Status **Active** PolicyStat ID **17501103**

Origination	03/2023	Contact	Stephanie Spain: Trauma Prgm Mgr Adult
Last Approved	02/2025	Area	Trauma Surgical Critical Care
Effective	02/2025	Applicability	Erlanger Health - Baroness
Last Revised	03/2023		
Next Review	02/2028		

Enteral Feeding: Pre-Operative Practice Management Guidelines for Patients with a Protected Airway

1. Process/Procedure Description

The Pre-Operative Enteral Feeding for Patient with Protected Airway is developed to provide a plan for efficiently providing the required nutritional support to admitted trauma patients requiring surgery.

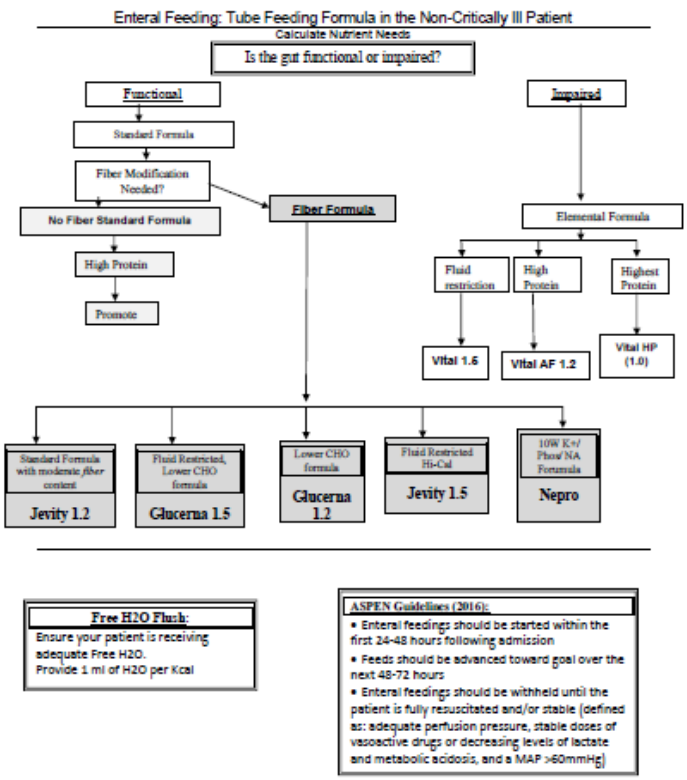
2. Who Should Read This Process/Procedure?

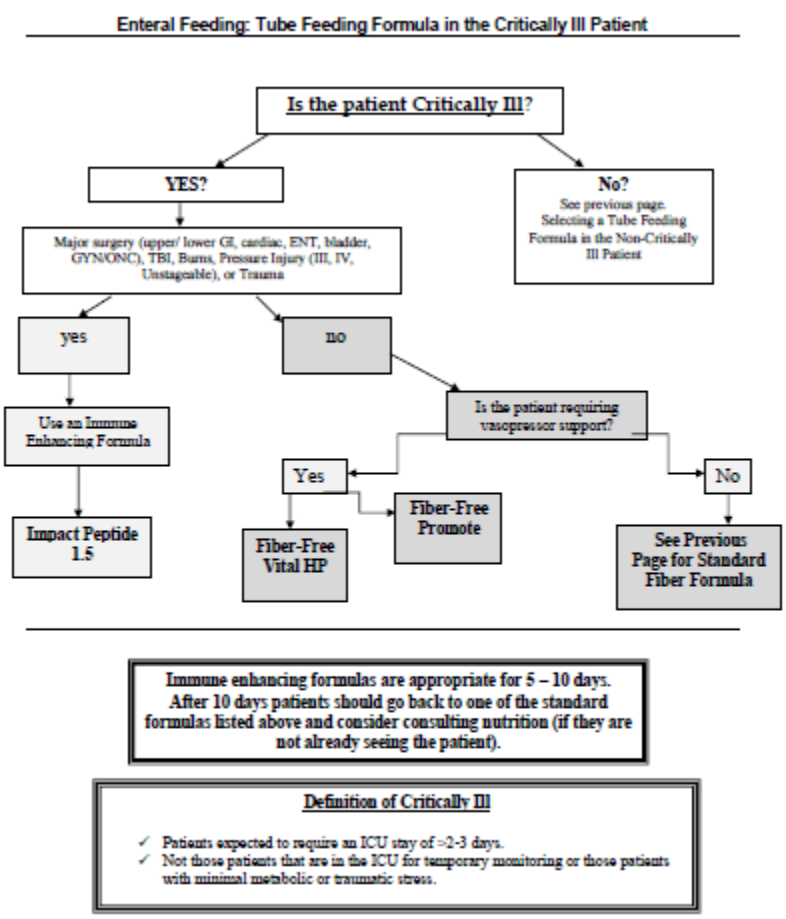
The Intensive Care Units (ICU) in which trauma patients are admitted.

