

Starting JEJUNAL Feed: Adult ICU Flowchart

Commence Prior to Dietitian Review



IS IT SAFE TO COMMENCE JEJUNAL FEED?

- 1
 - **Functioning gastrointestinal tract distal to jejunal tube:** no perforation, ileus, fistula, ischaemia, obstruction, major GI bleeding, significant bowel oedema or recent GI surgery¹
 - **Enteral access:** nasojejunal 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 4 hours

- 2
 - Ask doctor to prescribe feed² at rate calculated from actual body weight
 - Send referral to ICU Dietitian

WEIGHT (kg)	≤44	45-54	55-68	69-83	84-99	≥100
START RATE (mL/h)	10					
GOAL RATE (mL/h)	15	20	25	35	40	50

Begin feed at 10 mL/h

Monitor for signs of intolerance:
abdominal pain, cramping or distension
Do NOT aspirate NJ tube

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Feed tolerated?

NO

Maintain rate at 10 mL/h
Discuss prokinetic with medical team

Monitor for ongoing intolerance.
If signs of intolerance persist despite decreased rate, discuss with medical team around other interventions or medications, including TPN
Return to STEP 4

YES

Increase rate by 5 mL/h every 6 hrs to goal rate

Monitor & assess patient's tolerance to feed. If there are signs of feed intolerance discuss with medical staff & dietitian & **Return to STEP 3**

1: Timing of feeding after GI surgery must be determined by surgical team & dietitian.

2: Default feed is Nutrison Protein Plus Multifibre (PPMF) **except** for patient with pancreatic disease who should receive Vital 1.5 semi-elemental.

Do not use this for patients identified at **severe** risk of refeeding syndrome (BMI<16, unintentional weight loss >15% in 3-6 months, negligible intake >10 days, alcoholism). This feeding regimen provides permissive hypocaloric feeding and is only intended until the patient can be reviewed by a Dietitian which should occur within 1 working day of referral. *This algorithm does not replace the need for clinical judgement.*