

**PHYSICIAN'S ORDER SHEET FOR  
INITIATING TUBE FEEDING PROTOCOL: PEDIATRIC BURN**

**M.D. ORDER GUIDELINES**

1. Nutrition consult: Registered Dietitian (RD) to adjust tube feeding orders, fluid flushes and monitor. (Unit staff must enter into computer.)
  1. Insert feeding tube or use existing tube.
  1. Confirm placement of new feeding tube with x-ray.
  1. **Formula Selection:**
    - < 1 Year:** **Similac Advance (milk-based)**  
**Isomil Advance (soy-based formula)**  
at 10 ml/hr. Advance by 5 ml every four hours to goal 30 ml/hr or \_\_\_\_\_ml/hr
    - 1-13 Years:** **Begin full strength Pediasure Enteral**  
at 25ml/hr  
Advance 10 ml every four hours to goal 50 ml/hr or \_\_\_\_\_ml/hr.
    - 13+ Years:** **Begin full strength Jevity**  
at 25 ml/hr.  
Advance 10 ml every four hours to goal 80 ml/hr or \_\_\_\_\_ml/hr.
- (Specify) \_\_\_\_\_
1. Weigh patient weekly.

**NOTE: TOLERANCE EVALUATION**

1. If diarrhea occurs:
  - a. Reduce rate by half
  - a. If diarrhea persists after 8 hours, hold feeding and contact M.D.

**1. METABOLIC ASSESSMENT**

Indirect Calorimetry (Respiratory Services)

**8. PROTEIN MODULAR**

Propass \_\_\_\_\_ packets \_\_\_\_\_  
Flushed via feeding tube

**NURSING INTERVENTION**

- Follow nursing procedure for tube placement. Prior to starting feeding, confirm placement with auscultation.
- **Label container with patient name, date and start time.**
- Check residuals every hour until stable. Monitor residuals every 4 hours or sooner as needed. Hold tube feeding 1-2 hours if residual is twice the hourly rate. Notify M.D. if residuals remain elevated on two consecutive occasions.  
Re-start feeding when residual trend is lower.  
If patient has nausea, vomiting, abdominal distention or respiratory distress hold feeding and contact M.D.
- Keep HOB elevated > 30 degrees when feeding is infusing.
- Check placement of feeding tube every 4 hours by auscultation.
- Closed system bottles of formula should be discarded when tubing changed.

**Drug-Nutrient Interaction:**

If patient is on a continuous drip tube feeding and if suspension **Dilantin (Phenytoin)** is ordered, contact MD to change to IV **Dilantin**. (**Dilantin** suspension must be given on an empty stomach at least one hour before and after **Dilantin** administration.)

If patient is on a continuous drip tube feeding and the **IV Insulin Protocol**, tube feeding should **not** be interrupted unless specified by MD.

If patient is on a continuous drip tube feeding and if **p.o.** Fluroquinolones (Ciprofloxacin and Levofloxacin) are ordered then feedings will be held one hour prior and one hour after administration of these medications