



Adult Enteral Nutrition Guidelines

1. Initiate Enteral Nutrition (EN) within 48 hours of admission if no contraindications present (decreases mortality).
2. Initiate Parenteral Nutrition (PN) only if EN cannot be tolerated to meet nutritional needs (contraindication to EN present).
3. If EN contraindicated, initiate PN if any of the following Protein Calorie Malnutrition (PCM) criteria are met:
 - a) BMI less than 18.5
 - b) Weight loss
 1. Greater than or equal to 5% in 1 month
 2. Greater than or equal to 7.5% in 3 months
 3. Greater than or equal to 10% in 6 months
 - c) Albumin less than 3 g/dL
4. Vasopressors are NOT a contraindication to Enteral Nutrition.
5. Pancreatitis is NOT a contraindication to Enteral Nutrition.
6. High Gastric Residual Volume (GRV) is NOT an accurate marker for aspiration risk, and is therefore NOT a contraindication to Enteral Nutrition.
7. When transitioning off PN, continue PN until greater than or equal to 60% estimated nutritional needs are met via enteral nutrition.
 - a. Finish PN bag with final 2 hours infusing at ½ goal rate

When transitioning from Tube Feeding (TF) to oral diet, continue TF until greater than or equal to 60% estimated nutritional needs are met orally.

Signs and Symptoms of enteral nutrition intolerance include, but are not limited to, abdominal distention, bloating, vomiting and constipation. If patient develops signs and symptoms of intolerance notify provider immediately.

Guidelines for Tube Feeding through Procedures

Only for intubated patients with protected airways – ETT or trach – NOT appropriate for non-vented patients

Patients (as described above) may continue Enteral Nutrition through procedures at goal rate.

Exclusion Criteria:

Patient not intubated / trached

Procedure involves gastrointestinal tract (peg, Nissen, gastric surgery, etc.)

Procedure involves airway (tracheostomy, neck dissection, bronchoscopy, etc.)

Procedure in any position other than supine or supine with bump

Intolerance of EN, evidence of ileus or obstruction

Caveats:

Must provide a full bottle of EN at a set rate prior to OR transport

- Anesthesia will NOT make adjustments to tube feed pump or change bottles of tube feed

Anesthesia may, at any time, discontinue EN if a safety concern arises

If patient is made NPO during the case for equipment issues (ran out of EN or pump malfunction), resume

EN at goal rate on admission back to ICU

If patient is made NPO during the case because of safety concerns, physicians must reorder EN

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