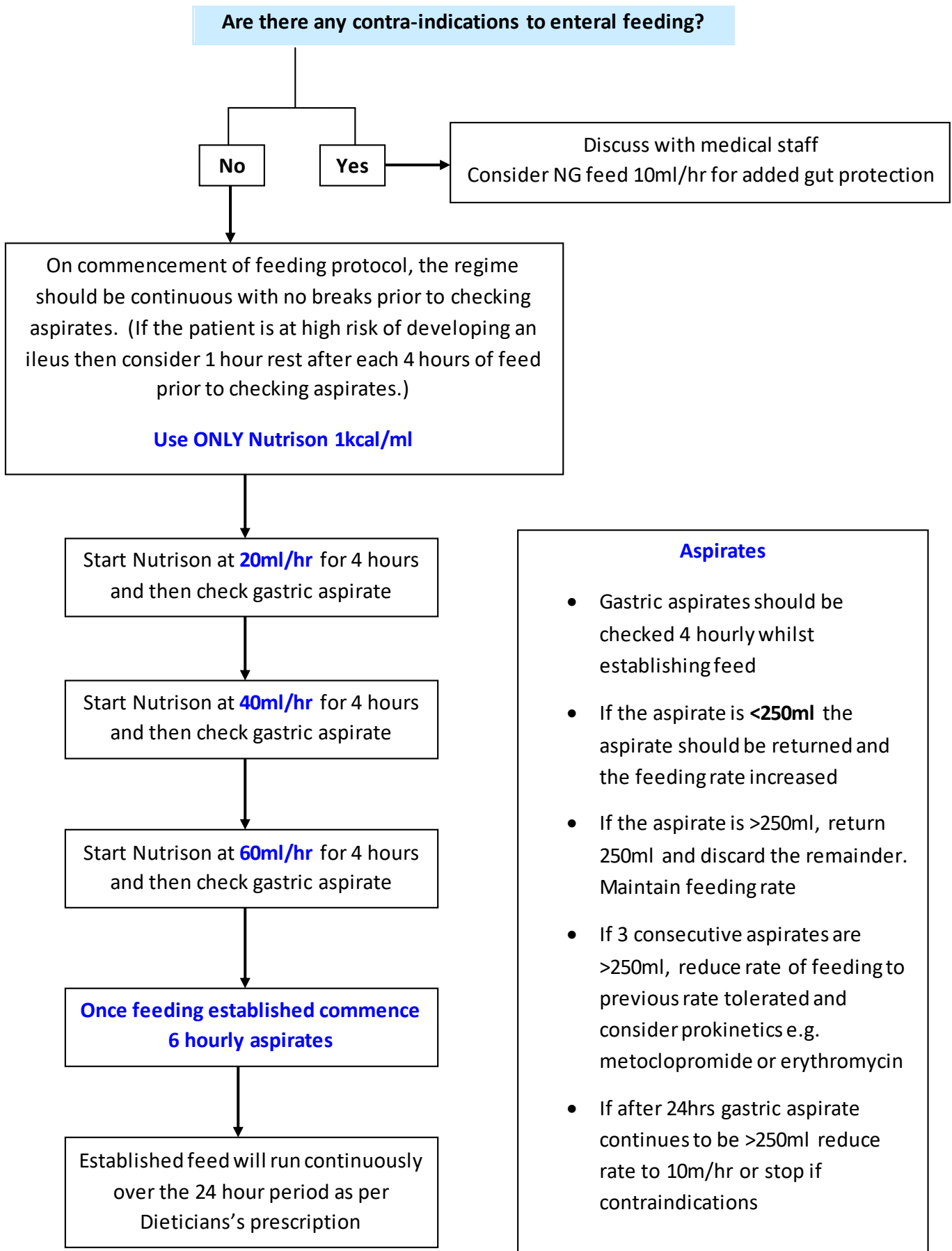


# Nasogastric feeding protocol for patients in the Intensive Care Unit



Patients at risk of refeeding syndrome → refer to protocol on reverse

Criteria for high risk of refeeding syndrome

Patients are at **high risk** of developing refeeding syndrome if they have one or more of the following

- BMI  $<16\text{kg}/\text{m}^2$
- Unintentional weight loss  $> 15\%$  within the last 3 to 6 months
- Little or no nutritional intake for more than 10 days
- Low levels of potassium  $<3.5\text{mmol}/\text{l}$ , phosphate  $<0.32\text{mmol}/\text{l}$  and magnesium  $<0.5\text{mmol}/\text{l}$

Patients are at **high risk** of developing refeeding syndrome if they have two or more of the following

- BMI  $<18\text{kg}/\text{m}^2$
- Unintentional weight loss  $> 10\%$  within the last 3 to 6 months
- Little or no nutritional intake for more than 10 days
- History of alcohol/drug abuse

PATIENT MEETS CRITERIA FOR HIGH RISK OF REFEEDING SYNDROME



- Correct low levels of potassium, phosphate and magnesium as per unit protocols prior to initiating feed
- Ensure pabrinex and thiamine preparations are commenced prior to initiating feed
- Inform Dietician → meanwhile commence enteral feeding as per flow chart below
- Continue daily monitoring of potassium, phosphate and magnesium levels
- Aspirate NG tube as per standard NG feeding protocol → reverse of page



**DAY 1** → start Nutrison 1 kcal/ml at a rate of **10ml/hr** for 24 hours



**DAY 2** → increase Nutrison 1 kcal/ml to **25ml/hr** for 24 hours



**DAY 3** → increase Nutrison 1 kcal/ml to **50ml/hr** for 24 hour  
Do **NOT** increase rate further until reviewed by Dietician or Medical staff