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Critical Care Program LHSC

Guideline for Enteral Feeds and Surgical Procedures

This guideline is meant to assist with the management of enteral feeding in critically ill patients that are going to the operating room for a procedure. Although it addresses most situations it does not replace clinical judgment. The treating team may make a decision that reflects the best care of an individual patient given specific circumstances.

1. For intubated patients with a **post pyloric feeding tube**, enteral feedings should continue up to the time that the patient is called for transport to the OR. Feeds should then be held for the procedure.
2. For intubated patients with an **orogastric tube or nasogastric tube**, feeds should continue up to 1-2 hours prior to transfer and residual gastric contents should be aspirated and discarded on call to the OR.
3. For intubated patients scheduled for surgical manipulation of the airway (eg. rigid bronchoscopy, laryngectomy), feeds should be held 6-8 hours prior to the procedure at the direction of the anesthetist and/or surgical team.
4. On return from the OR from non-abdominal surgery, feeds are to be resumed at the pre-operative rate.
5. On return from the OR for patients undergoing step-wise closure of an open abdomen, feeds are to be resumed at the pre-operative rate.
6. Following bowel surgery, do not resume feeds until the surgical team and ICU have discussed the feeding plan. There may be circumstances when the surgical team may direct that enteral feeding be held (eg. ischemic bowel, fistula, bowel not in continuity).
7. Non-intubated patients who are either on an oral diet or receiving tube feeds should be fasting for a minimum of 8 hours prior to any elective surgical procedure. These patients can receive their medications with sips of water.