

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

HIGH RISK

Eg. HLHS, Arch repairs,
Unbalanced circulations,
PGE1 infusion, on ECLS,
open chest, NEC in prior 4
weeks or clinical concern

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

Do not increase feeds for
first 24h

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

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

LOW RISK

Most children on PICU

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

Feed at this rate for 4 hours

Check Gastric Residual Volume (GRV)

Is it >5mls/kg?

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

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

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

EN Contraindicated

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

Consider PN and reassess for EN
suitability daily

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

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

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

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