



Queensland
Government

COD-ED

(Collaboration of Dietitians in Eating Disorders)

**ENTERAL FEEDING REGIMEN -
MEDICAL ADMISSION
ADULT INPATIENT WITH EATING DISORDER**

(Affix patient identification label here)

URN:

Family Name:

Given Names:

Address:

Date of Birth: Sex: M F I

- This feed product contains **milk protein** and **fish oil**: it is not suitable for those with anaphylaxis to dairy or fish products. Please contact the on-call Dietitian for alternative options.
- Please record all feed and flushes delivered to the patient on the fluid balance chart.
- 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**.

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

Start Date	Time commenced	Feed	Rate	Duration	Total volume/24hr (includes 80ml flushes q4/24)	Oral Intake
.../.../... Day 1 :	Nutrison Energy OR Ensure Plus HN (1.5kcal/ml)	40ml/hr	24/24	1440ml/day	Allow 250ml H2O/day only. No other food/fluid intake.
.../.../... Day 3	..... : .....	Nutrison Energy OR Ensure Plus HN (1.5kcal/ml)	55ml/hr	24/24	1800ml/day
.../.../... Day 5	..... : .....	Nutrison Energy OR Ensure Plus HN (1.5kcal/ml)	70ml/hr	24/24	2160ml/day
.../.../... Day 7	..... : .....	Nutrison Energy OR Ensure Plus HN (1.5kcal/ml)	80ml/hr	24/24	2400ml/day

FLUSHES: 80ml H2O q4/24

- Medical team to review and monitor hydration status and titrate IV fluids as required.
- 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.

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 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
- Ensure head of the bed is elevated to 30 degrees during feeding and for at least 30 minutes after feeding
- To decrease 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.
- 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.
- 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.
- 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: _____