GASTRIC FEEDING FLOW CHART

Place feeding tube or use existing gastric drainage tube.  
X-ray to confirm placement (as required)

Elevate head of bed to 45° (or as much as possible) unless contraindicated.  
Start feed at initial rate or volume

Measure gastric residual volumes q4h.  
Is the residual volume > 300 mL?*  
NOTE: Do not aspirate small bowel tubes.

Replace *300 mL of aspirate, discard remainder.  
Reduced rate by 25 mL/h to no less than 10 mL/h.  
Step 1: Start metoclopramide 10mg IV q 6 hr.  
If already prescribed, go to Step 2.  
Step 2: Consider adding erythromycin 200 mg IV q12h (may prolong Qt interval). If 4 doses of erythromycin are ineffective, go to Step 3.  
Step 3: Consider small bowel feeding tube placement and discontinue motility agents thereafter.

Replace up to *300 mL of aspirate, discard remainder.  
Set rate of EN based on remaining volume and time until X am (max rate 150mL/hr).  
Reassess motility agents after feeds tolerated at target rate for 24 hours.

Was the residual volume greater than *300 mL the last time it was measured?

No
Yes

No

*Sites may customize the gastric residual volume threshold in keeping with their current practice and best available evidence which supports a gastric residual volume between 250 – 500 mL.  
Source: 2012 Canadian Clinical Practice Guidelines  