



Harmonized

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### Authorizing Prescriber(s)

All Physicians and Nurse Practitioners who prescribe Enteral Tube Feeding to Lakeridge Health (LH) patients.

### Authorized to Whom

Registered Dietitians (RD) employed at LH who have the knowledge, skill, and judgment as per their principal expectations of practice in the selection of enteral tube feeding may implement the Medical Directive.

Co-implementers: Nurses employed at LH may co-implement this Medical Directive.

### Patient Description/Population

Adult LH patients including patients of the Emergency Department who require RD consultation and have an enteral tube in place.

### Order and/or Procedure

RDs will select and/or adjust enteral tube feeding as per the Type of Feeding Schedule ([Appendix A](#)) and Tube Feeding Formula Order Tables below ([Appendix B](#)).

The nurse providing care to a patient for whom the RD has selected enteral tube feeding as per the Type of Feeding Schedule ([Appendix A](#)) and Tube Feeding Formula Order Tables below ([Appendix B](#)) may be considered a co-implementer and proceed with the enteral tube feeding as selected by the RD.

### Indications to the Implementation of the Directive

RDs may implement this medical directive when all of the following are met:

- A physician or Nurse Practitioner has written an order for enteral tube feeding, confirmed placement by x-ray and has authorized that the feeding tube may be used for nutrition.
- The RD has completed a nutrition assessment.

### Contraindications to the Implementation of the Directive

- Consent has not been obtained from the patient or substitute decision maker (SDM).

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Document Sponsor/Owner Group: (Inpatient Registered Dietitians, Date Approved 15SEP2017)

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- The patient has conditions that contraindicate using the gastrointestinal tract.
- See Type of Feed schedule and Enteral formula specific contraindications as per Order Tables below ([Appendix A](#) and [Appendix B](#)).

### Consent

After completion of the nutrition assessment, the RD will present the proposed enteral tube feeding plan to the patient or SDM, providing the rationale, risks, benefits, and alternatives. Prior to implementing the medical directive, informed consent will be obtained.

Prior to any co-implementation of this Medical Directive, the nurse will obtain consent from the patient or SDM prior to enteral tube feeding.

### Documentation Requirements

In addition to standard documentation practices, the RD implementing this medical directive must document the following in the order section of the patient's health record:

- The enteral formula, rate, duration, and water flushes selected for the patient
- The name of this medical directive
- Printed name of the implementer (the RD)
- Signature of implementer including credentials

For example, Enteral tube feeding: Peptamen 1.5 at 55 mL/hr x 24 hours daily, with water flushes at 30 mL/hr via feeding tube as per Enteral Tube Feeding Medical Directive, A. MacIntosh RD

OR

Enteral tube feeding: Isosource Fibre 1.5 at 60mL/hr x 24 hours daily, with water flushes at 25mL/hr and 2 packages protein powder BID via feeding tube as per Enteral Tube Feeding Medical Directive, B. Fanny RD

### Review/Evaluation Process

This medical directive will be reviewed every 2 years by Inpatient Clinical Nutrition and Interprofessional Practice.



Approvals and Signatures

<b>Sponsor/Owner Group</b>	_____	_____
	Name	Program
<b>Contact</b>	_____	_____
	Name	Position/Title

<b>Department Chief</b>	_____	_____	_____
	Name	Signature	Date
<b>Medical Director</b>	_____	_____	_____
	Name	Signature	Date
<b>Program Director</b>	_____	_____	_____
	Name	Signature	Date
<b>Chair of IPPC</b>	_____	_____	_____
	Name	Signature	Date
<b>Chair of NPPC</b>	_____	_____	_____
	Name	Signature	Date
<b>Chair of P &amp; T</b>	_____	_____	_____
	Name	Signature	Date
<b>Final Approval Chair of MAC</b>	_____	_____	_____
	Name	Signature	Date

<b>Authorized By</b>	_____	_____	_____
	Name	Signature	Date
	_____	_____	_____
	Name	Signature	Date
<b>Authorized By</b>	_____	_____	_____
	Name	Signature	Date
<b>Authorized By</b>	_____	_____	_____
	Name	Signature	Date



\*\*\*This table must **not** be used independently apart from the Medical Directive\*\*\*

Appendix A

Order Table: Type of Feeding Schedule

Category	Order	Indications for Use	Contraindications for Use
<b>Continuous:</b> administration is given at a continuous rate via a pump.	Enteral Formula at 5-250 mL/hr via feeding tube for 24 hours	<ul style="list-style-type: none"> <li>Unable to meet nutritional needs via the oral route; initiation of feeds; unstable and high risk for aspiration</li> <li>Used when unable to tolerate intermittent and bolus feeds.</li> </ul>	<ul style="list-style-type: none"> <li>Bowel obstruction</li> <li>Proximal high output fistula</li> <li>Bowel perforation</li> </ul>
<b>Cyclic – continuous:</b> feeding for a specified period of time in amounts to meet estimated nutritional needs, usually via pump	Enteral Formula at 5-250 mL/hr via feeding tube for less than 24 hours	<ul style="list-style-type: none"> <li>Unable to meet nutritional needs via the oral route; initiation of feeds; unstable and high risk for aspiration</li> <li>Used when unable to tolerate intermittent and bolus feeds.</li> <li>Promotes mobility and participation in rehabilitation and other activities.</li> </ul>	<ul style="list-style-type: none"> <li>Bowel obstruction</li> <li>Proximal high output fistula</li> <li>Bowel perforation</li> </ul>
<b>Intermittent:</b> delivered via pump or gravity drip. Usually, larger volume of formula is delivered over 1-4 hours multiple times per day as needed to meet estimated nutritional needs.	Enteral Formula at 75-400 mL/hr via feeding tube for 2 or more feedings per 24 hours	<ul style="list-style-type: none"> <li>Unable to meet nutritional needs via the oral route</li> <li>Simulates meal patterns, allows breaks from feeding.</li> <li>Able to tolerate large volumes.</li> </ul>	<ul style="list-style-type: none"> <li>Bowel obstruction</li> <li>Proximal high output fistula</li> <li>Bowel perforation</li> <li>High risk of aspiration</li> </ul>



