

Heart Center Feeding Algorithm for Infant > 2.5 Kg

Assess for enteral feeding 24-hr post op: Is feeding appropriate?

No
See Parenteral Nutrition Guidelines

Yes – demonstrated by:

1. Good end-organ perfusion
2. Good respiratory status
3. No evidence or risk for NEC
4. No evidence of GI obstruction

Intubated
Continue Zantac & restart GI meds

Extubated
Continue Zantac & restart GI meds

High Risk

- place NJ
- <10kg: use feeding tube instead of Corflo with guidewire
- document baseline abd girth

Moderate Risk

- place NG
- document baseline abd girth

High Risk

- place NG
- document baseline abd girth

Moderate Risk

- place NG
- document baseline abd girth

Low Risk

- Does not need OT consult to feed

Trophic feeds
Date initiated

- on high risk pt who are appropriate to attempt feeds

If tolerating with good cardiac output for 24h, go to continuous feeds

Start continuous feeds
1 mL/kg/hr: _____
Date & time initiated

Trial PO x 2

Feed #1: _____
Date & time

Feed #2: _____
Date & time

Advance continuous feeds by 1 mL/kg/hr Q6H:
(Must meet all criteria* to advance)

2mL/kg/hr: _____
Date & time initiated

3mL/kg/hr: _____
Date & time initiated

4mL/kg/hr (GOAL): _____
Date & time initiated

Successful
Ad lib

Unsuccessful

- Place NG
- Bolus feed at full vol (4mL/kg/hr) Q3H
- Always attempt PO feed first
- Consider optimizing kcal

Bolus feed starts: _____
Date & time

***Criteria to advance feeds (i.e. tolerating feeds):**

- remains stable
- Check residual Q6H with residual < 2hr vol fed
- Check abd girth Q6H with abd girth < 10% increase
- No emesis or diarrhea

Not tolerating feeds:

- Return to previous rate or concentration
- Consider adding or increasing Reglan / Zantac

Persistently not tolerating feeds:

- Notify medical team
- Consider GI workup
- Consider NJ

Tolerating 4mL/kg/hr for 24h, proceed to **advance kcal Q24H:**
(Must meet all criteria* to advance)

< 4kg and High Risk	>4kg or Mod. or Low Risk
22 kcal/oz: _____ <u>Date & time</u>	24 kcal/oz: _____ <u>Date & time</u>
24 kcal/oz: _____ <u>Date & time</u>	24 kcal/oz: _____ <u>Date & time</u>
26 kcal/oz: _____ <u>Date & time</u>	28 kcal/oz: _____ <u>Date & time</u>
28 kcal/oz: _____ <u>Date & time</u>	28 kcal/oz: _____ <u>Date & time</u>

*Medical team may assess need to ↑ vol after 28kcal/oz.

Tolerating feeds at goal rate and max kcal/oz for 24h:
For extubated and NG only

Start bolus feeds Q3H: _____
Date & time

Trial PO with OT: _____
Date & time

- Trial PO (20min) before scheduled bolus feed
- Trial over 10 – 15min
- Gavage remaining volume via NG

All stable Pt: Daily weight

Definition of risk group:

High-risk:

- Vocal cord abnormality
- cleft lip/palate
- genetic syndrome
- Hx of feeding intolerance
- prolonged intubation (>7d)
- aortic arch repair, (e.g. CoA, IAA, and HLHS)

Moderate-risk:
Never orally fed prior to surgery and does not fit any of the high risk criteria indicated above
With complex cardiac lesion, such as TET/PA

Low-risk:
Oral fed ad lib prior to surgery and has no vocal cord issues; with simple cardiac lesion such as dTGA

Neonates < 1.5 kg – utilize NICU feeding guidelines

Neonates 1.5–2.5 kg require specific orders