**Critical Care Enteral Feeding Starter Algorithm**

**Total 24 hour goal – 25kcal/kg (20ml/kg of Nutrison protein plus)**

**If BMI over 30kg/m2 or under 20kg/m2 refer to dietitian via E-Quest**

Assess the patient for refeeding syndrome risk, does the patient have any of the following?

* BMI less than 16kg/m2
* No or minimal oral/enteral intake more than 5 days
* History of alcohol abuse or IVDU
* More than 10% weight loss in 6 months

**Yes**

**No**

Prescribe forceval soluble one tablet o.d. and thiamine 100mg t.d.s. for 10 days.

Are they post GI or pancreatic surgery?

**Yes**

**No**

Refer to dietitian via E-Quest

Start feeding as per feeding section in op note

Commence Nutrison Protein Plus at 15ml/hr for the first 24 hours

Avoid using glucose containing maintenance fluids

Increase rate as per surgeons and refer to dietitian via E-Quest

**Day 1:** Start Nutrison Protein Plus at 40ml/hr for at least 8 hours

Are K+, Mg2+, PO43- stable?

**No**

**Day 2:** Increase feed to target volume: ml

Rate = volume ÷ 24 hours: ml/hr

Maintain current rate for a further 24 hours and replace electrolytes

**Yes**

Increase rate by 15ml/hr every 24hours until reach target rate

If patient is likely to be fed for three or more days refer to dietitian via E-Quest

**Management of NG Aspirates**

* Aspirate NGT every four hours
* If aspirate less than 250ml continue current rate of NGT feeding
* If aspirate more than 250ml: replace 250ml and discard the remainder. Maintain current rate and request IV metoclopramide prescription (10mg TDS).
* If two consecutive aspirates above 250ml with metoclopramide prescribed reduce rate by 25ml/hr to a **minimum of 25ml/hr** and refer to dietitian via E-Quest
* If aspirates still high after 24 hours on metoclopramide request IV erythromycin prescription (500mg BD), review after 48 hours and stop if aspirates not improved.