



# Critical Care Nutrition

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## ICU GUIDELINE: POST-PYLORIC FEEDING

(Nasal/oral duodenal; gastro- jejunostomy; jejunostomy)

### BOX B: INDICATIONS FOR POST-PYLORIC TUBE

- 1) Gastric stasis (sump GRV > 250 mL despite 24 hr trial of a prokinetic).
- 2) Aspiration risk (nursed in supine or prone position).
- 3) Severe acute pancreatitis.
- 4) Upper GI anastomosis (tube tip distal to anastomosis).

START

### ALL CRITERIA MET?

- 1) Radiologic confirmation of tube tip in optimal position **AND**
- 2) Pt hemodynamically stable **AND**
- 3) Abdomen clinically benign **AND**
- 4) Permission obtained from ICU Attending or Fellow to start EN.

YES

NO

### INITIATE EN

- 1) Initiate EN at 25 mL/hr#.
- 2) Clamp gastric sump.
- 3) Measure sump gastric residual volumes (GRV) Q4H; record volume; discard.

### STOP!

- 1) Do not initiate EN.
- 2) If EN initiated:
  - a) Hold feeds
  - b) Contact MD.
  - c) Place sump on suction.
  - d) Hold all cathartics (e.g. Citromag®).
  - e) Obtain abdominal x-ray.
  - f) Reduce narcotics to minimum effective dose.

### BOX A: TOLERATING EN?

- 1) Abdomen clinically benign **AND**
- 2) Q4H sump GRV  $\leq$  400 ml (sump clamped) **AND**
- 3) Q4H sump GRV does not contain a **significant** amount of feed **AND**
- 4) Q4H sump GRV does not contain frank blood **AND**
- 5) Absence of spontaneous emesis.

NO

YES

### EN TITRATION

Increase EN by 25 mL\*#. Assess EN tolerance Q4H (**GREEN BOX A**). **NOTE:** If indication for post pyloric tube # 3 or # 4 (**GREY BOX B**) continue EN at 25 mL/hr for 24 hrs before increasing.

\*unless contraindicated  
# requires MD order

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