# Nutrition Guidelines for STICU/Trauma Floor

**General**

1. Nutrition will be assessed daily on all patients
2. **Limit NPO time for procedures. Patients with protected airways will continue enteral feeding until procedure.** Exceptions include PEG placement and procedures that require manipulation of the airway. Correct NPO orders entered by other services.

**Diet:**

1. Patients will receive regular diets. Starting with clear liquids is not necessary.
2. Post-operative patients should go straight to regular diets. Again, clear liquids are not necessary.

**Enteral feeding (EN):**

1. **Initiate EN within 24-48 hours of admission and within 24 hours of surgery**.
2. Start Pivot 50 ml/h in trauma patients or Jevity at 50 ml/h in non-trauma patients until evaluated by a dietitian
3. Maintain HOB at least 30 degrees
4. Provide 25-35 kcal/kg/day (normal weight patients)
5. Provide protein 1.2-2.0 g/kg/day of actual body weight. Poly-trauma and burns will receive at least protein 2.0 g/kg/day and some may require more.
6. Overt signs of GI contractility (bowel sounds, passing flatus or stool) are not required to initiate EN.
7. EN can be initiated prior to complete resuscitation and provided cautiously to patients receiving vasopressors.
8. EN can be provided in difficult post-operative situations such as ileus, intestinal anastomosis, open abdomen, and hemodynamic instability, but must be evaluated on a case-by-case basis.
9. Gastric residual volumes (GRV) will not be monitored
10. EN should only be held when signs of intolerance are present such as abdominal distention, cramping, nausea, vomiting, >5 loose stools/24h.
11. Follow volume-based protocol for titration of EN. Nurses will adjust EN rate to achieve a daily goal volume instead of an hourly goal. **Please enter the order for volume-based feeds in addition to the EN order.**
12. Fiber 10-20g/day in divided doses may be added to stable patients receiving standard formulas
13. Use arginine containing immune modulating formulations (Pivot) in patients with traumatic brain injury and post-operative patients requiring ICU.

**Parenteral feeding (PN):**

1. **Patients at low risk for malnutrition should have PN held for 7 days if they cannot receive EN**.
2. Malnourished patients and those at high risk for malnutrition should receive PN as soon as possible when unable to receive EN.
3. PN should be provided to patients that cannot meet >60% of energy needs for 7-10 days.
4. Transition to EN as soon as possible.

**Open abdomen:**

1. Initiate EN with open abdomen unless bowel injury is present
2. Add protein 15-30g/L of exudate lost from open abdomen.

**Major upper GI surgery:**

1. PN should be initiated only when duration of NPO is expected to be >7days.
2. Unless the patient is at high risk, PN should not be started for 5-7 days.

**Septic shock:**

1. Avoid PN in acute phase of severe sepsis or septic shock.
2. Initiate trophic feeding (10-20 kcal/h up to 500 cal/day) in patients with sepsis. Advance after 24-48h.

**Bariatric patients:**

1. Bariatric patients should receive high protein, low calorie diets
2. BMI 30-50: 11-14 kcal/day actual body weight
3. BMI >50: 22-25 kcal/kg/day ideal body weight
4. BMI 30-40: protein 2.0 g/kg/day ideal body weight
5. BMI >40: protein 2.5 g/kg/day ideal body weight
6. Thiamine should be administered prior to initiating dextrose containing fluids in those with a history of gastric bypass. Evaluate for other nutrient deficiencies.

**Renal Failure:**

1. Patients in renal failure should receive standard formulas and energy goals unless significant electrolyte disturbances develop.
2. Patients on CRRT should receive higher protein.

**Hepatic Failure:**

1. Patients in hepatic failure should have energy needs calculated on dry weight, not actual weight.
2. Standard formulas may be used.
3. Do not restrict protein.

**Pancreatitis:**

1. If mild, start regular diet
2. If moderate to severe, place feeding access and provide trophic feeds. Increase rate as tolerated.
3. EN is preferred to PN.
4. Jejunal feeds offer no benefit over gastric feeds.
5. Consider PN after one week of not tolerating EN.

**Supplementation**

Per dietitian recommendations