Suggested Adult Enteral Feeding Protocol:
Sample Order Set

**Enteral Feeding Initiation**  Check appropriate order(s)

1. ☐ RD Nutrition Consult for nutrition assessment, feeding recommendations, tolerance assessment and tracking of cumulative calorie deficit
2. ☐ Insert nasogastric feeding tube and verify tube placement with abdominal film
   Or
3. ☐ Consult GI or Tube Team for specialized feeding tube placement: (Circle one) nasogastric, nasojejunal, percutaneous gastrostomy, percutaneous jejunostomy; verify tube placement
4. ☐ If patient has had nothing by mouth for >10 days or is <85% IBW, monitor for Refeeding Syndrome

**Formula Selection and Infusion Method**  Check appropriate order(s)

1. ☐ Prescribing physician  Or ☐ RD complete Malabsorption Index™ to determine optimal formula
2. ☐ Consider early initiation (within 24-48 hrs) of immune modulating formula for the appropriate patient population (major elective surgery, trauma, burns, head and neck cancer, and/or critically ill on mechanical ventilation)
3. ☐ Select formula ____________________________  Or ☐ Defer to RD for formula selection
4. Select infusion method:
   ☐ Continuous feeding: Begin________ mL/hour full strength and advance 25 mL/hour every 8 hours as tolerated to goal rate: (Specify)________ mL/hour
   ☐ Bolus feeding: __________mL every__________hours
   ☐ Volume based feeding:__________mL daily, nurse to infuse over available hours/day, not exceeding 280 mL/hour for gastric feeding and 150 mL/hour post-pyloric feeding
5. Select free water flush: ☐ 200 mL/shift  Or ☐ _________mL free water every ________hours

**Routine Nursing Orders**
- Mouthwash swab application 10 mL chlorhexidine to mucous membrane twice daily
- Record accurate initial height and daily weights on graphics
- Keep head of bed elevated 30-45 degrees at all times, unless contraindicated
- For clogged feeding tube, instill 1 tablet Viokase and 650 mg Sodium Bicarbonate with 10 mL warm water as needed _____time(s)
- Record stool frequency
- DO NOT stop feeds for residuals less than 500 mL where there are no other signs of intolerance
- Gastric residual aspirate of <500 mL should be returned to the patient when no accompanying signs of intolerance are present
- Flush with 50 mL water every 4 hours if flush is not ordered
- Flush feeding tube with 10 mL at beginning and ending of feedings, after gastric residual aspiration and before/after medication administration
- Nursing to resume feeding once tube placement has been confirmed by radiologist or physician responsible for care
- Do not stop tube feedings for diagnostic tests, usual nursing care, or routine bedside procedures unless specifically ordered by the physician

**Optional Orders**  Check appropriate order(s)

☐ Monitor blood glucose every ____hours (default is every 6 hours)
☐ Call physician if blood glucose is greater than _______mg/dL or less than ____mg/dL
☐ For inadvertent gastric enteral feeding tube removal, nurse may reinsert tube and order abdominal x-ray for placement confirmation
☐ Metoclopramide 10 mg every 6 hours, if indicated/tolerated for increased gastric motility
☐ Erythromycin 12 mg every 6 hours, if indicated/tolerated for increased gastric motility

Please Note: These are suggested guidelines for enteral feeding based on various clinical references. They are not intended as a substitute for medical advice or existing facility protocols.


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