>	<p>TIME:</p>	<p>RN INITIALS:</p>	<p>DATE (YYYY/MM/DD):</p>	<p>TIME:</p>	