ICU GUIDELINES

Evidence-based ICU feeding algorithm

At ICU admission: Should this patient be fed?

- YES
- NO

Can EN be started within 24 hours?

- YES
- NO

GASTRIC CHALLENGE
- use full strength concentration
- Consider prokinetic with challenge
- GOAL: at least 80% of requirements at 72h
- assess q12h

Will at least 80% of requirements be met by 72h?

- YES
- NO

Is Goal met?

- YES
- NO

Increase rate to 100%

Is Goal met?

- YES
- NO

Use prokinetic and/or Use post-pyloric tube

Begin TPN:
- consider TPN with glutamine
- reassess q12h for EN eligibility

Acceptable conditions:
- tolerating adequate oral intake
- < 24 hours to oral intake
- palliative care

Acceptable conditions:
- acute pancreatitis*
- enteric anastomosis*
- ischemic bowel
- enteric fistula
- imminent bowel resection
- imminent endoscopy
- bowel obstruction
- high nasogastric losses on admission
- severe exacerbation of IBD

*may still opt for elemental feeds

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Intolerant patients have:

- Clinically significant stools
  - liquid stools > 300ml per day or
  - > 4 loose stools per day or
  - risk of contamination of wounds or catheters
- readily apparent abdominal distension OR
- increased abdominal girth OR
- clinically detected aspiration OR
- gastric residuals > 200ml for nasogastric feeds

** Medications that commonly cause diarrhoea:
- metoclopramide
- magnesium
- xylitol
- quinidine
- aminophylline
- erythromycin
- phosphorus
- sorbitol

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