



Guideline for Enteral Feeds and Surgical Procedures in Critical Care

This guideline is meant to assist with the management of enteral feeding in critically ill patients that are going to the operating theatre for a procedure. Although it addresses most situations it does not replace clinical judgment. The treating team may make a decision that reflects the best care of an individual patient given specific circumstances.

1. For intubated patients (with an orotracheal, nasotracheal or tracheostomy tube) and with a post pyloric feeding tube or a feeding jejunostomy tube, enteral feeding should continue to the time that the patient is called for transport to the Operating Theatre for surgery. Feeds should then be held for the procedure. If an insulin infusion is being administered this should be discontinued.
2. For intubated patients with an orogastric tube or nasogastric tube (Ryles type tube), feed should be held just prior to transfer to the Operating Theatre and the tube placed on suction to remove any residual gastric contents, prior to proceeding. If an insulin infusion is being administered this should be discontinued.
3. For intubated patients with a single lumen nasogastric feeding tube (Corflo or other fine bore), or a percutaneous gastrostomy tube, feed should be stopped on transport to the Operating Theatre and aspiration of gastric contents should be performed with a syringe. (Wall suction should not be used on these tubes.)
4. For intubated patients having manipulation of the airway (eg. change of ETT, tracheostomy) feed should be discontinued 6 hours prior to the procedure at the direction of the anesthetist.
5. On return from the Operating Theatre from non-abdominal surgery, feed is to be resumed at its prior rate.
6. For patients that have undergone abdominal surgery, feed should usually be restarted at a reduced “trophic” rate (10ml/h) until tolerance is established and advanced as per the feeding algorithm. There may be circumstances when the surgical team may direct that enteral feeding be withheld (eg. ischemic bowel or fistula).
7. Non-intubated patients who are either on an oral diet or receiving tube feeds should be fasting for a minimum of 6 hours and 2 hours for clear fluids prior to any elective surgical procedure – as per NHS Highland guidelines. These patients can receive their medications with small amounts of water.

Algorithm for Enteral Feeds and Surgical Procedures:

