**DRAFT: ICU Nutrition Flow Chart (3): Starter NG regimen for COVID-19 patients (including all prone-fed patients) - March 20**

Feed at @ 5 mls /hr  **x** 24hrs

**NEPRO HP**

Increase @ 5mls/hr /day until dietetic review for on-going feed plan

Commence B-vitamins IV: Pabrinex as per Trust or ITU guidelines

**\*REFER TO THE DIETITIAN\***

Is your patient at risk of **Re-feeding Syndrome?** 1,2,3,4

* History of excess alcohol intake
* BMI<18kg/m2
* Significantly low electrolytes e.g. K+<3mmol/l,
* Mg 2+ <0.5mmol/l or PO4- <0.5mmol/l
* >1 week nil or very minimal dietary intake

Start **NEPRO HP** @ 10ml/hr

Feed for 4 hrs

Aspirate (gastric contents) after 4 hrs

No

Yes

Is aspirate ≥ **300ml?**

Yes

Replace up to 200ml of aspirate

Increase feeding rate to 20ml/hr

Feed for 4 hrs

Re-aspirate

Replace 200ml of aspirate

Continue feed for 4 hrs at 10ml/hr

Re-aspirate after 4 hrs

Is aspirate ≥ **400ml?**

No

No

Yes

Replace **200ml** of aspirate

Continue feed for 4 hrs at 10ml/hr

Re-aspirate after 4 hrs

Is aspirate ≥ **300ml?**

Replace **200ml** of aspirate

Continue feed for 4 hrs at 10ml/hr

Re-aspirate after 4 hrs

**Discard aspirate.**

**If aspirate is >400ml:**

**STOP FEED**

**If ≤400ml reduce feed to 10ml/hr**

**Wait 4 hours**

**Re-aspirate**

Is aspirate ≥ **300ml?**

Yes

No

Yes

Replace **200ml** of aspirate

\*Start on regular prokinetic 1st line: **Metoclopramide** 10mg tds PO/NG/ IV (if not already commenced)

**\*Continue feeding at 10ml/hr x 4** hrs

Re-aspirate after 4 hrs

Replace **up to 200ml of aspirate**

Increase feeding rate to 20ml/hr

Feed for 4 hrs

Re-aspirate

No

Is aspirate ≥ **400mls?**

Replace up to **200ml** of aspirate

Increase feeding rate to **NEPRO HP**

**30 ml/hr x 24hrs**

**\*REFER TO THE DIETITIAN\***

Is aspirate > **300mls?**

Yes

No

Yes

**Hold the feed**

**Recheck aspirate every 2 hours**

**Restart the feed once aspirates fall ≤ 400 ml**

**Return to the beginning of the flow chart**

Replace **250mls** of aspirate

\*Reduce feeding rate to 10mls/hr

\*Consider adding 2nd line prokinetic: **Erythromycin** 125mg tds PO/NG/IV (if not already commenced)

Re-aspirate after 4 hours

**Consider alternative feeding route: eg. Nasojejunal, or TPN5. Consider a gastro team referral to discuss the options.**

Aspirate 4 hourly

Continue unless:

\*Patient vomits

\*Gastric feeding becomes contraindicated clinically

\* NG aspirates remain consistently > 400mls

**If aspirates are consistently >400ml=poor absorption**

**Notes:**