Category	Order	Indications for Use	Contraindications for Use
<b>Bolus:</b> administration of larger volume over short time period.	Enteral Formula volume via feeding tube for 5-60 minutes 3 to 5 times per day using syringe or gravity.	<ul style="list-style-type: none"> <li>• Unable to meet nutritional needs via the oral route.</li> <li>• Simulates meal patterns, allows breaks from feeding.</li> <li>• Able to tolerate large volumes</li> </ul>	<ul style="list-style-type: none"> <li>• Bowel obstruction</li> <li>• Proximal high output fistula</li> <li>• Bowel perforation</li> <li>• High risk of aspiration</li> </ul>
<b>Volume Based:</b> total volume for 24 hours. Variable rate based on interruptions.	Enteral Formula at 600-3600 mL/24 hours via feeding tube.	<ul style="list-style-type: none"> <li>• Unable to meet nutritional needs via the oral route.</li> <li>• To ensure receipt of 24h target volume when feeds interrupted.</li> </ul>	<ul style="list-style-type: none"> <li>• Bowel obstruction</li> <li>• Proximal high output fistula</li> <li>• Bowel perforation</li> </ul>
<b>Modular</b>			
Protein powder	1-5 packages/scoops in 60-300 mL water via feeding tube 1-6 times per 24 hours	When enteral formula unable to meet patient's protein requirements.	Not suitable for people with galactosemia or allergy to: milk, soy
<b>Water Flushes</b>			
Water Flushes	5-500 mL water via feeding tube q 1-24h	To maintain tube patency and for hydration.	



**Appendix B**

**Order Table: Tube Feeding Formula**

<b>Category</b>	<b>Product/Order</b>	<b>Indications for Use</b>	<b>Contraindications for Use</b>
Standard, lactose reduced	Ensure Plus Calories	Replete or maintain nutrition status.	Not suitable for people with galactosemia or allergy to: milk, soy
Standard polymeric, fibre free	Nutren 1.5	Replete or maintain nutrition status.	Not suitable for people with galactosemia or allergy to: milk
Standard polymeric, fibre fortified	Isosource Fibre 1.5 OR Isosource Fibre 1.2	Replete or maintain nutrition status.	Not suitable for people with galactosemia or allergy to: milk, soy
Specialized with slow release carbohydrate	Resource Diabetic	Glucose intolerance or unstable glycemic control.	Not suitable for people with galactosemia or allergy to: milk, soy
High protein, $\beta$ -hydroxy- $\beta$ -methylbutyrate	Ensure Enlive	Replete or maintain nutrition status	Not suitable for people with galactosemia, Halal or allergy to: milk, soy
High protein, polymeric	Isosource VHN	Increased protein requirements relative to caloric needs.	Not suitable for people with galactosemia or allergy to: milk, soy
High protein, polymeric	Isosource VHP Fibre Free	Increased protein requirements relative to caloric needs.	Not suitable for people with galactosemia or allergy to: milk, soy
High protein, semi-elemental	Peptamen Intense High Protein	Increased protein requirements relative to caloric needs and/or malabsorption.	Not suitable for people with galactosemia, kosher or allergy to: milk, soy



## Adult Enteral Tube Feeding – Medical Directive

Medical Advisory Committee Approved: 27MAR2018

Category	Product/Order	Indications for Use	Contraindications for Use
Calorically dense, polymeric	Resource 2.0	Fluid restriction or volume sensitivity.	Not suitable for people with galactosemia or allergy to: milk
Blenderized Formula	Compleat	Nutrient rich base alternative to homemade tube feeding.	Not suitable for people with galactosemia, kosher, lactose intolerance or allergy to: milk
Calorically dense, polymeric, low electrolyte	Novasource Renal OR Nepro	Potassium, sodium, phosphorus, and fluid restrictions.	Not suitable for people with galactosemia, or allergy to: milk, soy
Semi-elemental	Vital Peptide 1.5Cal	Malabsorptive or maldigestive states.	Not suitable for people with galactosemia or allergy to: milk
Semi- elemental	Peptamen 1.5 (unflavoured)	Malabsorptive conditions or gastrointestinal impairment.	Not suitable for people with galactosemia, kosher, lactose intolerance or allergy to: milk, soy
Elemental	Vivonex Plus	Severe malabsorptive conditions or gastrointestinal impairment.	