

ENTERAL NUTRITION GUIDELINES†

I. ORDER NUTRITION CONSULT BY CLINICAL DIETITIAN

II. INDICATIONS FOR TUBE FEEDING

- Protein-calorie malnutrition with suboptimal po intake >5 days
- Adequate nutritional status with <50% of required nutrient intake for 7–10 days
- Prolonged NPO status (eg: intubation, dysphagia)
- Malabsorptive conditions

III. FLUID REQUIREMENTS/GUIDELINES

- 35 mL/kg (geriatrics: 30 mL/kg) May be restricted in liver, renal, cardiac disease. Flush tube with 1 mL/kcal fed
- BSA x 1500 mL water with immunosuppressed patients) to meet fluid requirements, irrigate, administer needs.

III. ESTIMATING NUTRITIONAL NEEDS

- **Calories**
 - ✓ Hypercatabolic 25–30 kcal/kg/day
 - ✓ Obese 20–25 kcal/kg/day
 - ✓ Morbidly obese Consult dietitian
- **Protein**
 - ✓ Mild to moderate depletion 1.2–1.5 g protein/kg/day
 - ✓ Post-operative/stressed starvation 1.2–2.0 g protein/kg/day
- Dietitians can provide more refined estimates of nutrient requirements.
- For detailed information, refer to the *Clinical Nutrition Resource Book* (online @ Healthlinks).
- Protein modification may be indicated with severe renal and liver disease.

†Ross Products is not liable for institution-provided information, including, but not limited to, procedures and practices.

ADMINISTRATION GUIDELINES†

I. INITIATION AND PROGRESSION

- **Gastric and Duodenal Feeding**
 - ✓ Initiate at full strength at rates of 20–30 mL/hour in adults.
 - ✓ Advance in 10–20 mL/hr increments approximately every 8–12 hours until goal rate is achieved.
- **Jejunal Feeding**
 - ✓ Only initiate in hemodynamically stable patients.
 - ✓ Use non-fiber, low osmolality (300–400 mOsm/kg H₂O) formula.
 - ✓ Start full strength at 10–20 mL/hr.
 - ✓ Increase slowly by 10–20 mL q 12–24 hours to goal.
- **Delivery Systems** (continuous, cyclic, intermittent)
 - ✓ Pump/gravity drip/syringe bolus
 - ✓ Open/closed

II. MONITORING

- Daily or QOD weights
- Daily I/O
- GI tolerance (eg, nausea/vomiting, cramping, abdominal distention, diarrhea/constipation)
- Check gastric residuals q 4 hours until desired rate is established. Hold infusions for 1 hour if gastric residual is >200 mL on two consecutive assessments. It is not necessary to check residuals in J-tube feedings.
- Monitor serum electrolytes, phosphorus, magnesium and ionized calcium daily until tolerance is established and patient is stable.
- Monitor nutrition labs (C-reactive protein, transthyretin, albumin, vitamin C and zinc).

III. MEDICATIONS

- Use liquid form of medication whenever possible.
- Be aware of possible drug nutrient interactions.
- Flush feeding tube before and after each use.
- Dissolve banana flakes with 60 mL of water and administer as medication down feeding tube. Do not add to formula bag.

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UNIVERSITY OF WASHINGTON MEDICAL CENTER — ENTERAL NUTRITION FORMULARY

Product Name	Characteristics	Indications	Cal/ml	Nutrient Composition per 1000 mL								Osmolality (mOsm/kg H ₂ O)	% Water	mL to meet 100% RDIs*	
				PRO (g)	FAT (g)	CHO (g)	Na (mEq)	K (mEq)	Ca (mg)	P (mg)	Fiber (g)				
Promote®	1.0 Cal/cc; isotonic; very high protein	Low osmolality; wound healing	1.0	62.5	26.0	130.0	43.5	50.8	1200	1200	1200	—	340	84	1000
Osmolite® 1.2 Cal	High protein; low-residue	Standard tube feeding without fiber	1.2	55.5	39.3	157.5	58.3	46.4	1200	1200	1200	—	360	82	1000
Glucerna® Select	Unique carbohydrate blend; contains fiber	Impaired glucose tolerance	1.0	50.0	54.4	95.7	40.9	46.3	705	705	705	21.1	470	84	1420
Jevity® 1.2 Cal	High protein; contains fiber	Standard tube feeding with fiber; management of diarrhea and constipation	1.2	55.5	39.3	169.4	58.7	47.4	1200	1200	1200	18.0	450	81	1000
Isosource® 1.5 Cal	Volume restricted; high protein; contains fiber	Increased protein needs; volume restriction	1.5	68	65	170	56	58	1070	1070	1070	8.0	650	78	933 (except Cl)
Nepro® with Carb Steady™	High protein; fluid restriction; renal appropriate electrolytes	Chronic or acute renal failure	1.8	81.0	96.0	166.8	46.1	27.2	1060	1060	700	15.6	600	73	948
Oxepra®	Calorically dense; EPA/GLA	ALI, ARDS, SIRS, Sepsis	1.5	62.7	93.8	105.3	57.0	50.1	1060	1060	1060	—	535	79	946
Peptinex DT®	MCT oil, Soybean oil	Fat malabsorption; chylotrax†	1.0	50	17.4	164	48	31	670	670	670	—	460	83	1500 (except Cl)
TwoCal® HN	Calorically dense; volume restriction	Fluid retention	2.0	83.5	90.5	218.5	63.0	62.6	1050	1050	1050	5.0	725	70	948
Perative®	Calorically dense; very high protein; peptide based; contains arginine	Metabolic stress; malabsorption; wound healing	1.3	66.7	37.3	180.3	45.2	44.4	870	870	870	6.5	460	79	1155
Pivot® 1.5 Cal	Calorically dense; very high protein; contains glutamine, arginine, and structured lipids	Metabolic stress; support wound healing	1.5	93.8	50.8	172.4	60.9	51.2	1000	1000	1000	7.5	595	76	1000

*mL to meet 100% RDIs for key vitamins and minerals.

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