



**LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES  
HARBOR-UCLA MEDICAL CENTER**

**SUBJECT:** ENTERAL NUTRITION

**POLICY NO.** 391B

<b>CATEGORY:</b> Provision of Care	<b>EFFECTIVE DATE:</b> 6/08
<b>POLICY CONTACT:</b> Megan Blick, RD	<b>UPDATE/REVISION DATE:</b>
<b>REVIEWED BY COMMITTEE(S):</b> Nutrition Committee	

**PURPOSE:**

To define an interdisciplinary approach to providing enteral nutrition to patients unable to meet their nutrition needs orally, when indicated.

**POLICY:**

Harbor will ensure that patients who are unable to be fed orally shall be provided nourishment through the enteral route whenever possible.

Management of enteral nutrition shall be planned and implemented using an interdisciplinary approach using current evidence and standards.

For non-formulary products, providers must contact Nutrition Services and obtain approval from the Department Chair or Division Chief. Nutrition Committee gives final approval of non-formulary products. The enteral product, if approved, will be ordered and supplied by Food and Nutrition Services Department.

*In an emergency situation concerning patient care where an off-formulary product is required, approval may be given by the Department Chair, Division Chief or the Inpatient Medical Director and the dietitian notified, who can provide additional judgment. The product may be ordered for the emergency case and the case should then be reviewed at a following Nutrition Committee meeting.*


**PROCEDURE:**


**For Adult and Pediatric Patients:**

**A. Providers**

1. Enters Enteral Nutrition Order into the medical record specifying:
  - a. Enteral formula selection based on hospital formulary approved by the hospital Nutrition Committee.

**REVISED:** 7/10, 6/12, 9/14, 11/17, 1/22  
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**APPROVED BY:**   
 Anish Mahajan, MD  
 Chief Executive Officer  
 Chief Medical Officer

  
 Griselda Gutierrez, MD  
 Associate Chief Medical Officer

  
 Jason Black, MBA, DNP, RN  
 Chief Nursing Officer



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- b. Route of administration (nasogastric, naso-intestinal, gastrostomy, jejunostomy).
  - c. Initial rate of feeding.
  - d. Feeding advancement schedule.
  - e. Goal rate of feeding.
  - f. Use of modulars in addition to enteral feeding.
2. Verifies enteral tube placement.

**B. Nursing**

1. Assesses enteral tube placement.
2. Initiates enteral feeding following prescribed provider orders.
3. Monitors the response of the patient to enteral nutrition, including enteral feeding intolerance.
4. Refers enteral feeding intolerance and other enteral feeding adverse effect to providers or dietitians.
5. Bridles NG tubes for patients who are considered agitated, conscious or high risk for pulling their tube out.
6. Nursing staff monitors patient for tolerance to feeding regimen, monitors weight twice weekly or as ordered, provides care to maintain patency of the tube, and communicates response to treatment to health care providers and/or in the patient's medical record.
7. Nursing initiates teaching and discharge planning.

**C. Food and Nutrition Services**

1. Provides enteral product to patient care area as ordered in medical record.
2. Clinical dietitians provide patient assessment within 24 hours of receipt of order for enteral nutrition, including recommendations for formula selection, advancement and goals to meet the patients' nutritional requirements and recommendations for monitoring.
3. Follows Food and Nutrition Services Policy and Procedure #D010.
4. Clinical dietitians recommend bridling NG tubes for high risk patients.

**D. Monitoring**

1. The provider, nurse, and clinical dietitian are all involved in monitoring tolerance to enteral feeding.
2. Clinical dietitian, as part of routine patient management, reviews laboratory values and other pertinent data for tolerance of feeding and response to treatment and makes appropriate recommendations for enteral nutrition adjustment directly to the provider and/or in the patient's medical record.
3. Nursing staff monitors patient for tolerance to feeding regimen, monitors weight twice weekly or as ordered, provides care to maintain patency of the tube, and communicates response to treatment to health care providers and/or in the patient's medical record.
4. Clinical dietitian assists with transitional feedings to an oral diet or parenteral nutrition if enteral route not tolerated.
5. Provider revises regimen, based on patient's response to therapy as necessary.

**E. Discharge Planning**

1. Nursing initiates teaching and discharge planning.
2. Clinical dietitian assesses patient for home tube feeding and provides recommendations for home tube feeding regimen.
3. Provider writes prescription for enteral formula.
4. Refer to Hospital Policy and Procedure #345 (Tube Feedings for Home Use) regarding home enteral nutrition support, if indicated.



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Reviewed and approved by:  
Medical Executive Committee 01/2022

A handwritten signature in black ink that reads "Beverley A. Petrie".

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Beverley A. Petrie, M.D.  
President, Professional Staff Association