



TO: ICMS Attendings

FROM: Dr. G. Eschun, Medical Director, ICMS
Dr. T. Miller, Site Lead, Anesthesia
Dr. R. Arora, Medical Director, ICCS
Dr. A. Schaffer, Co-Medical Director, CCU
Dr. K. Minhas, Co-Medical Director, CCU

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SUBJECT: Critically Ill Patients Enteral Feed Holds for O.R.

In order to minimize disruption in providing the nutritional requirements for critically ill patients awaiting surgery, the following guidelines have been agreed to by the SBGH Medical Leads for Anesthesia, Critical Care and Acute Coronary Care Units.

- 1) For ventilated patients (orotracheal, nasotracheal or tracheostomy) with a post-pyloric feeding tube or a feeding jejunostomy tube:
 - Enteral feeds should be discontinued when the patient is called for transport to the O.R.
- 2) For ventilated patients with an orogastric tube/nasogastric tube feeds:
 - a) Planned procedure is tracheostomy: the enteral feeds should be stopped 30 min prior to the procedure with suctioning of the orogastric/nasogastric tube on call to the O.R.
 - Exception: For patients with documented residuals less than 100cc in previous 24hrs- discontinue feeds on call to O.R. The patient to be transported after gastric suctioning completed (this should be done on a case by case basis and the Anesthetist/Surgeon must be agreeable).
 - b) Operative procedures that do not involve manipulation of the airway: Discontinue all feeds on call to O.R. and the patient is to be transported after gastric suctioning is completed. If gastric suctioning is not possible (eg small bore gastric tube in situ), enteral feeds should be stopped 2 hours prior to procedure.
 - c) Surgical cases and/or any other cases that may involve manipulation of the airway and/or proning of the patient: Duration of discontinuation of tube feed is at the discretion of Anesthetist/Surgeon.
- 3) Whenever possible, and in the best interest of the patient, elective procedures should be prebooked or given scheduled elective time.

Please share this information to the appropriate individuals and post in the appropriate locations for easy reference in your respective areas.

Thank you

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