Legend		
Green Highlight	=	Addition
Red Highlight	=	Deletion

Unique Plan Description: Tube Feeding Enteral Adult
Plan Selection Display: Tube Feeding Enteral Adult
PlanType: Medical
Version: 15
Begin Effective Date:
End Effective Date: Current
Available at: ***BHMH***
C A DEAN HOSPIT
EMMC
MERCY HOSPITAL
NL MAINE COAST HOSPITAL
SVH
TAMC - THE AROO
Plan Comment: PRJ0481944, PRJTASK0524737 - minor updates, including Glucerna added - DV

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. Jevity 1.0 Cal and Jevity 1.2 Cal are fiber fortified formulas that provide complete, balanced nutrition (BHH, MCH)
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
Glucerna 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 50 mL/hr Goal Rate, Nutrition Assessment/Evaluation Requested

☐ Free Water

30 mL, Every 6 Hour Interval

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

Glucerna 1.5 Cal, 120 mL every 4 hours x 2, then 240 mL every 4 hours x 5 feedings per day 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

Osmolite 1.5 Cal, 120 mL every 4 hours x 2, then 240 mL every 4 hours x 5 feedings per day mL Bolus Volume, Every 4 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

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