Unique Plan Description: Tube Feeding Enteral Adult
Plan Selection Display: Tube Feeding Enteral Adult
PlanType: Medical
Version: 15
Begin Effective Date: 02/23/2026 02/23/2026 10:39
End Effective Date: Current
Available at: ***BHMH***
C A DEAN HOSPIT
EMMC
MERCY HOSPITAL
NL MAINE COAST HOSPITAL
SVH
TAMC - THE AROO
Plan Comment:

Legend		
Green Highlight	=	Addition
Red Highlight	=	Deletion

Tube Feeding Enteral Adult
Diet

Recommendations: 1. Vital AF 1.2 Cal is a semi-elemental formula (AR Gould, BHH, CADH, EMMC, MCH, Mercy, SVH); 2. Glucerna 1.5 Cal is calorically dense for glycemic management (EMMC, MCH); 3. Jevity 1.5 Cal is a nutrient dense fiber formula (AR GOULD, BHH, CADH, EMMC, MCH, MERCY, SVH); 4. Vital High Protein is for acutely ill obese patients - BMI greater than 30 (AR Gould, EMMC, MERCY); 5. Nepro is for dialysis patients with electrolytes abnormalities (AR Gould, BHH, EMMC, MCH, MERCY); 6. Pivot 1.5 Cal is for trauma and major GI/abdominal surgery patients. Not indicated for severe sepsis (EMMC, MERCY); 7. TWOCAL HN is high calorie, nutrient dense (EMMC); 8. Osmolite 1.5 Cal is a high calorie, nutrient dense, fiber free formula (EMMC, MERCY)(NOTE)*

☐ Diet
NPO

☑ Daily Weights
Start: T+1;0500, Every 24 Hour Interval

☑ Bedside Glucose Monitoring
Every 6 Hours

If placing an order for NG or OG insertion, also order chest x-ray for placement.(NOTE)*

☐ Tube Insertion
Small Bore Feeding Tube (DEF)*
NG Tube
OG tube

Continuous Tube Feedings

Insulin and fluid requirements should be assessed when ordering tube feedings.(NOTE)*

☐ Tube Feeding-Adult Continuous
Vital AF 1.2 Cal, 25 mL/hr Starting Rate, Advance Rate by: 20 mL/hr every 2 hours if tolerated until Goal Rate met, 42 mL/hr Goal Rate, Nutrition Assessment/Evaluation Requested (DEF)*
Jevity 1.5 Cal, 25 mL/hr Starting Rate, Advance Rate by: 20 mL/hr every 2 hours if tolerated until Goal Rate met, 35 mL/hr Goal Rate, Nutrition Assessment/Evaluation Requested
Glucema 1.5 Cal, 25 mL/hr Starting Rate, Advance Rate by: 20 mL/hr every 2 hours if tolerated until Goal Rate met, 35 mL/hr Goal Rate, Nutrition Assessment/Evaluation Requested
Vital High Protein, 25 mL/hr Starting Rate, Advance Rate by: 20 mL/hr every 2 hours if tolerated until Goal Rate met, 50 mL/hr Goal Rate, Nutrition Assessment/Evaluation Requested
Nepro, 25 mL/hr Starting Rate, Advance Rate by: 20 mL/hr every 2 hours if tolerated until Goal Rate met, 30 mL/hr Goal Rate, Nutrition Assessment/Evaluation Requested
TWOCAL HN, 25 mL/hr Starting Rate, Advance Rate by: 20 mL/hr every 2 hours if tolerated until Goal Rate met, 25 mL/hr Goal Rate, Nutrition Assessment/Evaluation Requested
Pivot 1.5 Cal, 25 mL/hr Starting Rate, Advance Rate by: 20 mL/hr every 2 hours if tolerated until Goal Rate met, 35 mL/hr Goal Rate, Nutrition Assessment/Evaluation Requested
Osmolite 1.5 Cal, 25 mL/hr Starting Rate, Advance Rate by: 20 mL/hr every 2 hours if tolerated until Goal Rate met, 35 mL/hr Goal Rate, Nutrition Assessment/Evaluation Requested

