

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.

12. Tube feedings can be initiated while on vasopressors, however feeding rate, advancement, and vasopressor cut-offs are left to the attending physician's discretion.

Approvals:
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