The Problem
A review of tube feeding delivery to patients at BID- Plymouth showed that tube feedings did not always meet the goal volumes required to meet nutrient needs according to enteral practice recommendations. Feedings were held for low gastric residual volumes (GRV) that were not placing the patient at risk for aspiration, or feeding rates were not advanced over time causing the patient to fall short of their enteral feeding goal. A multidisciplinary team including a dietitian, nurse educator, Director of Critical Care, and a Nursing Clinical Informatics Analyst worked together to develop a detailed order set to better deliver and manage patients on enteral feedings, therefore, optimizing patient care and efficiency of documentation.

Aim/Goal
1. To create an Enteral Formula Administration order set that provides guidelines for initiation and advancement of feedings, correct patient positioning, water flushes, GRV, and reflex into nursing documentation for improved monitoring.
2. An improvement in reaching goal rates within 48 hours of initiating feedings using the new order set will be realized.

The Team
- Carol Burns RD MS CNSC, Chief Clinical Dietitian
- Lisa Begendahl, BSN CCRN, Director Critical Care & Respiratory Therapy
- Janeen Silveira MSN RN-BC, Unit Based Educator Critical Care
- Suzanne Woodbury RN BSN CEN, Clinical Informatics Analyst II
- Clinical Dietitians & Critical Care Team BID Plymouth

The Interventions
- Baseline data was obtained for 15 patients receiving enteral feedings to assess initiation and advancement of feedings. Data indicated that 47% of patients (7/15) were advanced to goal volume in 48 hours and 73% of patients (11/15) had their feedings held for GRV less than recommended.
- The solution was to develop an enteral feeding order set consistent with current practice guidelines to assure optimal nutrition delivery. This was presented at Critical Care Committee and P&T Committee for team input.
- The CCC Staff Education Nurse, Director of Critical Care and Clinical Informatics Analyst solicited input from nurses to optimize reflex orders into nursing documentation.
- The Enteral Nutrition Policy was revised and implemented
- Prior to going “live,” staff were educated about proper utilization
- Dietitians were available to provide clinical assistance during the initiation phase.

The Results/Progress to Date
Improvements were seen after initiating the new order set. The new order set resulted in 73% of patients (11/15) reaching goal at 48 hours and 13% had feeding held for low GRV

Lessons Learned
The importance of education regarding GRV and nutritional adequacy were the most important factors of this project.

Next Steps/What Should Happen Next
- This process will continue to be monitored by all clinical staff for compliance of order set use and efficacy in terms of patient outcomes.

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