☐ Free Water
30 mL, Every 6 Hour Interval

☐ Tube Feeding Additives
☐ Tube Feeding Additives

Bolus Tube Feedings

Bolus tube feedings are NOT for feeding tubes placed post-pyloric(NOTE)*

☐ Tube Feeding-Adult Bolus

Vital AF 1.2 Cal, 120 mL every 4 hours x 2, then 240 mL every 6 hours mL Bolus Volume, Every 6 Hours, Nutrition Assessment/Eval Requested (DEF)*

Comments: Bolus tube feedings are NOT for feeding tubes placed post-pyloric

Jevity 1.5 Cal, 120 mL every 4 hours x 2, then 240 mL every 6 hours mL Bolus Volume, Every 6 Hours, Nutrition Assessment/Eval Requested

Comments: Bolus tube feedings are NOT for feeding tubes placed post-pyloric

Glucema 1.5 Cal, 120 mL every 4 hours x 2, then 240 mL every 6 hours mL Bolus Volume, Every 6 Hours, Nutrition Assessment/Eval Requested

Comments: Bolus tube feedings are NOT for feeding tubes placed post-pyloric

Vital High Protein, 120 mL every 4 hours x 2, then 240 mL every 4 hours mL Bolus Volume, Every 4 Hours, Nutrition Assessment/Eval Requested

Comments: Bolus tube feedings are NOT for feeding tubes placed post-pyloric

TWOCAL HN, 120 mL Bolus Volume, Five Times Daily, Nutrition Assessment/Eval Requested

Comments: Bolus tube feedings are NOT for feeding tubes placed post-pyloric

Nepro, 120 mL Bolus Volume, Every 4 Hours, Nutrition Assessment/Eval Requested

Comments: Bolus tube feedings are NOT for feeding tubes placed post-pyloric

Pivot 1.5 Cal, 120 mL every 4 hours x 2, then 240 mL every 6 hours mL Bolus Volume, Every 6 Hours, Nutrition Assessment/Eval Requested

Comments: Bolus tube feedings are NOT for feeding tubes placed post-pyloric

Osmolite 1.5 Cal, 120 mL every 4 hours x 2, then 240 mL every 6 hours mL Bolus Volume, Every 6 Hours, Nutrition Assessment/Eval Requested

