

## CONTINUOUS ENTERAL FEEDING

*This LOP is developed to guide safe clinical practice in Newborn Care Centre (NCC) at The Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this Local Operations Procedure (LOP).*

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### INTRODUCTION

Infants with feeding difficulties can be fed continuous enteral feeding via a nasal or orogastric tube.

#### 1. AIM

To safely introduce continuous enteral feeding

#### 2. PATIENT

- Newborns

#### 3. STAFF

- Medical and nursing staff

#### 4. EQUIPMENT

- Syringe Driver
- Vygon feeding extension tubing
- Oral 5 mL syringe for testing pH
- Oral syringe for feeding
- Universal pH Indicator paper
- EBM / Formula / EBM + Human Milk Fortifier (HMF)

#### 5. CLINICAL PRACTICE

##### Procedure:

1. Confirm the prescribed feeding regime with a second staff member.
2. Identify and check the following details with another RN/RM or the mother:
  - Name and MRN
  - Date and time the milk is defrosted or collected for EBM/PDHM
  - Date and time the milk was prepared for formula or additives added
3. Wash hands and collect equipment for the procedure.
4. Use appropriate syringe to draw the correct volume of EBM/Formula for four hours plus 3 ml for priming.

**Note: Rotate syringe every two hours to avoid clumping and milk curd syndrome**

5. Label milk syringe with the following information:
  - Infant's name and MRN
  - Type of feed (including additives)
  - Date and time of commencement
  - 2 signatures (*Carer & Checker*)
6. Insert the syringe into the syringe driver.
7. Check that the intragastric tube is well secured and labelled.

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8. Test intragastric tube position:
  - Aspirate milk residual (if appropriate) with a 5mL syringe for 0.1-0.2mL of gastric fluid for testing.
  - Apply gastric fluid to Universal pH Indicator paper – Check colour change on strip. Proceed to start continuous feed if pH of the aspirate is 5.5 or below.
  - Confirm the length of the IGT with recorded length on the addressograph attached to IGT.
  - Stop feeding and notify medical team if vomiting occurs during continuous feeding or during aspiration for testing.

**Note: Testing IGT pH does not apply for gastrostomy or transpyloric tube.**

9. Attach the extension tubing to the IGT.



10. Switch pump on. Set the infusion rate by using the arrows below the display screen and start the enteral infusion by pressing the green start button.
11. Record the progressive total each hour on the chart. To check the progressive total press the "Delivery" button. At midnight clear your total and record the 24 hour total.
12. Wash hands.

**Note:**

- When the quota of milk in the syringe is completed, use a new syringe for the next quota
- The extension tubing and syringe is to be changed with each milk quota
- Volume aspirates are not required when giving continuous enteral feeds (use clinical signs such as abdominal distension and vomiting)

**6. DOCUMENTATION**

- eMR nursing notes
- Daily Care Plan
- Neonatal Observation Chart
- NICUS database

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**CONTINUOUS ENTERAL FEEDING cont'd****7. RELATED POLICIES/PROCEDURES/CLINICAL PRACTICE LOP**

- Enteral Feed Warming – Calesca
- Infant Formula – Procedure for the Preparation of Infant Formula
- Intra-gastric Tube Insertion and Maintenance
- Transpyloric Tube Placement and Management
- Enteral Nutrition in Neonates
- Fortifiers & Formula Preparations

**8. RISK RATING**

- Low

**9. NATIONAL STANDARD**

- Standard 1 Governance for Safety and quality in Health Service Organisation
- Standard 2 Partnering with Consumers
- Standard 5 Patient Identification and Procedure Matching

**10. ABBREVIATIONS AND DEFINITIONS OF TERMS**

NCC	Newborn Care Centre	RM	Registered Midwife
LOP	Local Operations Procedure	PDHM	Pasteurised Donor Human Milk
EBM	Expressed Breast Milk	MRN	Medical Record Number
HMF	Human Milk Fortifier	IGT	Intra-gastric Tube
RN	Registered Nurse		

**11. REFERENCES**

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