



(Collaboration of Dietitians in Eating Disorders)

ENTERAL FEEDING REGIMEN - MEDICAL ADMISSION

ADULT INPATIENT WITH EATING DISORDER

URN:

Family Name:

Given Names:

Address:

Date of Birth:

Sex:

11

☐ F

☐ F

1

1

- This feed product contains **milk protein** and **fish oil**: it is NOT suitable for those with anaphylaxis to dairy or fish products. Please refer to *Enteral Feeding Regimen – Medical Admission Adult Inpatient with Eating Disorder, Dairy/Fish Protein Anaphylaxis*.
- Please record all feed and flushes delivered to the patient on the fluid balance chart or health record.
- This order remains current until changed or ceased by the Dietitian or Medical Team.

FEEDING METHOD: Continuous 24 hr feeds with **Nutrison Energy OR Ensure Plus HN 1.5kcal/ml (nil fibre)**

ORAL INTAKE: NBM + limit oral intake to **250ml water/day only**.

HYDRATION/FLUSHES: It is unlikely that fluid requirements will be met by this starter regimen with standard 80ml H₂O flushes q4/24. Alter flush volumes or chart additional IV fluids if required.

No other food/fluid intake is allowed. Nil tea, coffee or chewing gum.

Start Date	Start time	Feed	Rate	Duration	Flushes	Total volume/24hr (include flushes + oral water)
....../....../.... Day 1	..... : .....	Nutrison Energy OR Ensure Plus HN (1.5kcal/ml)	40ml/hr	24/24	.....ml q4h	960ml/day feed +ml/day flush + 250ml oral water = total .....ml
....../....../.... Day 3	..... : .....	Nutrison Energy OR Ensure Plus HN (1.5kcal/ml)	55ml/hr	24/24	.....ml q4h	1320ml/day feed +ml/day flush + 250ml oral water = total.....ml
....../....../.... Day 5	..... : .....	Nutrison Energy OR Ensure Plus HN (1.5kcal/ml)	70ml/hr	24/24	.....ml q4h	1680ml/day +ml/day flush + 250ml oral water = total.....ml
....../....../.... Day 7	..... : .....	Nutrison Energy OR Ensure Plus HN (1.5kcal/ml)	80ml/hr	24/24	.....ml q4h	1920ml/day +ml/day flush + 250ml oral water = total.....ml

IMPORTANT:

- **300mg IV/IM Thiamine** and multivitamin should be administered prior to commencing feeds, then daily thereafter.
- Check E/LFTs, Phosphate and Mg 6-hrs post commencement of feeds, then daily thereafter.
- Monitor electrolyte disturbances and correct in a timely manner, if deranged.
- Monitor bowels and treat clinically if constipated (avoid stimulant laxatives if possible).

NOTE: If there is **pain on feeding or flushing** of feeding tube, **stop feed/medication immediately** and refer to the treating team.

- Confirm tube placement via x-ray or pH paper prior to commencing feeds and document in health record.
- To confirm risk of tampering please tape and sign across joins in the tube, do not leave syringes at the bedside, and support patient with close supervision.
- Nursing staff to provide catch up nutrition if the patient has interrupted their nutrition (e.g., disconnected feed, reduced feed rate). If it is unclear the amount of nutrition missed, then provide a 150mL bolus of enteral feed.
- Ensure head of the bed is elevated to 30 degrees during feeding and for at least 30 minutes after feeding.
- Always give a water flush pre-medication, post medication, and whenever feeding is temporarily stopped or at least daily if not being used for feeds.
- Ensure enteral feeding formula has not passed the used by date and feed bag is not damaged in any way.
- Ready to hang feeds must not hang for more than 24 hours.
- Use ID sticker to document patients name/date/start and finish time on the ready to hang feed bag.
- Spiking of ready to hang feeds occurs after connection to the pack with the Infinity Pump and Flocare Infinity Pack Set, avoiding contact contamination.
- If oral Phenytoin or Ciprofloxacin is administered, cease feeds 2 hours prior and recommence feeds 2 hours post administration and contact the Dietitian.

Dietitian / Medical Officer:

Contact: