Enteral Nutrition is the preferred route of feeding in critically ill patients requiring nutritional support.
Goal: Initiate tube feeding within 48 hours if predicted that patient will be NPO for 5 or more days.
If patient has compromised GI function (ileus, pancreatitis, fistula, etc.):
Trial of tube feeding indicated prior to initiating TPN
[Evidence Based Medicine - ASPEN]

Total Parenteral Nutrition (TPN) is not recommended unless one or more of the following conditions, bulleted below are met:
TPN use anticipated to be greater than 5 days, and enteral nutrition is not possible
Bowel obstruction distal to the site of access
Patients with inability to absorb enteral nutrition due to splanchnic hypoperfusion, especially patients receiving vasopressors
Major upper GI hemorrhage caused be varices, or peptic ulcer diseases with visible vessel on endoscopy

In general, evidence based medicine has failed to show improvement in outcomes from using TPN in the ICU

If appropriate for patient condition for TPN, please consider the following orderset: TPN order set #513

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**General**

**Nasogastric Tube Panel**

- [] Nasogastric Tube Panel
  - If patient has an intact or diminished gag reflex, is able to handle emesis, or is able to tolerate PO foods.

- [] Nasogastric tube insertion
  - Routine, Once, Starting today
  - Suction type:

- [] Nasogastric tube maintenance
  - Routine, Until discontinued, Starting today
  - Suction type:
  - Check residuals every 6 hours. If residuals are high (equal to or greater than 350-500 ml) then assess for distension and bowel tones and notify MD and request Reglan and/or Erythromycin orders: Reglan every 6 hours and if no response after 2 doses give Erythromycin. If residual remains high after trial of Reglan or Erythromycin then place small bowel feeding tube.

- [] Other

**Nasoduodenal/Jejunal Tube Panel**

- [] Nasoduodenal/Jejunal Tube Panel
  - Insert nasoduodenal tube
    - Routine, Once, Starting today For 1 Occurrences

- [] Flush Tube
  - Routine, Until discontinued, Starting today,
  - With 60 ml of water every 6 hours (note if free water restriction)

- [] Other

**Nutrition Services Consult**

- [X] Inpatient consult to Nutrition Services
  - Reason for Consult? To evaluate and complete Tube Feeding Initiation Physician Order

- [] Other
Imaging
Diagnostic Imaging

[ ] X-ray abdomen AP portable
Reason for Exam: Tube Placement __________________
Is the patient pregnant? __________________
Reason for Exam (USE SIGNS AND SYMPTOMS): __________________
Transport Mode: Bed __________________

[ ] X-ray abdomen AP
Reason for Exam: Tube Placement __________________
Is the patient pregnant? __________________
Reason for Exam (USE SIGNS AND SYMPTOMS): __________________
Transport Mode: Bed __________________

[ ] Other

Medications
Nasogastric Medication Panel

[ ] Nasogastric Panel
[ ] metoclopramide (REGLAN) injection
Dose: 10 mg
Route: IntraVENous
Frequency: Every 6 hours
If no response after 2 doses then add azithromycin.
Routine __________________

[ ] azithromycin (ZITHROMAX) suspension 200 mg/5mL
Dose: 250 mg
Route: Feeding Tube
Frequency: Daily
Give per tube if no response after 2 doses of Metoclopramide.
Routine __________________

[ ] Other

Nasoduodenal/Jejunal Tube Panel
Nasoduodenal/Jejunal Tube Panel

[ ] Nasoduodenal/Jejunal Tube Panel
[ ] metoclopramide (REGLAN) injection
Dose: 10 mg
Route: IntraVENous
Frequency: Once __________________
For 1 Doses, Routine __________________

[ ] Other

Date/Time: __________________ Printed Name of Ordering Provider: __________________
Provider Signature: __________________
Date/Time: __________________ RN Acknowledged: __________________