

# Early Enteral Feeding in the Pediatric Acute Care Setting

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#### BACKGROUND

Currently, no early enteral feeding protocol exists at Seattle Children's Hospital.

### **CURRENT LITERATURE**

- Early enteral feeding (EEN) suggested reduce the relative mortality rate in pediatric intensive care populations
- Groundbreaking research by Mikhailov et al: retrospective cohort study demonstrating a correlation between EEN and decreased mortality rates in certain populations, including
  - Mechanically ventilated
  - Altered mental status precluding oral intake
  - Anticipated NPO >5 days
  - Severe malnutrition upon admission
  - Pre-operative patients
- Populations to exclude have medical complications affecting the GI tract
  - Open abdomen
  - GI bleed, ongoing
  - Bowel obstruction
  - Ileus
  - Necrotizing enterocolitis
- General conclusion: need for further studies done, preferably randomized control trials, in pediatric populations

## PROPOSED PROTOCOL

Does the patient have a/an:

- open abdomen?
- expectation to be NPO < 3 days?
- ongoing GI bleed?
- bowel obstruction/ileus/NEC?
- need for continued NPO status for procedures?

NO YES Is there a medical indication Do not feed for giving a specialized formula other than a standard

Does the patient have a known abnormality of gastric emptying/intolerance of gastric

NO

formula?

Do not feed. Consult RD during morning rounds.

YES

feeds? YES NO

Nasogastric Tube Nasojejunal Tube

Rate at initiation of feeds: 1-2mL/kg/hr If tolerated, increase every 6 hours to goal rate.

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- Briassoulis GC. Ped Critical Care Med. 2001; 2(2): 113-121.
- Racco M. Critical Care Nurse. 2012; 32(4): 72-75.
- Farver K. Harborview Medical Center Enteral Feeding
- Mikhailov TA. JPEN. 2014; 38(4): 459-66.
- Mehta NM. Crit Care Med. 2012; 40(7): 2204-2211.
- Mehta NM. JPEN. 2014; 38(4): 410-414.

## **IMPLEMENTATION**

- Possible in pediatric ICU only (versus cardiac ICU or neonatal ICU)
- Education of attending physicians and residents regarding formula types and feeding initiation rate
- Communication with pharmacy of formula options – standard only
- Education of nurses regarding feeding advancement rates

#### **OBSTACLES**

- Per ICU dietitians
  - Many pediatric patients admitted to the ICU are tube fed at home and have specialty formulas and/or home-blenderized formulas
  - RDs round with medical team every morning, so need for enteral nutrition as a proactive protocol may be unnecessary
  - Physicians have limiting knowledge about formula types
  - Is there an underlying condition that would be contraindicated for early enteral feeding?
- Ethical concerns regarding randomized control trials in pediatric populations