ICU GUIDELINE: POST-PYLORIC FEEDING
(Nasal/oral duodenal; gastro- jejunostomy; jejunostomy)

**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.

**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.

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

**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.

**BOX A: TOLERATING EN?**
1) Abdomen clinically benign AND
2) Q4H sump GRV ≤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.

**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).

*unless contraindicated
# requires MD order

**START**
YES NO

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