



Queensland
Government

COD-ED

(Collaboration of Dietitians in Eating Disorders)

**ENTERAL FEEDING REGIMEN -
MEDICAL ADMISSION**

**ADULT INPATIENT WITH EATING DISORDER
AND DAIRY / FISH PROTEIN ANAPHYLAXIS**

(Affix patient identification label here)

URN:

Family Name:

Given Names:

Address:

Date of Birth:

Sex:

☐ M

☐ F

☐ I

- This feed product **DOES NOT** contain **milk protein** and **fish oil**: it is suitable for those with anaphylaxis to dairy or fish products. Please contact the Dietitian for alternative options if it is not available.
- Please record all feed and flushes delivered to the patient in health record.
- This order remains current until changed or ceased by the Dietitian or Medical Team.

FEEDING METHOD: Continuous 24hr feeds

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

HYDRATION/FLUSHES: Medical team to review and monitor hydration status and 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 (Includes flushes + oral water)
...../...../..... Day 1	..... : .....	Isosource Soy Energy Fibre (1.5kcal/ml)	40ml/hr	24/24	.....ml q4h	960ml/day feed +ml/day flush + 250ml oral water = Total.....ml
...../...../..... Day 3	..... : .....	Isosource Soy Energy Fibre (1.5kcal/ml)	55ml/hr	24/24	.....ml q4h	1320ml/day feed +ml/day flush + 250ml oral water = Total.....ml
...../...../..... Day 5	..... : .....	Isosource Soy Energy Fibre (1.5kcal/ml)	70ml/hr	24/24	.....ml q4h	1680ml/day feed +ml/day flush + 250ml oral water = Total.....ml
...../...../..... Day 7	..... : .....	Isosource Soy Energy Fibre (1.5kcal/ml)	80ml/hr	24/24	.....ml q4h	1920ml/day feed +ml/day flush + 250ml oral water = Totalml

FOLLOW

- **300mg IV/IM Thiamine** and multivitamin should be administered prior to commencing feeds, then daily.
- 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).

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 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.
- Nursing staff to provide catch up nutrition if the patient has interrupted their nutrition (e.g., disconnected feed, reduced feed rate). If the amount of nutrition missed is unclear, 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, to avoid 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: