Guidelines & References

DA Enteral feeding manual and guidelines

Indications

When the gastro-intestinal track is functioning.

When a person cannot meet 65% of their needs orally

When inadequate oral intake is expected for more than 7 days

Example

Gastrointestinal malabsorption	↑ reqs w/ low appetite (cancers, burns, trauma)
Crohn's	short bowl disorder
liver failure	acute renal failure
neuromuscular swallowing disorder (eg stroke)	EDs

Nut Reqs

NEMO simple ratio (repletion, acute adult, trauma etc)

P: ↑ stress, wound healing, muscle wasting, reduce immune response

Obese pt to prevent overfeeding: Use ABW with a 25% correction

Obese pt w/ goal to meet 100% reqs: Use ABW with 50% correction

Include flushes: min 30ml before/after each feed

Total volume does NOT = total fluid Each formula has a differernt amount of fluid. Need to calculate.

USE DRY WEIGHT

Mild: oedema = -1kg. Ascites = -2.2kg

Mod: oedema = -5kg. Ascites = -6kg

Severe: oedema = -10kg. Ascites = -14kg

Flushes

Flushes before & after tube feed (*min 30mL each*). Compare reqs w/ formula, use what's left over for flushes.

Formulas

Consider: renal electrolyte prescriptions, total fluid, availability, allergies, intolerances or allergies. Most are GF

Standard polymeric feeds: needs the GIT for digestion

Pre-digested feeds (semi-elemental & elemental): already broken down – less (or no) GIT needed. Eg. Pancreatitis (fat malab - semi), Milk allergy (elemental)

FUNCTIONING GUT = Only need 60-100cm of working gut

Separate feed formulas for renal pts

Feeding Regimes

Continuous	~16-20 hours. Usually first step.
Bolus	Mimic normal eating. Gravity drip or syringe. 100-400mL over 15-60 mins at regular intervals (eg. every 4 hours)
Transitional feeding	Commencing oral intake w/ EN – weaning off. Stop EN when they are having 65-75% of requirements from food

Goal Rate

1. *kj reqs ÷ kj 1L feed = L of feed need to meet reqs.*

2. *L of feed ÷ hours = goal rate*

Consider max rate for the type of tube.

Start @ lower end of range. Monitor & ↑ w/ tolerance, wt hx

Start Rate

goal rate ÷ 2

Continuous: Can, but not required: 50% goal rate in first 12 hours. Reduced nausea & diarrhea. 1-2 days to build up to goal rate.

IF risk of refeeding or hyperglyceamic: 50% of goal rate. ↑ when biochem stable.

Monitoring

Reqs change day-to-day – needs to be constantly monitored & adjusted

GI tolerance – N/V/D. Bowl movements. Anthro – wt. Aspiration. Dehydration – biochem. Electrolyte – refeeding. Hypo/hyperglycaemia

SGA weekly

Troubleshooting

Diarrhoea	Antibiotics, feeding rate too fast, or too large bolus. Check flushes have been included in calculations. Overflow from constipation?
Constipation	Swap to higher fibre formula. Increase fluid in flushes. Prokinetics = faster stomach emptying
Nausea	feeding too fast, delayed gastric emptying, cold formula. Swap to continuous (if bolus). Prokinetics.
Hyperglycaemic	Swap to continuous. Consider insulin. BGL every 4 hours.

p267 handbook = causes & treatment of EN issues

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