

“Implementing a Volume-Based Tube Feeding Protocol in a Community Hospital Using the PEP-uP Collaborative”

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Problem: Tube fed ICU patients experienced alarming rates of underfeeding.

Aim: To improved the adequacy of tube feedings infused to 90% of prescribed volume or better in 2015.

Objectives:

- 1) Improve volume of tube feeding delivered to ICU patients
- 2) Expand volume-based feeding to all medical floors

Current State:

Volume-based method of tube feeding is functioning well in our ICU yet patients on our other units continue to receive tube feedings by a prescribed hourly rate without the ability to make up for feeding interruptions.

Solution:

Our facility implemented the PEP uP feeding protocol as part of the PEP uP Collaborative initiated by the Critical Care Nutrition group from Queen’s University and Kingston General Hospital in Kingston, ON Canada .¹



Components of the PEP uP Feeding Protocol:

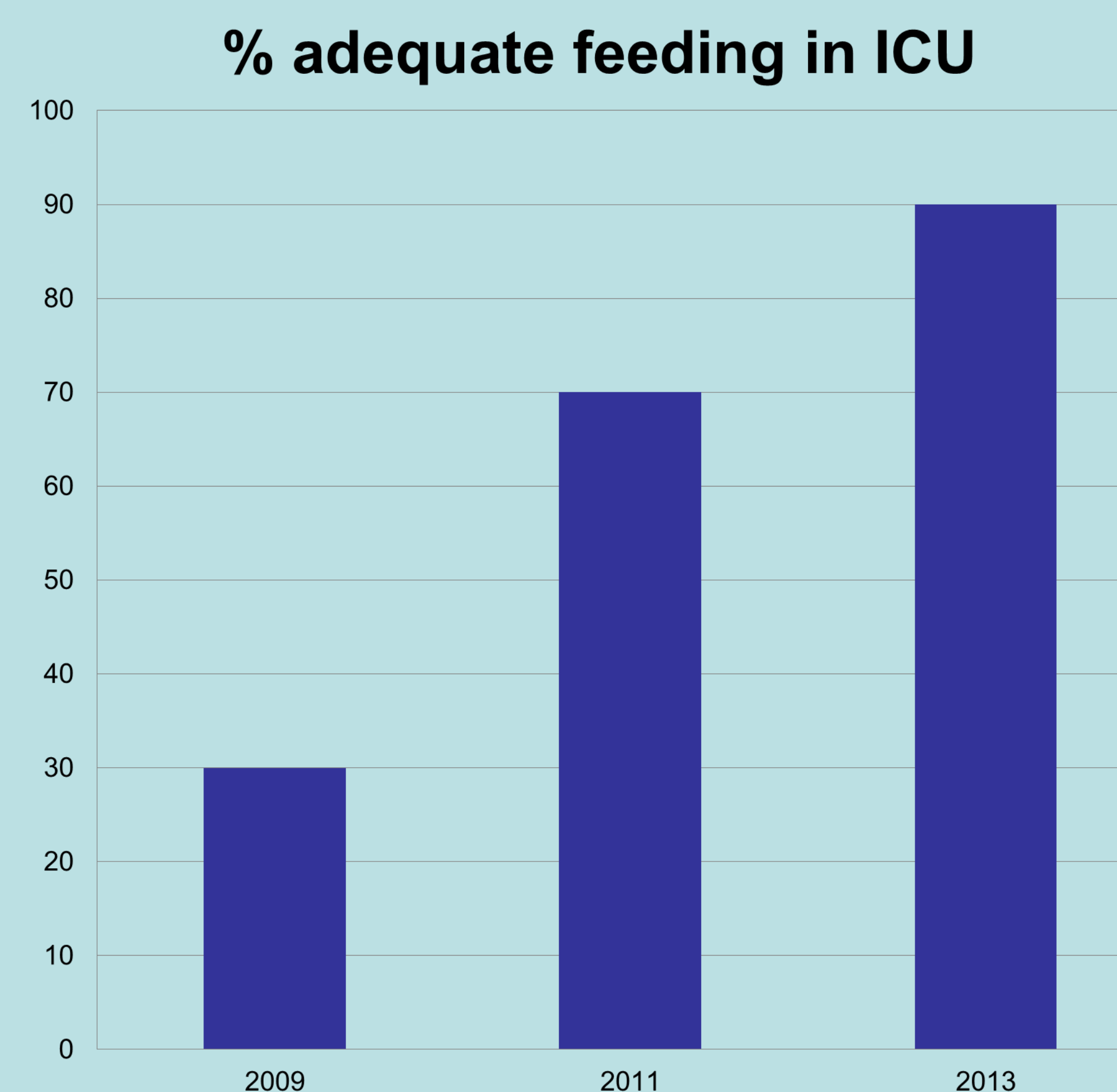
- 1) 24 hour volume-based feeding with semi-elemental formula
- 2) Trophic feeds for hemodynamically unstable patients
- 3) Scheduled protein powder
- 4) Scheduled motility medication at start of feeding.
- 5) Daily reporting of nutritional adequacy

Team Members:

This project was a great collaboration of members from the departments of clinical nutrition, ICU nursing, service of pulmonary medicine, service of general surgery, education, pharmacy, medication safety & health management.

Outcomes:

After implementing the PEP uP feeding protocol, the volume of tube feeding patients received significantly improved, compared to volume of feeding received on the traditional method of feeding by hourly rate.



Lessons Learned:

Shift in feeding method is a shift in culture

Barriers:

Staff turn-over, physician buy-in, break from tradition, staff misconceptions

Next Steps: Expand the concept of volume-based feeding to all medical floors within the hospital.

1. <http://criticalcarenutrition.com>