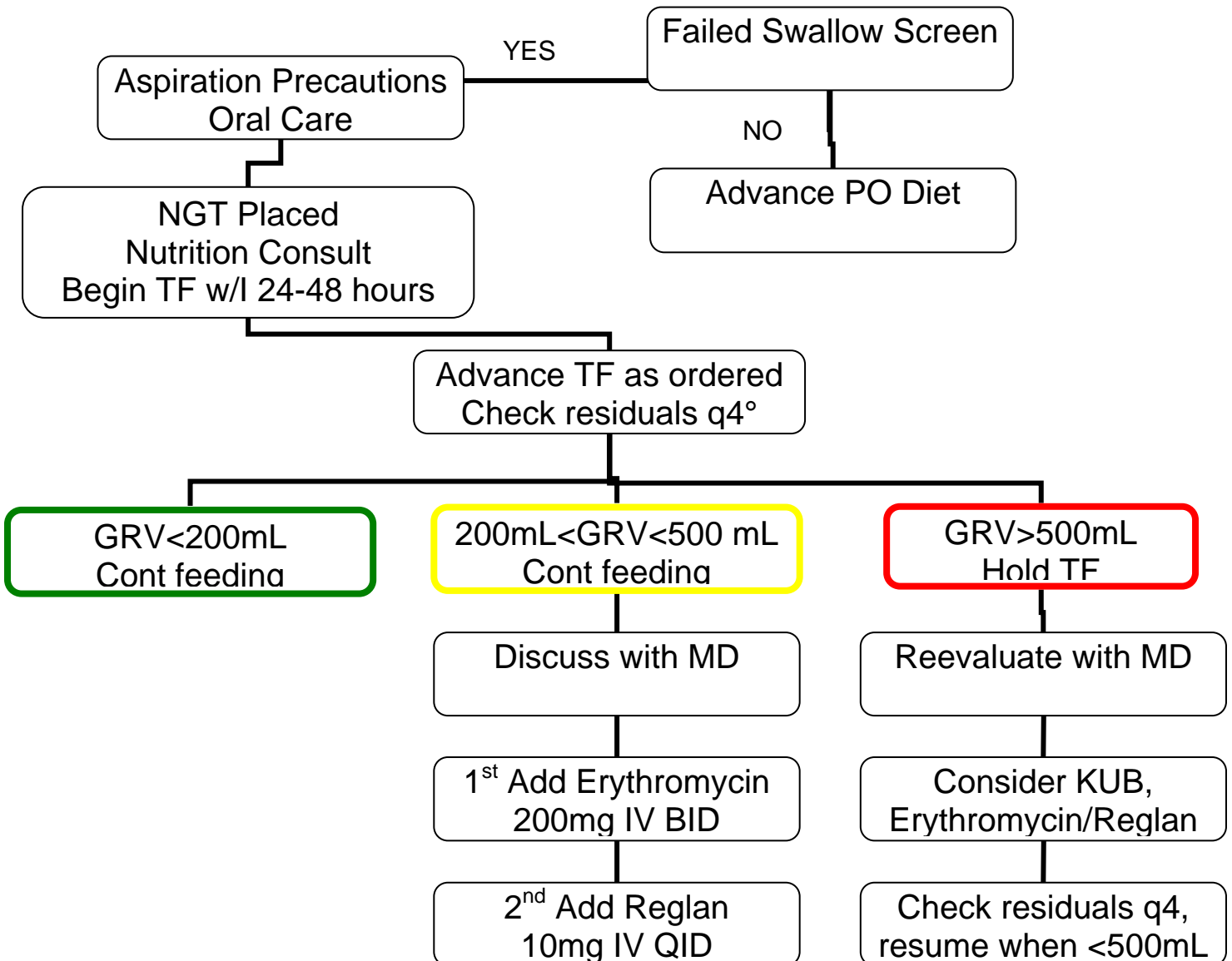


Guideline for Management of Enteral Feeding in Neuroscience ICU

<p>Indications of ↓Gastric Emptying (GE) Abd distention Abd pain Vomiting</p>	<p>Aspiration Precautions</p> <ul style="list-style-type: none"> • HOB >30° • Oral care q2° • Minimize sedation/narcotics • Tight glycemic control • Electrolytes WNL
<p>Impair GE</p> <ul style="list-style-type: none"> Opiates Dopamine Electrolyte abnormalities Elevated ICP Sepsis Hyperglycemia Constipation No BM x 3 days 	<p>Gastric Residual Volume (GRV) Facts</p> <ul style="list-style-type: none"> • Stomach receives 188mL/hr in salivary and gastric secretions • Holds 1L after meal • Practice not standardized, pts chronically underfed • Hold TF for GRV >500 mL • Cont TF when HOB flat for turns • Restart TF @ last rate



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