

ORDERS FOR TREATMENT

☐ **STAT / NOW**

CIRCLE NAME OF DRUG IF A

GENERIC EQUIVALENT IS NOT ACCEPTABLE

DATE	TIME	ENTERAL NUTRITION ORDERS
		(PLEASE CIRCLE ALL THAT APPLY)
		1. Initiate the following protocols as ordered
		Stage One Protocol:
		Start at 5 ml per hour, increase by 5 ml every 8 hrs, check gastric residuals every 4 hrs, hold tube feedings if gastric residuals greater than 100 ml and notify physician, do not exceed max rate.
		Stage Two Protocol:
		Start at 20 ml per hour. Increase 10 ml every 4 hrs. Check gastric residuals every 4 hrs.
		If residuals greater than 100 ml then initiate promotility protocol and advance tube feeds.
		If residuals greater than 200 ml then initiate promotility protocol and keep tube feeds at current rate and advance per protocol when residuals less than 100 ml.
		If residuals greater than 300 ml then initiate promotility protocol and hold tube feeds, restart at 1/2 previous rate when residuals less than 100 ml.
		If residuals greater than 500 ml then initiate promotility protocol and empty stomach, restart at 1/2 previous rate when residuals less than 100 ml.
		If residuals greater than 100 ml and promotility protocol not ordered then call physician.
		Nurse may increase tube feed rate as needed to achieve 24 hour tube feeding goal when tube feedings have been held (i.e. VLP, procedures, traveling)
		2. Promotility Protocol: If tube feed residuals are greater than 100 ml then start metoclopramide (REGLAN). If patient has already had 2 or more doses of metoclopramide (REGLAN) and tube residuals still greater than 100 ml then start erythromycin. Nursing please order per CCS Protocols when needed. Pharmacy do not start until order received.
		3. Stage One enteral feeding_____ (product). Max rate ml per hr_____
		4. Stage Two enteral feeding_____ (product). Max rate ml per hr_____
		5. Protein 15 grams protein_____ times per day through feeding tube
		6. Probiotic yogurt 1 ounce twice a day through feeding tube
		7. Glutamine 15 grams twice a day through feeding tube. Use caution in patients with hepatic encephalopathy
		8. metoclopramide (REGLAN) 10 mg IV every 6 hrs if CCr is greater than 40
		9. metoclopramide (REGLAN) 5 mg IV every 6 hrs if CCr is less than 40
		10. erythromycin 250 mg through gastric tube every 6 hrs.
		Provider_____ Date____/____/____ Time____:____ Beeper #_____

Orders not valid without signature, date and time