Gastric Feeding in ICU

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Gastric feeding protocol

Feed should be started as soon as clinically indicated
Use alternating Osmolite HP/Jevity Promote unless otherwise advised.
Aspirate every 4 hours

Feed rate	Aspirate volume	Volume replaced	Action to be taken
10 ml/hr	Only start at this rate if advised by Consultant Only reduce to this rate if advised by Consultant/Dietitian		
30 ml/hr	< 300 ml > 300 ml	Up to 150 ml 150 ml	• If malnourished/risk of refeeding syndrome, maintain rate at 30 ml/hr for 24 hr • If not, increase rate to 60 ml/hr • Maintain rate of 30 ml/hr • After 3 attempts (12 hr) of 30 ml/hr commence prokinetic* • After 48 hr consider second prokinetic* • After 5 days consider endoscopic NJ placement or Parenteral Nutrition
If patient is malnourished/risk of refeeding syndrome (non-alcohol related), Pabrinex, 1 pair od should be considered for 3-5 days or until at target feed rate			
60 ml/hr	< 300 ml >300 ml	Up to 150 ml 150 ml	• If malnourished/risk of refeeding syndrome or weighs < 50 kg maintain rate of 60 ml/hr until reviewed by Dietitian. • If not malnourished and patient > 50 kg increase rate to 80 ml/hr • Reduce rate to 30 ml/hr
80 ml/hr	<300 ml >300 ml	Up to 200 ml 200 ml	• If patient > 50 kg maintain rate of 80 ml/hr until review by Dietitian. • If tolerated at 80 ml/hr for > 24 hr review and on prokinetic review need • Reduce rate to 60 ml/hr
	Additional guidance on aspirates/rate adjustment at higher rates		
100 ml/hr	<300 ml >300 ml	Up to 200 ml 200 ml	• Maintain rate of 100 ml/hr • Reduce rate to 80 ml/hr
125 ml/hr	<300 ml >300 ml	Up to 200 ml 200 ml	• Maintain rate of 125 ml/hr • Reduce rate to 80 ml/hr

Prokinetics - commencing

- **Metoclopramide –** IV, 10 mg tds should be used as first line unless contraindicated and commenced after ***3 consecutive aspirates of 300 ml or more***
- **Erythromycin –** IV, 250 mg bd should be use when metoclopramide is contra-indicated or if aspirates continue to be > 300 ml and feed rate remains at 30 ml/hr ***after 48 hr*** of metoclopramide

Prokinetics– stopping

- Review the need for prokinetics once the feed is at the target rate for 24 hours with aspirates less than 300ml every 4 hours.
- Initially withhold the prokinetic for 24 hours and if the aspirates remain less than 300ml every 4 hours during this time it can be crossed off the drug chart.
- If both prokinetics are being given, withhold and stop one at a time.

Adjusting feed rate using "Catch-Up"

If the feed is stopped temporarily for procedures, the rate should be adjusted where appropriate to ensure adequate nutrition and to avoid the need for IV fluids wherever possible.

Adjusting the feed rate should be used

a) when at full target rate and
b) when procedures are unlikely to have resulted in GI intolerance e.g. tracheostomy, scans

Do not adjust the feed rate

- GIT surgical procedures as these are likely to affect GI tolerance
- High doses of insulin (> 6 units/hr) are required to control blood sugars

Resume at previously tolerated rate or restart at 30 ml/hr as per protocol.

How to adjust the feed rate

Calculate the prescribed total 24 hr volume e.g. 80 ml/hr x 24 =1920 ml
Subtract volume of feed already given e.g. 300 ml = 1620 ml
Divide by the number of hours remaining in the day e.g. 14 hr = 115 ml/hr

Do not exceed

- 125 ml/hr of any of the Osmolite and Jevity range including HP, Plus, or 1.5 and Perative and Vital 1.5
- 80 ml/hr of Nepro HP, Two Cal or Oxepa