



# **GRV** steps 1x Gastric Residual Volume (6 hours) $> 500 \, \text{mL}$ **Prokinetics start** Metoclopramide 4x20 mg IV Erythromycin 2x200 mg IV (4dys) 2x Gastric Residual Volume (6 hours) > 500 mL Prokinetics cont'd Discard surplus Continue infusion rate 3x Gastric Residual Volume (6 hours) $> 500 \, \text{mL}$ Prokinetics cont'd Discard surplus Decrease infusion rate 25% 4x Gastric Residual Volume (6 hours) $> 500 \, \text{mL}$ Postpyloric tube Endoscopic duodenal/ jejunal feeding tube

## **Postpyloric EN protocol**

 Per 6 hours increase with 20 ml/hr or 25% of target until 100% independent of GRV (2<sup>nd</sup> tube); No bolus feeding

## **Monitoring PP-EN intolerance**

- 1. Major Gastric Enteral Feed admixture
- Important abdominal distention
- 3. Intra-abdominal pressure > 20 cm H<sub>2</sub>O
- 4. Severe Diahrrea

## **Parenteral Nutrition (TPN+SPN)**

- Patients contraindicated for oral or EN intake,
  7 days no intake after ICU admission (TPN).
- Patients on oral/EN intake >7 days after ICU admission with enteral intake <60% (SPN)</li>
- Patients with BMI<18.5: start TPN on day 1; start EN; stop PN at EN-intake of 80% of target.
- 4. Patients with >10% weight loss in 3-6 months before ICU admission: start TPN on day 1; start EN; stop PN at EN-intake of 80% of target.

### **Monitoring (TPN+SPN)**

- Total bilirubine (>20 μmol/l) and/or doubling of bilirubine level or TG-level (> 3,0 mmol/l): stop fat emulsion completely in PN.
- 2. NB: 2x per week (Monday / Thursday) total bilirubine&TG testing.
- 3. In contrast to lab instructions do not interrupt nutritional interventions.

## Cernevit (multivitamin) & Nutritrace (trace

### elements) supplementation

- 1. No Nutrition: 1 ampoule daily of both.
- 2. Full TPN: 1 ampoule daily of both.
- 3. EN < 750 ml per 24 hours: 1 ampoule daily of both.
- 4. EN 750-1500 ml per 24 hours =/- SPN: every other day 1 ampoule of both
- 5. Full TPN only: 10 mg Konakion per week. NB: not necessary incase of EN.