



CONTRAINDICATIONS OF COMMENCING ENTERAL FEED

- Patient is likely to commence oral intake within 24 hours
- Non-functional or inaccessible gut – this includes **perforation or mechanical obstruction**
- Instructions from surgeons not to feed post-surgery
- Feeding tube is post-pyloric, then bleep dietitian for review

SUSPECTED RE-FEEDING SYNDROME

- Criteria for identifying refeeding syndrome risk can be found: [Adult Nutrition Support Policy](#) (Click on the link)
- Refer to medical team for appropriate micronutrient supplementation (B vitamins)
- **Hold** Nutrison 1.0 at 30ml/hr
- Bleep relevant Dietitian for review ASAP

PRO-KINETICS

- If Gastric Residual Volume is <500ml for >24 hours all pro-kinetics are to be stopped
- Pro-kinetics should not be continued for >72hours without review

PATIENTS WITH A PROTECTED AIRWAY SHOULD NOT BE FASTED BEFORE THEATRE OR SCANS