Enteral Nutrition Care Pathway for Critically III Adult Patients

This ASPEN pathway provides steps and resources for managing critically ill adult patients requiring enteral nutrition (EN), starting at needs assessment through transition out of the ICU.

Determine EN Appropriateness and Beneficial Effects

- Determine if GI tract is functional, bowel sounds not necessary
- Assess that patient is unable to take sufficient oral nutrition
 EN provides beneficial effects including decreased infection over PN

Resources: 2016 Guidelines for the Provision and Assessment of Nutrition Support Therapy in the Adult Critically III Patient

Complete Nutrition Assessment

- Assess for presence of malnutrition
- Determine nutrient and therapy goals including macro- and micronutrient and fluid needs
- Assess organ function and if it impacts nutrient dosing
- Resources: 2016 Guidelines for the Provision and Assessment of Nutrition Support Therapy in the Adult Critically III Patient Determination of Nutrition Risk and Status in Critically III Patients: What Are Our Considerations?

Assess and Place Enteral Feeding Access Device

- Assess for current enteral access and its appropriateness for current clinical condition
- Determine aspiration risk and need for small bowel versus gastric feeding
- If needed, place small-bore naso-enteric feeding tube with desired gastric or small bowel tip location
- Confirm proper tube placement prior to feeding

Resources: 2016 Guidelines for the Provision and Assessment of Nutrition Support Therapy in the Adult Critically III Patient Safe Practices for Enteral Nutrition Therapy JPEN 2016 Development of a Competency Model for Placement and Verification of Nasogastric and Nasoenteric Feeding Tubes for Adult Hospitalized Patients

To view an interactive, online version of the pathway, visit nutritioncare.org/ENPathway.

Select Appropriate EN Formula

Consider the following question for formula selection: Does the patient have specific nutrient needs due to their condition?

- High caloric requirements and/or fluid restriction Select a more fluid restricted, energy dense formula
- Burn or trauma patients Consider use of formula with additional glutamine
- Persistent diarrhea Consider use of a mixed fiber-containing formula
- Suspected of malabsorption or lack of response to fiber Consider use of a small-peptide formula
- Renal impairment Consider use of an electrolyte altered formula

• If none of the above – Consider use of a standard formula

Resources: 2021 Guidelines for the Provision of Nutrition Support Therapy in the Adult Critically III Patient JPEN 2021 ESPEN practical and partially revised guideline: Clinical nutrition in the intensive care unit Enteral Nutrition Formula Guide

Prescribe EN Correctly Using Standardized Process

- Use Computerized Provider Order Entry (CPOE) if available
- Use computerized Clinical Decision Support (CDS) tools including algorithms and alerts
- Prescribe formula, administration rate or method, and daily volume
- Use volume-based feeding protocols
- Prescribe continuous or intermittent delivery methods as appropriate

Resources: 2016 Guidelines for the Provision and Assessment of Nutrition Support Therapy in the Adult Critically III Patient Safe Practices for Enteral Nutrition Therapy JPEN 2016

Required EN Order Elements

- Patient information
- Formula name (generic and /or trade name)
- Delivery site (route) and enteral access device
- Administration method and rate
- Nurse-driven EN protocols for volume-based feeding

Communicate order to department that supplies EN formulas

Resources: 2016 Guidelines for the Provision and Assessment of Nutrition Support Therapy in the Adult Critically III Patient Safe Practices for Enteral Nutrition Therapy JPEN 2016



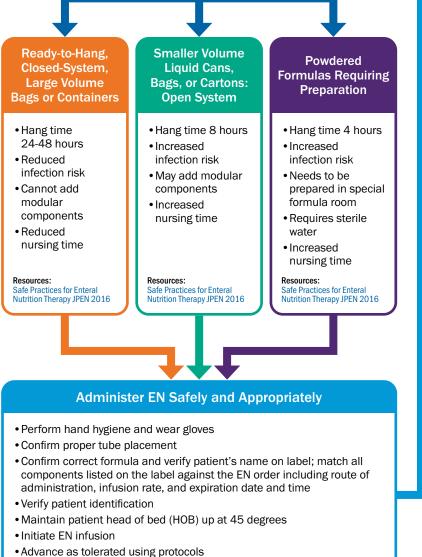
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- Formulas are supplied as ready-to-hang, closed-system, large volume bags or containers; smaller volume cans, bags, or cartons; and powdered formula
- Understand how the formula is ordered, prepared, and delivered to the bedside
- Formulas labels should reflect required order elements and include expiration dates

Resources: Safe Practices for Enteral Nutrition Therapy JPEN 2016



Deliver medications safely

Resources: Safe Practices for Enteral Nutrition Therapy JPEN 2016

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References

McClave SA, Taylor BE, Martindale RG, et al; Society of Critical Care Medicine; American Society for Parenteral and Enteral Nutrition. Guidelines for the provision and assessment of nutrition support therapy in the adult critically ill patient: Society of Critical Care Medicine (SCCM) and American Society for Parenteral and Enteral Nutrition (ASPEN). JPEN J Parenter Enteral Nutr. 2016;40:159-211. Bould to JL, Carena AL, Hongan L, Edd AC, Step L, Step

Boullata JI, Carrera AL, Harvey L, et al. ASPEN safe practices for enteral nutrition therapy. JPEN J Parenter Enteral Nutr. 2017 Jan;41(1):15-103

• Document tolerance and advancement to goal feedings • Do not use gastric residual volumes as part of routine care to monitor ICU patients receiving EN Reassess nutritional status periodically Resources: 2016 Guidelines for the Provision and Assessment of Nutrition Support Therapy in the Adult Critically III Patient Safe Practices for Enteral Nutrition Therapy JPEN 2016 Development of a Competency Model for Placement and Verification of Nasogastric and Nasoenteric Feeding Tubes for Adult Hospitalized Patients **Initiate Discharge Planning** for Transition of Care · Identify new care setting Identify prescriber and new care team Assess enteral access and if long term access is needed, place gastrostomy, jejunostomy or combined G/J as needed Determine if patient continues to need current EN prescription Communicate EN order, labs, frequency, and monitoring parameters to new care team Resources: Safe Practices for Enteral Nutrition Therapy JPEN 2016

Monitor and Reevaluate Patient

Initiate monitoring protocol

Evaluate efficacy and goals of therapy

Alter formula, rate, or volume as needed



- Develop error reporting program within institution QI/QA department
- Implement infection control for EN handling
- Monitor use of appropriate EN in ICU population
- Monitor tolerance to EN and use of supplemental PN in ICU population
- Measure percent of nutrient requirements received by patients

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