Heart Center Feeding Algorithm for Infant > 2.5 Kg

Assess for enteral feeding 24-hr post op: Is feeding appropriate?

No
See Parenteral Nutrition Guidelines

Yes – demonstrated by:
1. Good end-organ perfusion
2. Good respiratory status
3. No evidence or risk for NEC
4. No evidence of GI obstruction

Intubated
Continue Zantac & restart GI meds

Extubated
Continue Zantac & restart GI meds

High Risk
- place NJ
- <10kg: use feeding tube instead of Corflo with guidewire
- document baseline abd girth

Moderate Risk
- place NG
- document baseline abd girth

Low Risk
- Does not need OT consult to feed

High Risk
- place NG
- document baseline abd girth

Moderate Risk
- place NG
- document baseline abd girth

Trophic feeds
- on high risk pt who are appropriate to attempt feeds
If tolerating with good cardiac output for 24h, go to continuous feeds

Start continuous feeds
1 mL/kg/hr: Date & time started

Advance continuous feeds by 1 mL/kg/hr Q6H:
(Requires all criteria* to advance)
2mL/kg/hr: Date & time started
3mL/kg/hr: Date & time started
4mL/kg/hr (GOAL): Date & time started

Tolerating 4mL/kg/hr for 24h, proceed to advance kcal Q24H:
(Must meet all criteria* to advance)
< 4kg and High Risk:
22 kcal/oz: Date & time
24 kcal/oz: Date & time
26 kcal/oz: Date & time
28 kcal/oz: Date & time

> 4kg or Mod. or Low Risk:
24 kcal/oz: Date & time
26 kcal/oz: Date & time
28 kcal/oz: Date & time

*Medical team may assess need to ↑ vol after 28kcal/oz.

Tolerating feeds at goal rate and max kcal/oz for 24h:
For extubated and NG only
Start bolus feeds Q3H: Date & time

Trial PO x 2
Feed #1: Date & time
Feed #2: Date & time

Successful
Ad lib

Unsuccessful
- Place NG
- Bolus feed at full vol (4mL/kg/hr) Q3H
- Always attempt PO feed first
- Consider optimizing kcal
Bolus feed starts: Date & time

Not tolerating feeds:
- Return to previous rate or concentration
- Consider adding or increasing Reglan / Zantac

Persistently not tolerating feeds:
- Notify medical team
- Consider GI workup
- Consider NJ

Definition of risk group:

High-risk:
- Vocal cord abnormality
- cleft lip/palate
- genetic syndrome
- Hx of feeding intolerance
- prolonged intubation (>7d)
- aortic arch repair, (e.g. CoA, IAA, and HLHS)

Moderate-risk:
Never orally fed prior to surgery and does not fit any of the high risk criteria indicated above
With complex cardiac lesion, such as TET/PA

Low-risk:
Oral fed ad lib prior to surgery and has no vocal cord issues; with simple cardiac lesion such as dTGA

Neonates < 1.5 kg – utilize NICU feeding guidelines
Neonates 1.5—2.5 kg require specific orders

All stable Pt: Daily weight