

Appendix 2: Starter Regimen for the Initiation of NG feeding in Adult Patients

Prior to commencing feeding

Ensure that there is an appropriate treatment plan documented in the patient's medical notes which includes rationale, aims and patient's/family wishes in relation to enteral feeding. Refer to the acute dietetic team on ext 26450. Give patient's name, CHI, ward and reason for NG feeding.

Pass NG tube and ensure correct position of tube is confirmed once consent gained or AWI form completed.

Consider whether there is a risk of refeeding syndrome (see table below). If 'high risk' of refeeding syndrome:

Medical staff to check refeeding bloods (U&E's phosphate and magnesium) before commencing NG starter regimen

If electrolytes low, medical staff to supplement as per 'Electrolyte Deficiency Guidance' which is available on the Intranet under Clinical Policies

Prescribe Thiamine 100mg x 3 daily immediately prior to commencing feeding and for 10 days after the start of feeding. Also prescribe a daily multivitamin for 10 days following the start of feeding.

Table 1: Criteria for determining people at high risk of developing refeeding problems. (NICE 2006,2017)

Patient has one or more of the following:
<ul style="list-style-type: none">• BMI less than 16 kg/m²• unintentional weight loss greater than 15% within the last 3–6 months• little or no nutritional intake for more than 10 days• low levels of potassium, phosphate or magnesium prior to feeding
Or patient has two or more of the following:
<ul style="list-style-type: none">• BMI less than 18.5 kg/m²• unintentional weight loss greater than 10% within the last 3–6 months• little or no nutritional intake for more than 5 days• a history of alcohol abuse or drugs including insulin, chemotherapy, antacids or diuretics.

Start feeding as per Table 2 (unless the patient has a documented allergy to fish, soya or cow's milk protein). Ensure upright positioning at greater than 45° angle when feeding and for 1 hour after feeding.

Table 2: Starter feed regimen.

Day	Feed	Volume	Rate (ml/hr)	Time (hours)	Rest	Flushes
Step 1	Nutrison Multifibre	500ml	25	20	Minimum of 4 hours.	60ml sterile water pre and post feed / meds
Re-check Potassium, Magnesium, Phosphate and Corrected Calcium. Feed should only be progressed to Step Two if the above parameters are within range or corrected.						
Step 2	Nutrison Multifibre	1000ml	50	20	Minimum of 4 hours	60ml sterile water pre and post feed / meds

Day 2 Feed regimen provides 1030kcal + 40g protein + 830ml free water.

Continue feed as per Step 2 until dietetic assessment.

Documentation

Document initiation of feeding including rate in unitary patient record.
Record feed volume and flush volume on Enteral Feed Record Sheet.

Monitoring of NG feeding:

Medical staff to continue to monitor biochemistry daily until stable and correct as required.
Monitor feed tolerance, if any concerns stop feeding and request medical review.

Assess fluid requirements and arrange additional fluids via other route as needed.

If patient is on insulin, medical team to review insulin doses. For all patients with diabetes please monitor blood sugars regularly (see intranet for Glycaemic control during enteral feeding document which is found within Diabetes inpatients on the Diabetes and Endocrinology intranet site).