3. Process/Procedure

Step:	Process Instructions/Description:
1.	This process guideline ONLY applies to patients who are intubated or have tracheostomy tubes in place and are receiving gastric feeds.
2.	This process guideline is used in conjunction with the Enteral Nutrition Support Guidelines
3.	Non-Abdominal Surgery:
	a. Turn feeds off just prior to surgery departure or bedside procedure. b. Aspirate and flush gastric tube. c. Stop insulin infusion if advised prior to transport to OR. d. Alert anesthesia to perform accucheck every hour if patient had been on an insulin infusion; or perform an accucheck after one hour if patient had been given sub-q insulin within 2 hours of surgery.

	e. Restart tube feedings post-surgery or prost-procedure unless orders state to hold tube feedings post-surgery.
4.	Abdominal Surgery and/or operative intervention requiring prone positioning:
	a. NPO 6 hours before planned surgery b. Aspirate and flush gastric tube c. Stop insulin infusion, if any, prior to transport to OR. d. Alert anesthesia to perform accucheck every hour if patient had been on an insulin unfusion; or perform an accucheck after one hour if patient had been given sub-q insulin within 2 hours of surgery. e. Restart tube feedings post-surgery or prost procedure unless orders state to hold tube feedings post-surgery
5.	Upper GI Endoscopy
	a. Turn tube feeds off 1 hour prior to endoscopy procedure b. Place NGT to suction c. Stop insulin infusion, if any, prior to transport to OR. d. Alert anesthesia to perform accuchek every hour if patient had been on an insulin infusion; or perform an accucheck after one hour if patient had been given sub-q insulin within 2 hours of surgery. e. Restart tube feedings post-surgery or post procedure unless orders state to hold tube feedings post-surgery.
6.	This guideline does NOT apply to patients with a confirmed post-pyloric Dobb Hoff Tube. For patients with confirmed post-pyloric feeding tube, consider perioperative continuous feeding by anesthesiologist and surgeon. If patient is on insulin infusion, continue along with tube feedings.


Enteral Feeding: Tube Feeding Formula in the Non-Critically Ill Patient
Calculate Nutrient Needs
Is the gut functional or impaired?
Functional
Standard Formula
Fiber Modification Needed?
No Fiber Standard Formula
High Protein
Promote
Fiber Formula
Impaired
Elemental Formula
Fluid restriction
High Protein
Highest Protein
Vital 1.6
Vital AF 1.2
Vital HP (1.0)
Standard Formula with moderate fiber content
Jevity 1.2
Fluid Restricted, Lower CHO formula
Glucerna 1.5
Lower CHO formula
Glucerna 1.2
Fluid Restricted Hi-Cal
Jevity 1.5
10W K+/ Phos/ NA Formula
Nepro
Free H2O Flush:
Ensure your patient is receiving adequate Free H2O.
Provide 1 ml of H2O per Kcal
ASPEN Guidelines (2016):
• Enteral feedings should be started within the first 24-48 hours following admission
• Feeds should be advanced toward goal over the next 48-72 hours
• Enteral feedings should be withheld until the patient is fully resuscitated and/or stable (defined as: adequate perfusion pressure, stable doses of vasoactive drugs or decreasing levels of lactate and metabolic acidosis, and a MAP >60mmHg)



References:

Attachments

Enteral Feeding- Pre-Operative Practice Management Guidelines for Patients with a Protected Airway Attachments.pdf

Approval Signatures

Step Description	Approver	Date

COO	John Winks: Executive Vice President-COO	02/2025
Trauma Services Committee Approval	Stephanie Spain: Trauma Prgm Mgr Adult	01/2025
	Stephanie Spain: Trauma Prgm Mgr Adult	01/2025

Applicability

Erlanger Health - Baroness