Continue to check GRV every 4 hours & increase feed by until maximum fluid allowance or target rate of feed achieved

NO

Replace GRV and increase feeds to 10ml x 2 hourly or 30mls for >40Kg (up to fluid allowance or feed volume target)

6 hours

Start age appropriate feed 5ml x 2 hourly bolus feeds or 20ml x q2h for >40Kg

\*\*Rule out constipation as the cause of high GRVs before considering post pyloric feeding

Consider suitability for post pyloric feeding \*\*or discuss with dietician re different feed formula

NO

Is it >5mls/kg or >250ml in children >40Kg?

YES

Replace all GRV and pause feed for 2 hours then re-check GRV

***Consider continuous feeds in larger children or in children if high GRVs (>5ml/kg or 250ml)***

Day 3: Increased feeds by 0.5ml-1ml/kg every 4 hours if no ongoing concern

If unable to increase feeds consider PN or if no concerns change to low risk guideline

Check Gastric Residual Volume (GRV)

Is it is >5mls/kg?

Feed at this rate for 4 hours

Consider PN and reassess for EN suitability daily

**EN Contraindicated**

Eg. Bowel obstruction, confirmed NEC, Significant GI bleed/ischaemic bowel

**LOW RISK**

Most children on PICU

Day 2: Increase feeds by 1ml/hr every 12 hours

Day 1: Start non-nutritive feeding at 1ml/hour (EBM if possible or Pepti junior)

Do not increase feeds for first 24h

**HIGH RISK**

Eg. HLHS, Arch repairs,

Unbalanced circulations, PGE1 infusion, on ECLS, open chest, NEC in prior 4 weeks or clinical concern

**Clinical team risk assess patient for commencing enteral nutrition (EN)**