**Enteral feeding-Adult Version 4 7/8/2016**

**General**

 Consider promotility agent if 2 consecutive residuals greater than 250 milliliter.

 Consider advancing tube below the ligament of Treitz if residual is consistently greater than 500 milliliter.

**Nursing Orders**

 Feeding tube insertion/management (DOBHOFF) for feeding delivery

 Nasogastric/orogastric tube insertion/management

 Gastric tube management (PEG)

 Jejunal tube management (PEJ)

 Elevate head of bed 30-45 degrees

 Measure gastric residual every four hours for continuous feeding or prior to each bolus feeding and document amount and return into patient unless volume is greater than 500 milliliter or greater than 250 milliliters for 2 consecutive checks

 Communication order : If residual is less than 250 milliliter continue feeding and increase to goal rate

 Notify provider : if 2 consecutive residual are greater than 250 milliliter; discard residual and hold feeding

 Notify provider : if residual is greater than 500 milliliter; discard residual and hold feeding

**Adult formula options:**

 Fibersource HN (Replacing Jevity 1.2)

 Isosource 1.5 CAL (Replacing Jevity 1.5)

 Isosource HN (Replacing Osmolite 1.2)

 Replete (Replacing Replete Fiber)

 Diabetisource AC (Replacing Glucerna 1.2)

 Nutren 2.0 (Replacing TwoCal HN)

 Novasource Renal (Replacing Nepro)

 Impact Peptide 1.5 (Replacing Oxepa)

 Peptamen AF (Replacing Vital AF 1.2)

 NutriHep

**Administration type:**

 Continuous feeding

 Initial rate: 20 milliliter/hour

 Initial rate: \_\_\_ milliliter/hour

 Increase by \_\_\_ milliliter/hour every \_\_\_ hours to goal rate of \_\_\_\_ milliliter/hour

 Intermittent Bolus

 \_\_\_\_ milliliter every \_\_\_\_ hour

 Continuous Nocturnal

 \_\_\_\_\_ milliliter per hour from \_\_\_\_ PM to \_\_\_\_ AM

 Intermittent Daytime bolus with Continuous Nocturnal

 Bolus feed: \_\_\_\_\_ milliliter bolus at \_\_\_\_\_\_\_\_\_\_\_\_\_ (times) and Nocturnal feed: \_\_\_\_\_ milliliter per hour from \_\_\_\_ PM to \_\_\_\_ AM

 Bolus feed: if eats less than 50% of meal give \_\_\_\_\_ milliliter bolus after meal and Nocturnal feed: \_\_\_\_\_ milliliter per hour from \_\_\_\_ PM to \_\_\_\_ AM

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**Dietary Supplements and Free Water**

 Free Water

 \_\_\_\_\_\_ milliliter every \_\_\_\_ hours

 Protein Powder (BENEPROTEIN)

 \_\_\_ scoop \_\_\_\_ x per day

 Soluble Fiber (NUTRISOURCE FIBER) -Max 6 scoops per day

 \_\_\_ scoop \_\_\_\_ x per day

**Radiology**

 Radiograph, kidney-ureter-bladder (KUB) , portable,

 routine for tube placement verification prior to beginning feeds

**Consults**

 Consult to dietitian, adult for assessment and recommendations

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