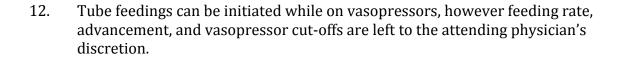
VCMC/SANTA PAULA HOSPITAL CLINICAL PRACTICE GUIDELINE Pre-Operative and ICU Feeding Guidelines

The contents of this clinical practice guideline are to be used as a guide. Healthcare professionals should use sound clinical judgment and individualize patient care. This CPG is not meant to be a replacement for training, experience, CME or studying the latest literature and drug information.

- 1. For patients who have existing tracheal tube in place, tube feeds should be held right before going to the operating room and the oral-gastric or nasogastric tube should be placed to suction, unless the surgery includes proning, tracheostomy, or direct manipulation of the stomach or trachea.
- 2. If the surgery includes proning, tracheostomy, or direct manipulation of the stomach or trachea, then tube feeds should be held 4-6 hours prior to surgery.
- 3. For patients who do not have a definitive airway established, ie not intubated, they must be NPO 6-8 hours prior to surgery.
- 4. Patients who return from the OR to the ICU should be restarted on tube feeds at the rate prior to surgery, unless specified by the ICU attending or Surgery attending.
- 5. If patient has an ileus, pancreatitis (at the discretion of the attending physician), planned multiple recurrent surgeries, a post-pyloric feeding tube should be considered.
- 6. If tube feeds are held for a prolonged amount of time, a new tube feeding rate should be re-calculated to make up for the time and amount of feeds missed, therefore achieving the overall same daily amount.
- 7. Tube feeds can be held the morning of extubation @ 0400, however, the oral-gastric or nasogastric tube must be placed on suction and wait 2-4 hours until extubation. In the event that the patient has a high risk airway, timing of NPO status is up to the discretion of attending physician.
- 8. Residuals do not need to be routinely checked unless clinically indicated, i.e. abdominal distention, ileus, high narcotic requirements, or attending physician discretion.
- 9. Enteral feeding should be started as soon as possible, within 24-48 hours of arrival to the ICU.
- 10. If enteric feeding cannot be initiated, patient is not meeting nutritional goals, or preexisting malnutrition exists, parenteral feeding should be considered at 7-10 days, or at the discretion of the ICU attending.
- 11. The recommended protein goal should be 1.2-1.5g/kg ideal body weight/day.



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