

# TRIP Sheet Adult Enteral Feeds

## *Translating Research Into Practice*

- Delivering early nutrition support, primarily using the enteral route, may decrease disease severity, diminish complications, decrease length of stay and improve patient outcomes (McClave et al, 2009)
- **Goals:**
  - Initiate Enteral Nutrition (EN) within 24-48 hours of admission (requires MD order)
  - Deliver > 90% of required calories on a daily basis.
- **Tools for Success:**
  - MD should complete the “Inpatient Enteral Tube Feeding” order and utilize the EN Feeding Guideline provided on the back of the order form (also available in Appendix A of P&P) (DOD# FND 12532)
- **Reference: Level of Evidence I**

McClave S et al. Guidelines for the Provision and Assessment of Nutrition Support therapy in the Adult Critically Ill Patient: Society of Critical Care Medicine (SCCM) and American Society for Parenteral and Enteral Nutrition (ASPEN). *Journal of Parenteral and Enteral Nutrition*. 2009 May-June; 33(3): 277-316.
- **RN Practice Implications/Policy Changes**
  - Small Bore (8Fr-12Fr) and Large Bore (14Fr-16Fr) tubes require placement confirmation by x-ray. MD should note the anatomical location of the tube (stomach or small bowel)
  - Confirm placement thereafter by assessment of aspiration contents and **assessment of the tube position as it exits the nare**. Note that with small bore tubes, aspiration may not be possible.
  - Gastric residual volumes (GRV) should be monitored at least every 4 hours. **Recommended maximum GRV is 350ml.** Refer to MD order.
  - Refer to the EN Feeding Guideline to manage excess GRV.
  - Do not check residuals when feeding the small bowel. Patient should be assessed for signs of feeding intolerance. If feeding intolerance is presumed, a large bore nasogastric tube should be placed into the stomach for GRV assessment and drainage.
  - Sterile water may be indicated for flushes and irrigation in immune-compromised and critically ill patient populations.
  - Refer to EN Feeding Guideline for tube maintenance and procedure for clog removal.

