

## ENTERAL FEEDING REGIMEN FOR CRITICAL CARE DURING COVID-19 PERIOD

- Check position of NGT/OGT as per BHRUT policy & confirm at the beginning of each shift using risk assessment (pH  $\leq$ 5.5, if concerned check with x-ray)
- Aim to start enteral nutrition within 24-48 hours of admission
- Start feeding with **Nutrison Protein Plus Multi Fibre**
- **If a patient has had GI surgery, use Nutrison Protein Plus (non-fibre feed)**
- Aspirate NGT 4-6 hourly, if patient is **PRONED** aspirate 4 hourly
- Use **ACTUAL** or **ESTIMATED** body weight for feeding (not ideal body weight)

**Day 1:**  
Feed at 15mls/hr for 24 hours

**Day 2-3:**  
If **<40kg**: increase to **20 ml/hr** x 24hrs  
If **41-60kg**: increase to **25 ml/hr** x 24hrs  
If **61-80kg**: increase to **35 ml/hr** x 24hrs  
If  **$\geq$ 81kg**: increase to **45 ml/hr** x 24hrs  
  
**If Propofol is over 10 ml/hr, feed at 20 ml/hr**

**Day 4 onwards:**  
If **<40kg**: increase to **27 ml/hr** x 24hrs  
If **41-60kg**: increase to **33 ml/hr** x 24hrs  
If **61-80kg**: increase to **47 ml/hr** x 24hrs  
If  **$\geq$ 81kg**: increase to **53 ml/hr** x 24hrs  
  
**If Propofol is over 15 ml/hr, continue feed rate as Day 2-3**  
  
Continue at this rate until dietetic review

### Other Considerations:

- If on high dose of inotropes ( $>0.8$  mcg/kg/min Noradrenaline), consider feeding at a low rate (e.g. 5-10ml/hr)
- NGT placement x-rays may be difficult to read for Covid-19 positive patients. They may need an NJ tube.
- Patients in a prone position can continue to be tube fed

### Dietetic Service:

- During the Covid-19 pandemic the dietitians will provide a **remote service** to Critical Care
- Dietitians are contactable on weekdays:
  - Email: bhrut.dietitians@nhs.net
  - Queens: Ext: 3322/3324 or Dect phone: 6853
  - KGH: Ext: 8039 or Bleep: 8069

Is gastric aspirate consistently more than 300mls?  
(Return up to first 300ml and discard the rest)

Yes

Continue at same rate for further 4hrs, then aspirate.  
Is aspirate  $>300$ mls?

Yes

Start prokinetic therapy.  
**Metoclopramide IV 10mg TDS\* unless contraindicated.**  
(\*If weight  $<60$ kg, dose is IV metoclopramide 150 mcg/kg tds/10mg bd)  
  
Continue at same rate for another 4 hours.  
Aspirate NGT 4 hourly.  
Is aspirate  $>300$ mls?

**Add Erythromycin 125 - 250mgs QDS**  
can be given NG or IV

Continue at same rate for another 4 hours.  
Aspirate NGT 4 hourly.  
Is aspirate  $>300$ mls?

Reduce feeding rate by 25ml/hr to a minimum of 10ml/hr.

**DO NOT STOP FEED**

Post-pyloric feeding or TPN should be considered