

Patient: _____ Allergies: _____ Weight: _____ Kg, Height: _____ cm

1. Consult dietitian re: assessment of nutritional requirements and recommendations for Enteral Nutrition (EN)

2. Baseline investigations (if not completed in last 12h):

- ☒ CBC, INR, PTT, creatinine, urea, electrolytes, serum glucose (random), albumin, calcium, magnesium, phosphorus, pre-albumin, triglycerides, AST, ALT, Alk Phos, total bilirubin

3. Follow up Investigations (if not completed in last 12 h):

- ☒ Daily for the first 3 days – electrolytes, calcium, magnesium and phosphorus
☒ Monday and Thursday – creatinine, urea, electrolytes and pre-albumin
☒ Monday – albumin, calcium, magnesium and phosphorus
☒ Weekly weights

4. Start feeds once feeding tube tip location is confirmed radiographically

5. Ventilated critically ill COVID-19 patients are at increased risk of refeeding syndrome, overfeeding and GI intolerance. Initiate and advance EN per recommendations below until the dietitian is available to complete a full assessment:

- ☐ If patient, is on **greater than 15 mL/h of Propofol** start trophic feeds of Isosource® 1.0 HP or Promote® at 10 mL/h and increase by 10mL/h every 12h as tolerated to a max rate of 30 mL/h (also appropriate for patients with renal impairment or hepatic encephalopathy)
☐ If patient, is on **15 mL/h or less of Propofol**, start Isosource® 1.0 HP or Promote® at 10 mL/h and increase by 10mL/h every 6h as tolerated to a max rate of 50 mL/h
☐ If patient, **has renal impairment or hepatic encephalopathy**, and is on **15 mL/h or less of Propofol**, start Peptamen® 1.5 or Vital Peptide® 1.5 at 10 mL/h and increase by 10mL/h every 6h as tolerated to a max rate of 35 mL/h, OR

6. ☐ Start _____ at _____ mL/h, increase by _____ mL/h every _____ h as tolerated to a goal rate of _____ mL/h

7. Provide maintenance tube flushes of water as per hospital policy OR:

- ☐ 40 mL every 4h during feedings, after aspiration for residuals (if applicable), and before and after medication administration
☐ Flush with _____ mL water every _____ h

8. Elevate head of bed 30-45° at all times unless medically contraindicated. For proning, elevate head of bed in reverse Trendelenburg 10-25° (25° or more is optimal, if it is not contraindicated). For more information on proning refer to NSHA policy CC45-075

9. For prone patients, monitor gastric residual volumes (GRV) as per Adult Gastric Feeding Flow Chart (See reverse side of orders). For patients who are not prone (supine), consider monitoring GRV until patient has been on goal feeding rate for 48 hours and GRV <300mL. (NOTE: GRV can only be checked with a Salem sump® tube)

10. If GRV > 300 mL x 2; consider prokinetic treatment:

- ☐ Metoclopramide 5-10 mg IV every 6 hours x 48 hours, then prn (CrCl greater than 40mL/min)
☐ Metoclopramide 5 mg IV every 6-12 hours x 48 hours, then prn (CrCl equal to or less than 40mL/min)
☐ Other: _____

11. If tube is clogged, get a site specific declogging kit OR instill 1 tablet of pancreatic enzyme and 500 mg sodium bicarbonate; crushed. Mix with 5 mL of warm water and instill using a 5 mL syringe. Let sit 30 min before flushing with 15-30 mL warm water until tube patent

12. Do not hold feeds longer than 4 hours for extubation

13. Do not use blue dye, it is contraindicated in patients with septic shock

Prescriber's Signature: _____ Date (yyyy/mm/dd): _____

Prescriber's Name (print): _____ Reg. No. _____

Adult ICU Gastric Feeding Flow Chart for COVID-19 patients

DRAFT

