

Starting Gastric Feed: Adult ICU Flowchart

Commence Prior to Dietitian Review

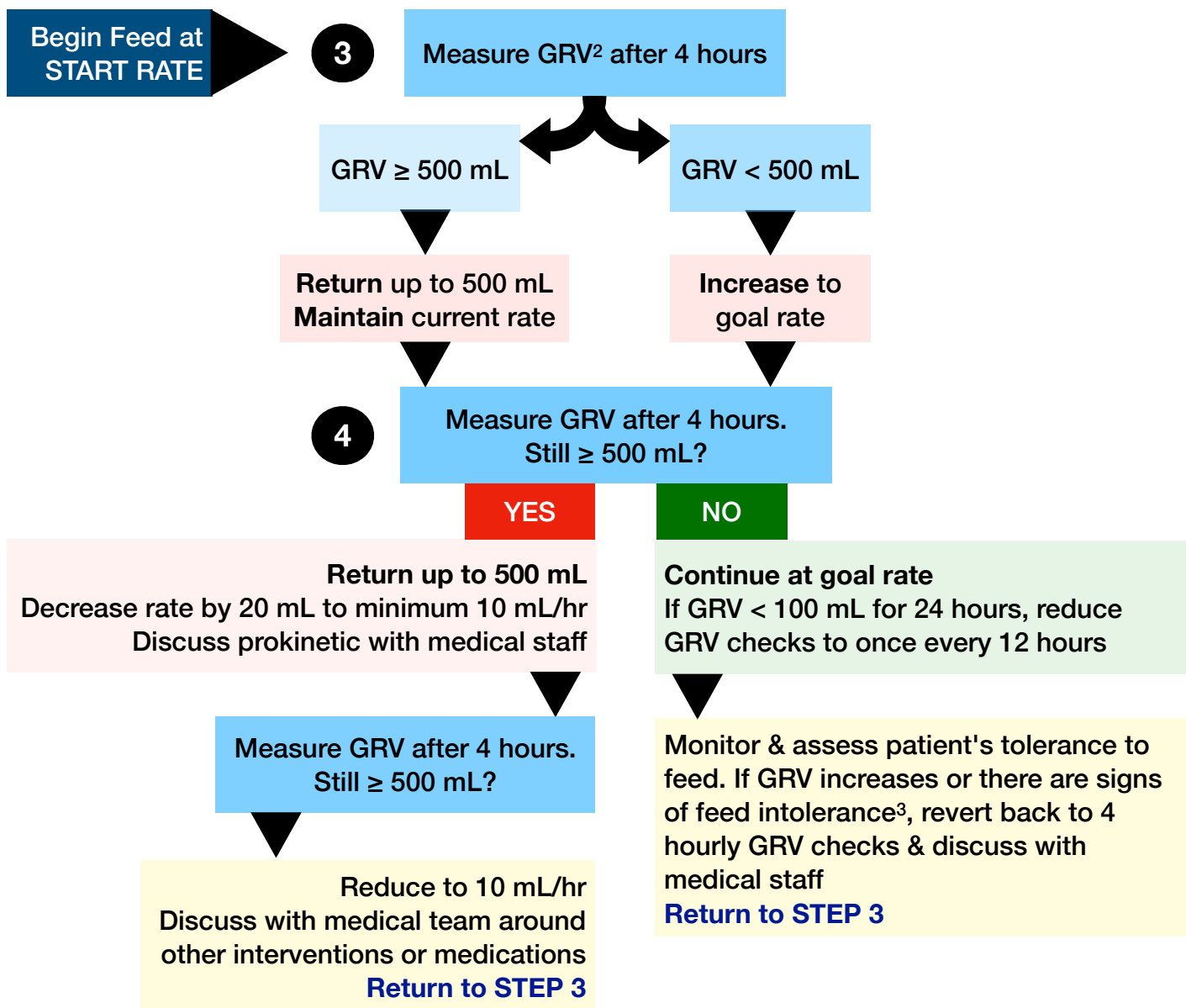


IS IT SAFE TO COMMENCE ENTERAL FEED?

- **Functioning gastrointestinal tract:** no perforation, ileus, fistula or recent bowel surgery¹
 - **Enteral access:** naso/orogastric tube with correct placement confirmed
 - **Haemodynamically stable:** fluid resuscitation complete, low to moderate vasoactive requirement
 - **No known allergy** to standard feed components (milk, soy, fish oil)
 - **No surgery/anaesthesia** planned in next 6 hours

- Ask doctor to prescribe **Nutrison Protein Plus Multifibre** at rate calculated from actual body weight
 - Make referral to ICU Dietitian

WEIGHT (kg)	≤44	45-54	55-68	69-83	84-99	≥100
START RATE (mL/hr)		15			20	
GOAL RATE (mL/hr)	15	23	28	35	42	50



1: Timing of feeding after surgery must be determined by surgical team & dietitian 2: **GRV** = Gastric Residual Volume. 3: **Signs of feed intolerance** include abdominal pain, cramping, distension, regurgitation of feed, spontaneous vomiting. Do not use this for patients identified at **severe** risk of refeeding syndrome (frail, elderly, alcoholism, very low BMI). This feeding regimen provides permissive hypocaloric feeding and is only intended until the patient can be reviewed by Dietitian which should occur within 5-7 days of admission. *This algorithm does not replace the need for clinical judgement.*