

**General guidance for infants <32 weeks or <1500g-Use in conjunction to feed increment chart.**

	<b>&lt;28 weeks or &lt;1000g</b>	<b>28+ weeks</b>
<b>PN</b>		
Introduction	Initiate at birth	Initiate at birth if on slower regimen or <1250g. PN not routine if standard regimen and ≥1250g.
Cessation	Stop at 120ml/kg/d enteral feeds (At consultant discretion in V small infants)	Stop at 120ml/kg/d enteral feeds
Type	2.4g protein PN and SMOF	2.4g protein PN and SMOF
<b>Central lines</b>		
Use of UVC	All at <25wks 25-27wks if ventilated on d1(consider)	Not routinely
Use of PICC	All, If UVC present-clinical decision by attending consultant If no UVC, insert in first 24-48h	Only if slower regimen, insert in first 24-48h
<b>Donor Breast Milk</b>		
Who	All babies where insufficient MEBM for needs and after written parental consent	
How	Mixed with mother's milk where possible to make up shortfall	
When	Consent from 24hours to begin within 48 hours. If not enough maternal milk no need to wait for WR to initiate this. Please document reason for declining if this is the case.	
Cessation	Until 30 weeks CGA, then transition to preterm formula if required. *If started in infants 27-31+6 weeks gestation continue for 3 weeks, after which DEBM will be replaced by preterm formula unless discharge planning ongoing.	
<b>Human Milk Fortifier</b>		
Who	Anyone on MEBM or DEBM	
How	Grade 1/2, then Full strength over 2 days.	
Introduction	From 100 ml/kg/d after discussion with parents. Consider if transitioning to preterm formula is more sensible for any DEBM fraction of milk given.	
Cessation	Until transitions to preterm formula or review by dietitian if discharge planning. Consider "fortifier boosters" for exclusively breastfed infants pre/post discharge.	
<b>Preterm formula</b>		
Who	Any baby on > 150ml/Kg/day where insufficient MEBM at 30 weeks CGA and who is more than 3 weeks old. Consider transitioning at 2 weeks for any DEBM fraction of milk given	
How	If breast milk already fortified, immediate switch with no grading In other cases, grading may occur if indicated from clinical assessment 25, 50, 75, 100% over 4 days. (NB.Max volume for 100% NP1=165ml/kg but 150ml/kg may be adequate)	
Cessation	Continue until ~37/40 CGA or 2kg. ie Some babies may go home with this for a short period with monitoring from NCOT.	
<b>Other milks</b>		
Introduction	Recommended grading over 2 days	