

**REMINDER: ALL MEDICATION ORDERS REQUIRE DOSE, ROUTE, FREQUENCY AND INDICATION
DO NOT USE ABBREVIATIONS**

DOCTORS ORDERS TUBE FEEDING PROTOCOL	CHECK OFF/ INITIALS																								
<p>1. Start Tube Feeding Full Strength at 25 mL every hour. Increase if tolerated by 25mL increments every 8 hours till Tube Feeding goal is met. Use the standard formula Jevity 1.2 if no tube feeding recommendations have been made or see previous Dietitian note located in the Progress Note section of chart for recommendations.</p> <p>Formulas:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="text-align: right; width: 30%;">cal/mL</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Jevity 1.2: fiber containing</td> <td style="text-align: right;">1.2</td> </tr> <tr> <td><input type="checkbox"/> Osmolite 1.2: low residue</td> <td style="text-align: right;">1.2</td> </tr> <tr> <td><input type="checkbox"/> Promote w/fiber: low calorie; very high protein</td> <td style="text-align: right;">1</td> </tr> <tr> <td><input type="checkbox"/> Pulmocare: pulmonary</td> <td style="text-align: right;">1.5</td> </tr> <tr> <td><input type="checkbox"/> Glucerna 1.2: diabetic</td> <td style="text-align: right;">1.2</td> </tr> <tr> <td><input type="checkbox"/> Two Cal HN: very high calorie/protein</td> <td style="text-align: right;">2</td> </tr> <tr> <td><input type="checkbox"/> Nepro: renal on dialysis</td> <td style="text-align: right;">1.8</td> </tr> <tr> <td><input type="checkbox"/> Oxepa ALI/ARDS/sepsis</td> <td style="text-align: right;">1.5</td> </tr> <tr> <td><input type="checkbox"/> Vivonex Plus: elemental</td> <td style="text-align: right;">1</td> </tr> <tr> <td><input type="checkbox"/> Peritive: partially hydrolyzed peptide base</td> <td style="text-align: right;">1.3</td> </tr> <tr> <td><input type="checkbox"/> Pediasure: pediatric</td> <td style="text-align: right;">1</td> </tr> </tbody> </table>		cal/mL	<input type="checkbox"/> Jevity 1.2: fiber containing	1.2	<input type="checkbox"/> Osmolite 1.2: low residue	1.2	<input type="checkbox"/> Promote w/fiber: low calorie; very high protein	1	<input type="checkbox"/> Pulmocare: pulmonary	1.5	<input type="checkbox"/> Glucerna 1.2: diabetic	1.2	<input type="checkbox"/> Two Cal HN: very high calorie/protein	2	<input type="checkbox"/> Nepro: renal on dialysis	1.8	<input type="checkbox"/> Oxepa ALI/ARDS/sepsis	1.5	<input type="checkbox"/> Vivonex Plus: elemental	1	<input type="checkbox"/> Peritive: partially hydrolyzed peptide base	1.3	<input type="checkbox"/> Pediasure: pediatric	1	
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2. Dietitian Consult																									
3. Initial Height and Weigh patient. Weight _____ kg. (edema present <input type="checkbox"/> Yes <input type="checkbox"/> No)																									
4. Dietitian to determine nutrition goals. Goal: Formula - _____ Kcal _____ Protein _____ If Propofol (Diprivan®) infusing: Keep tube feeding rate at _____ mL/hour and once Propofol (Diprivan®) discontinued, then goal rate of tube feed will be _____ mL/hour. **Goal of tube feeding with Propofol (Diprivan®) could change depending on Propofol (Diprivan®) changes.																									
5. NO blue food dye or Methylene Blue.																									
6. Check Nasal Gastric Tube/Oral Gastric Tube, Gastric Tube placement every shift.																									
7. Flush tubing with at least 30 mL of fluid before and after meds given.																									
8. If no dietitian recommendations are available set tube feeding goal for patient at 1400 kcal. Use following as a guideline for rate: 1 cal/mL – 65 mL/hr, 1.2 cal/mL – 55 mL/hr, 1.3 cal/mL – 50 mL/hr. 1.5 cal/mL – 40 mL/hr, 1.8 cal/ml – 35 mL/hr, 2.0 cal/ml – 30 mL/hr.																									
9. Check gastric residuals every 4 hours. Hold feedings times 1 hour if residual greater than or equal to 250 mL, then recheck. If residual still greater than or equal to 250 mL, continue to hold tube feeding and notify physician.																									
10. If tube feeding formula needs to be changed for some reason, please re-consult Dietitian. If patient is on Propofol (Diprivan®) and no Dietitian available, then keep tube feed at 25 mL/hour until goal rate is determined by Dietitian.																									
11. Head of bed should be maintained between 30-45 degrees (if medically able).																									

Physician/Date/Time: _____

**Western Maryland Health System
Physician Orders**

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12. CAUTION: DRUG INTERACTIONS – (ORAL ONLY) Phenytoin (Dilantin®) and Fluoroquinolones (Ciprofloxacin (Cipro®) & Levofloxacin(Levaquin®) should be held 1-2 hours before and after drug is administered.	
13. Initial CMP with Phosphorus and Magnesium.(delete CMP if already done within the past 3 days)	
14. Daily A.M. weights (if feasible)	
15. Pre-albumin, Phosphorus, Magnesium., Serum Osmolarity and Triglycerides initially – repeat every 7 days	
Physician/Date/Time: _____ Nurse/Date/Time: _____ Secretary/Date/Time: _____	

Full page of orders requires only one physician, one nurse and one clerical signature

Original to Patient's Chart

Fax to Pharmacy



Revised: 11/05; 9/07; 9/08; 12/09

Form #1.15-001