**CVICU Infant Feeding Guideline**

**for Continuous and Bolus Feeds**

**Inclusion Criteria:** All infants < 1 year of age and cared for in the CVICU

**Exclusion Criteria:** Patients > 1 year of age and infants with profound hypo/hypertension, hypoxia, or general clinical instability

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**General Guidelines**
- Initiate feeds with breast milk – maternal or banked (after parent information sheet signed).
- Follow diet order to determine advancement frequency, feeding route, and regimen (continuous or bolus).
- Use birth weight or pre-OR weight (dry weight) unless otherwise specified by the provider.
- Cautiously start feedings in infants with hypertension, thrombocytopenia, or hypoxemia.
- Timing of feeding advancement based on order entry time (routine/non-urgent changes).
  - Entered by 0700, prepared with AM batch for use first feeding after 1000 delivery.
  - Entered between 0700-1500, prepared with PM batch (to be fed after 2200).
  - Entered after 1500 are prepared with AM batch the next day.
- Round up/down feeding volume to the nearest mL.
- Do not advance for signs/symptoms of feeding intolerance (see below) and notify provider.
- **Hold at line 7 until provider authorizes more advancement.**
- Use current line when transitioning from continuous to bolus feeds.
- Taste trials are deducted from the hourly/bolus feeding volume.

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### Continuous Feedings

<table>
<thead>
<tr>
<th>Date</th>
<th>Line Day</th>
<th>Weight (kg)</th>
<th>Continuous Wt X mL/kg/d ÷ 24</th>
<th>Column A Continuous (NG/NT) = mL/hr</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td>X 10 ÷ 24</td>
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<tr>
<td>2</td>
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<td>X 20 ÷ 24</td>
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<td>X 60 ÷ 24</td>
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<td>X 120 ÷ 24</td>
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<td>X 130 ÷ 24</td>
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<td>9</td>
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<td>X 140 ÷ 24</td>
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### Bolus Feedings

<table>
<thead>
<tr>
<th>Date</th>
<th>Line Day</th>
<th>Weight (kg)</th>
<th>Bolus Wt X mL/kg/d ÷ 8</th>
<th>Column B Bolus (NG or PO + gavage remainder per order) = mL q feed</th>
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<tbody>
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<td>X 10 ÷ 8</td>
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**Recommendations/Considerations**
- When initiating, determine IV +PO via provider order and re-evaluate throughout guideline use.
- Include skin-to-skin care as infant is stable to increase mother’s milk supply.
- Facilitate non-nutritive breastfeeding or direct breastfeeding when PO feeds initiated.
- Fortification is based on patient caloric needs and volume restrictions. Around approximately line day 6, anticipate an increase to 24 kcal/oz, followed by 27 kcal/oz.
- Increase kcal only after discussion with provider and with order.
- Fortify with Gentlease for term infants or Neosure for preterm infants unless otherwise specified.
- Implement anti-reflux precautions/therapies, if needed.
- When appropriate, consider osmolality of medication.

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**Feeding Intolerance Assessment**

**Abnormal Abdominal Exam/Change in Stool**
- Bilious/Bloody Aspirates
- Repeated Emesis
- Increased Distention – AG > 2 cm
- Discoloration
- Loops
- Tenderness
- Frank/Obvious Blood
- Newly OB+
- H2O Loss

**Clinical Deterioration/Cardiopulmonary**
- Temperature Instability
- Increased O2 requirements
- Increased HR variability/arrhythmias
- Suspect Sepsis
- Lethargy
- Hypotension/increased vasoactives
- Lactic acidosis
- Decreased venous saturation
- Decreased NIRS
- Severe hypertension

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**Patient/Family Education**
- Refer to CVICU unit specific education

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Approved Evidence Based Medicine Committee
9/18/2019

Reassess the appropriateness of Care Guidelines as condition changes and 24 hrs after admission. This guideline is a tool to aid clinical decision making. It is not a standard of care. The physician should deviate from the guideline when clinical judgment so indicates.

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References


