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 ≤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 ≥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 ≥81kg: increase to 53 ml/hr x 24hrs

If Propofol is over 15 ml/hr, continue feed rate as Day 2-3

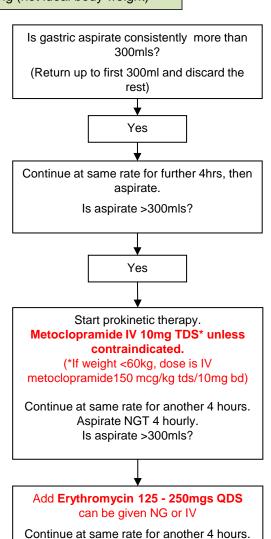
Continue at this rate until dietetic review

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



Aspirate NGT 4 hourly.

Is aspirate >300mls?

Reduce feeding rate by 25ml/hr to a

minimum of 10ml/hr.

DO NOT STOP FEED

Post-pyloric feeding or

TPN should be considered