**Guidelines on enteral feeding for adult patients with suspected COVID-19**

* Early enteral feeding: start within 24-48h once haemodynamically stable (ESPEN 2009, ASPEN 2016, Canadian Practice Guidelines 2015).
* Follow the usual ICU out-of-hours feeding protocol for patients who are *not* for prone position.
* For medical patients with single organ failure – recommend avoid checking gastric aspirates/residual volumes (GRVs) to lessen the risk of aerosol spread (ASPEN 2016).
* Continue to check GRVs for surgical patients, MOF patients, patients who have vomited in last 24h and intestinal failure patients.
* For patients undergoing **prone position therapy** – start early enteral nutrition (ESPEN 2018, ESCIM 2017). See Figure 1 below for out-of-hours guideline for patients not at high risk of refeeding syndrome and Figure 2 overleaf for refeeding risk patients.
* Consider prokinetic use on a case-by-case basis if intolerance is demonstrated or expected.

**Figure 1:** Out-of-hours enteral feeding when using prone position therapy for 16h per 24h – for patients **NOT** at refeeding syndrome risk

**Note:**

1. Day 1 gives 960kcal & 36g protein; Day 2 gives 1200kcal & 45g protein; Day 3 gives 1440kcal & 54g protein.
2. Concurrent propofol infusion will give extra kcal and fat. Monitor triglyceride level.

**Figure 2:** Out-of-hours enteral feeding when using prone position therapy for 16h per 24h – for patients **AT HIGH RISK** of refeeding syndrome

**Note:**

1. Day 1 gives 640kcal & 24g protein; Day 2 gives 960kcal & 36g protein; Day 3 gives 1120kcal & 42g protein.
2. Give IV Pabrinex I and II od x 3/7, and NG multivitamin od per Hospital Refeeding Syndrome Guideline.

**References:**

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