Comments: Bolus tube feedings are NOT for feeding tubes placed post-pyloric

☐ Free Water

30 mL, Every 6 Hour Interval

☐ Tube Feeding Additives

☐ Tube Feeding Additives

Supplemental Tube Feeding

☐ Tube Feeding-Adult Bolus

Other (Fill in Special Instructions), Tube Feeding Additives: PROSource

Medications

☑ Creon 12,000 - 38,000 - 60,000 units oral delayed release capsule

2 CAP, EC Capsule, NG-TUBE, Every 30 Minute Interval, PRN, Clogged Feeding Tube (DEF)*

Comments: May be given concurrently with sodium bicarbonate if ordered

2 CAP, EC Capsule, GAVAGE TUBE, Every 30 Minute Interval, PRN, Clogged Feeding Tube

Comments: May be given concurrently with sodium bicarbonate if ordered

2 CAP, EC Capsule, G-TUBE, Every 30 Minute Interval, PRN, Clogged Feeding Tube

Comments: May be given concurrently with sodium bicarbonate if ordered

2 CAP, EC Capsule, J-TUBE, Every 30 Minute Interval, PRN, Clogged Feeding Tube

Comments: May be given concurrently with sodium bicarbonate if ordered

2 CAP, EC Capsule, KEOFEED TUBE, Every 30 Minute Interval, PRN, Clogged Feeding Tube

Comments: May be given concurrently with sodium bicarbonate if ordered

2 CAP, EC Capsule, NASODUODENAL-TUBE, Every 30 Minute Interval, PRN, Clogged Feeding Tube

Comments: May be given concurrently with sodium bicarbonate if ordered

2 CAP, EC Capsule, NJ-TUBE, Every 30 Minute Interval, PRN, Clogged Feeding Tube

Comments: May be given concurrently with sodium bicarbonate if ordered

2 CAP, EC Capsule, OROGASTRIC TUBE, Every 30 Minute Interval, PRN, Clogged Feeding Tube

Comments: May be given concurrently with sodium bicarbonate if ordered

2 CAP, EC Capsule, PEG TUBE, Every 30 Minute Interval, PRN, Clogged Feeding Tube

Comments: May be given concurrently with sodium bicarbonate if ordered

☑ sodium bicarbonate

650 mg, Tab, NG-TUBE, Every 30 Minute Interval, PRN, Clogged Feeding Tube (DEF)*

Comments: May be given concurrently with Creon if ordered

650 mg, Tab, GAVAGE TUBE, Every 30 Minute Interval, PRN, Clogged Feeding Tube

Comments: May be given concurrently with Creon if ordered

650 mg, Tab, G-TUBE, Every 30 Minute Interval, PRN, Clogged Feeding Tube

Comments: May be given concurrently with Creon if ordered

650 mg, Tab, J-TUBE, Every 30 Minute Interval, PRN, Clogged Feeding Tube

Comments: May be given concurrently with Creon if ordered

650 mg, Tab, KEOFEED TUBE, Every 30 Minute Interval, PRN, Clogged Feeding Tube
Comments: May be given concurrently with Creon if ordered
650 mg, Tab, NASODUODENAL-TUBE, Every 30 Minute Interval, PRN, Clogged Feeding Tube
Comments: May be given concurrently with Creon if ordered
650 mg, Tab, NJ-TUBE, Every 30 Minute Interval, PRN, Clogged Feeding Tube
Comments: May be given concurrently with Creon if ordered
650 mg, Tab, OROGASTRIC TUBE, Every 30 Minute Interval, PRN, Clogged Feeding Tube
Comments: May be given concurrently with Creon if ordered
650 mg, Tab, PEG TUBE, Every 30 Minute Interval, PRN, Clogged Feeding Tube
Comments: May be given concurrently with Creon if ordered

☑ Dulcolax Laxative
10 mg, Supp, RECTAL, Daily, PRN, No Bowel Movement for 72 hours

☐ Pepcid
20 mg, Tab, NG-TUBE, Every 12 Hours
Comments: Pharmacist to adjust famotidine dose if CrCl less than 50 mL/min to 20 mg NG-TUBE every 24 hours.

Laboratory

☑ Basic Metabolic Panel
BLOOD, AM Tomorrow, Start: T+1;0545, Every AM, 7 Days

☑ Magnesium Level
BLOOD, AM Tomorrow, Start: T+1;0545, Every AM, 7 Days

☑ Phosphorus Level
BLOOD, AM Tomorrow, Start: T+1;0545, Every AM, 7 Days

☑ **+8 Days** Basic Metabolic Panel
BLOOD, AM Tomorrow, Start: T+1;0545, Every 3 Days, 14 Days

☑ **+8 Days** Magnesium Level
BLOOD, AM Tomorrow, Start: T+1;0545, Every 3 Days, 14 Days

☑ **+8 Days** Phosphorus Level
BLOOD, AM Tomorrow, Start: T+1;0545, Every 3 Days, 14 Days

Tests/Procedures

☐ XR Chest Portable
ONCE, Check NG Tube Placement, Routine (DEF)*
ONCE, Check OG Tube Placement, Routine

Consults

☑ Nutrition Assessment/Evaluation
Reason for Assessment: Enteral feeding recommendations

Non Categorized

Providers must exercise independent clinical judgment when using order sets.(NOTE)*

***Report Legend:**
DEF - This order sentence is the default for the selected order
GOAL - This component is a goal
IND - This component is an indicator
INT - This component is an intervention
IVS - This component is an IV Set
NOTE - This component is a note
Rx - This component is a prescription
SUB - This component is a subphase