NUTRITION SUPPORT GUIDELINES

Functioning GI Tract

- Able to consume nutrients PO

Unable to consume nutrients PO

Oral Supplement

- Oral Supplement
  - Improved Caloric Intake
    - Continue Oral Supplementation (as needed)

- No Improvement in Caloric Intake
  - Enteral Nutrition Support

Intestinal Failure*

- *Example diagnoses listed for each of the 4 categories. Lists are not all inclusive.

Mucosal
- Malabsorption or IBD not managed on enteral therapy
- Microvillus Inclusion Disease (MID)

Structure/Bowel Length
- SBS
- Congenital anomalies of GI tract
- Bowel Obstruction

Intraluminal
- Severe pancreatitis
- Severe liver disease

Motility
- Ileus
- Bowel obstruction

SHORT TERM
- NG
- NJ (aspiration risk, gastric motility issues, gastric obstruction)

LONGER TERM
- Consider PEG/G.T.T or J-tube depending on clinical status for longer term enteral therapy

Note: Bolus administration should be reserved for gastric feedings only.

TPN


Reviewed 9/18/17
Who is at Nutritional Risk?
- Patients with high risk diagnoses
- Patients with suboptimal or no PO intake
- Patients who are underweight or have had significant weight loss
  ✓ <5th %ile weight/height or BMI AND/OR
  ✓ ≥5% weight loss over 1 month for normal or underweight patients OR
  ✓ ≥10% wt loss over 1 month for overweight patients.

Does GI Tract Work?
- Platelets >20K
  - NO
  - YES

ENTERAL SUPPORT
ORDER NUTRITION CONSULT

TPN
ORDER NUTRITION CONSULT

TPN Criteria:
- Severe N/V >3 days
- ≥Grade 2 mucositis
- Ileus, stomatitis, typhlitis, and/or radiation enteritis
- SBO, bowel surgery, and/or absence of bowel sounds
- Severe diarrhea
- GVHD of GI tract (>Grade III)
- Active GI bleed
- Severe pancreatitis
- Mass or tumor site obstructing tube location

If signs/symptoms of tube feeding intolerance:
- Hold feeds x 2 hours and return to previous rate tolerated
- Optimize anti-emetics
- Evaluate dosing and timing of other meds

Reviewed 9/18/17