INITIAL ENTERAL NUTRITION

Initial Enteral Nutrition Order Set

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☑ Enteral Feeding Orders:

			
TYPE OF FORMULA:			
☐ Osmolite 1 Cal (standard without fiber)			☐ Peptamen (elemental)☐ Vital 1Cal (elemental)
□ Pulmocare (pulmonary)	☐ Nepro (Renal-Dial	ysis)	☐ Ensure Plus
☐ Pulmocare (pulmonary) ☐Oxepa (ALI/ARDS/SIRS)	☐ Optimental (eleme	ntal)	□ Other
☐ Jevity 1.2 Cal (standard w/	□ Ensure		
fiber)			
METHOD OF ADMINISTRATION			
☐ Continuous			
□ Bolus			
001711110110 5550110 0 10 11			
CONTINUOUS FEEDING PARAM	ETERS		
□Initial Rate mL/Hr			
□Advance Rate by mL/Hr			
□Every Hr			
□Feeding Goal mL/Hr			
BOLUS FEEDING PARAMETERS	}		
☐ Bolus Feed AmountmL	-		
☐ Bolus Feed Ratemin			
\square Bolus Feed FrequencyHrs			
Supplements			
Frequency of supplements			
ricquency or supplements			
☐ Feeding Tube Hydration Flush:			
	Frequency Hrs		

☑ Enteral Nutrition Instructions

- *Flush the feeding tube with 30 mL sterile water for tube patency.
- *Keep HOB elevated to 30°-45° at all times during feedings.
- *Keep HOB elevated to 30°-45° for minimum of 2 Hrs post feeding.
- *Check residuals Q 4 Hrs. Exception: surgically placed J tube.
- *Hold feeding if residual > 250 mL for nasogastric tube/orogastric tube and return residual of 200 mL to stomach. Recheck Q 2 Hrs, resume if < 100 mL.
- *If residual > 250 mL after 2nd check, notify MD and request order for a promotility agent or placement of post pyloric feeding tube.
- *If residuals > 500 mL, do NOT return residual and hold feeding indefinitely. Notify MD and obtain order for placement of post pyloric feeding tube.
- *Nasal/Oral post pyloric feedings: If residuals > 20 mL hold feeding, and obtain order for abdominal X-ray to confirm tube placement before restarting feedings.
- *Hold feeding for emesis, suspected aspiration or increasing abdominal tenderness or distention.
- *Record intake and output Q shift. Record volume of enteral formula separately from flushed water and oral intake Q shift.

*Record bowel movements, number/volume, consistency, and color.

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Sponsor: Beth Asano/Mary Welly

MEDITECH NAME: INITIAL ENTERAL NUTRITION

MEDITECH MNEMONIC:GI.ENTN

ZYNX=none

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*All labs/diagnostics will be drawn/done routine now unless otherwise specified LABORATORY- Panel 18 (Select All) ☐ Comprehensive Metabolic Panel (CMP)-In AM ☐ Uric Acid-In AM ☐ Lactate Dehydrogenase (LDH)-In AM ☐ Phosphorous (PHOS)-In AM ☐ Cholesterol (CHOL)-In AM **LABORATORY-** Nutrition Panel ☑ Basic Metabolic Panel (BMP) ☑ Phosphorous ☑ ALT ☑ Magnesium ☑ Triglycerides ☑ Ionized Calcium ☑ Prealbumin ☑ Transferrin **DIAGNOSTICS-** Radiology ☐ Chest X-ray (CXR). Reason: Confirm feeding tube placement ☐ Abdominal X-ray (KUB). Reason: Confirm feeding tube placement

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REQUEST FOR SERVICE
☑ Nutritional consult

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Nursing Guidelines: To be placed on back of orderset

- Always confirm placement of feeding tube by obtaining radiologic confirmation of gastric or post pyloric feeding tube prior to initiation of feeding. See feeding tube placement policy
- Test flow characteristics of feeding tube by infusing 50 mL sterile water prior to initiation of feeding. NOTIFY MD if tube cannot be irrigated.
- Label the feeding bag/container and tubing with date, time, and initials.
- Change irrigation set-up, feeding bag/container, Lopez valves, and tubing Q 24 Hrs.
- Maintain 24 Hr hang time. If open system is used, not > 8 Hrs of formula is to be in the bag @ a time. Flush contents of bag out prior to adding more formula

Medication Administration via Tube Feeding Algorithm

- Review all medications. Is the medication necessary and can alternative route (i.e. patch) be used for delivery? Consult with pharmacist and MD.
- Verify that medication order specifies correct route of delivery (i.e. oral, NG or post pyloric).

Stop the feeding before administering medication

Flush tube with at least 30mL of sterile water using a 60mL oral syringe

Do you need to hold the feeding before administering the medication (refer to table below

- Assemble medication and equipment needed (i.e. oral syringe, pill pusher)
- Prepare and administer each medication separately
- Never mix drugs unless instructed by the pharmacist
- Never crush extended release or enteric coated medications
- Do not add medication to the formula
- Flush feeding tube with 15 mL of sterile water before and after each medication to ensure that the medication is cleared from the feeding tube. Consult with MD and RD for fluid restriction patients as flushing volumes may need to be reduced

SOLUBLE/DISPERSIBLE TABLETS*

- Remove plunger from the oral syringe
- Place the tablet into the barrel and replace plunger
- Draw up 15 mL of sterile water
- Place a clean gloved finger over the tip of the syringe and shake gently
- Administer via feeding tube

*Follow manufacturer guidelines when provided. Otherwise, follow above guidelines

LIQUIDS

- Shake well
- Draw up into an oral syringe
- If dilution is necessary, draw up an equal amount of sterile water into the same syringe and mix before administering
- Administer via feeding tube

CAPSULES/EFFERVESCENT TABLETS

- Put the medication into a medicine container, add 15 mL of sterile water and mix well
- Draw up into an oral syringe and administer via feeding tube
- Ensure effervescent tablets have stopped bubbling before drawing up into an oral syringe

Flush tube with at least 30 mL of sterile water following administration of last medication

Restart the feeding

Does the medication require you to hold the feeding (refer to table below)

Medications Requiring You to Hold the Tube Feeding

Medication	Type of Reaction	Tube Feeding Hold Time
Carbamazepine (suspension)	↓ absorption/may adhere to tubing	Hold at least 2 Hrs before and after dose
Digoxin	↓ absorption with Jevity	Hold at least 2 Hrs before and after dose
Fluconazole	↓ absorption with Jevity	Hold 1 hr before and after dose

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Quinolones (Cipro, Levofloxacin)	↓ absorption	Hold at least 1 Hr before and after dose
Penicillin V Potassium	unpredictable absorption	Hold at least 1 Hr before and 2 Hrs after dose
Phenytoin Sodium (suspension)	↓ absorption with ↓ serum levels	Hold at least 2 Hrs before and after dose
Pseudoephedrine Elixir	incompatibility	Hold at least 1 Hr before and 2 Hrs after dose
Theophylline	↓ absorption	Hold at least 1 Hr before and 2 Hrs after dose
Voriconazole (Vfend)	↓ absorption	Hold at least 1 Hr before and after dose

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