APPENDIX C: MANAGING ENTERAL FEEDING INTOLERANCE

MANAGING INTOLERANCE			
Indicator	**Severity**	**Definition**	**Treatment**
Vomiting	(Occurrence)	Any	• If no OG then place OG and start intermittent low wall suction • Check existing OG function/placement • IF OG placement correct, decrease TF infusion rate by 50% and call MD
Abdominal distention and/or cramping or tenderness (if detectable)	Mild	History and/or Physical exam	• Maintain TF infusion rate
	Moderate	History and/or Physical exam	• Maintain TF infusion. Do not advance • Order AP supine KUB x-ray • assess for small bowel obstruction If moderate distension for > 24 hrs, switch to elemental formula
	Severe	History and/or Physical exam	• Stop TF infusion • Monitor fluid status • Consider CBC, lactate, ABG, Chem7, CT scan abdomen • Check bladder pressure
Diarrhea	Mild	1-2 x /24 hr or 200-400 ml/24 hr	• Increase TF infusion rate per protocol
	Moderate	3-4 x / 24 hr or 400-600 ml/24 hr	• Maintain TF infusion rate. Do not advance • Evaluate patient for Clostridium Difficile per local hospital protocol • Consider soluble fiber (Nutrisource Fiber ®, 1 pkg BID, increase to 1 pkg QID). • Consider probiotics if not contraindicated.
	Severe	>4 x / 24 hr or >600 ml / 24 hr	• Decrease TF infusion rate by 50% • Review MAR: note antibiotic, bowel regimen, prokinetics, elixirs • Evaluate patient for Clostridium Difficile per local hospital protocol • If c. diff positive then treat appropriately and hold antidiarrheals for 48 hrs. • If c.diff negative give 2 mg loperamide after each loose stool • Order AP supine KUB x-ray to evaluate location of feeding tube • Consider switching to elemental formula • Monitor fluid and electrolyte status
High NG output	measured	>1200 ml / 12 hr	• Stop TF • Order AP supine KUB to evaluate location of OG and feeding tube ○ If OG past pylorus, pull back into stomach and resume tube feeds @ previous rate ○ If NJ in the stomach, consult GI to replace ○ If both tubes in correct position, decrease tube feed rate by 50% assess patient entirely • Check OG aspirate for glucose by lab ○ if glucose >110, hold TF, reassess in 12 hours ○ If OG aspirate glucose negative, resume TF at 50% previous rate
Medication Considerations	Inotropic agents e.g.,Dobutamine, Milrinone		• Advance feeding per protocol
	Paralytics and vasoactive agents: any paralytic continuous infusion, vasopressin >0.04units/min Dopamine > 10mcg/kg/min, Norepinephrine > 5mcg/min Phenylephrine > 50mcg/min, any epinephrine		• Elemental formula at 20mL/hr. Do not advance • Hold modular protein (Beneprotein/Prostat). • Consider concurrent TPN starting ICU day #7