

No routine residual checks/abdominal girths

GO LIVE: January 28th

NO MORE RESIDUAL CHECKS!!!

Little information exists regarding the risks and benefits of performing routine aspiration and evaluation of gastric residuals in the neonatal population.

Although routine gastric residual evaluation is considered a standard of care in most NICUs, it's lack of reliability as a measure of gastric contents makes its clinical usefulness questionable.

There is also insufficient evidence that routine checking of girth or residuals assists in the diagnosis of feeding intolerance or NEC

Frequently Asked Questions

Why should we avoid routine residual checks before feedings?

- Lack of evidence that residual checks help safely advance feeds or prevent NEC
- May actually result in harm: increased NPO days, CLABSI, increased central-line days and extra-uterine growth failure.
- Residual volume is influenced by caliber of tube, body position, viscosity of feeding and gastric motility making measurement unreliable.
- Unclear that residual volume is linked to feeding intolerance or NEC and is associated with prolonged time to full feeds

What happens when we check residuals?

- Irritation/injury of stomach mucosa
- Removal of valuable stomach acid/enzymes
- Delays in feeding advance
- Increased central line dwell time
- Extrauterine growth failure
- Neurodevelopmental delay

What are significant indicators of NEC?

- Abdominal distension (bloating or swelling)
- Abdominal discoloration (dusky, reddish)
- Abdominal pain when touched
- Blood in stool
- Signs of infection (apnea, bradycardia, lethargy, hypotension, temperature instability)

What are the signs of feeding intolerance?

- Distension
- Increased girth (No longer require routine girth checks. Consult with a physician if a visual change in girth is noted.)
- Emesis
- Bowel loops
- Increased A/B/Ds

When do we notify the MD?

- Bilious, bloody or repeated emesis
- Bloody stools
- Abdominal distension or increasing abdominal girth.
- Bowel loops, erythema, discoloration or tenderness
- Cardiopulmonary instability: increased heart rate, increased A/B/Ds, temperature instability or vital sign changes.

How do we manage care of an infant that is tube fed?

- Do not routinely check for gastric residuals unless ordered by physician/provider.
- Monitor for regular stooling/stool output and give glycerin suppositories as ordered.
- For those babies on CPAP/non-invasive ventilation please vent gastric tube frequently. Monitor for increasing abdominal girth and distension.

What about checking for gastric tube placement?

- Recording the infant's feeding tube insertion length at bedside for easy verification prior to feeding
- Air auscultation is no longer recommended
- Only pull back until you see contents in the gastric tube

Do we need to know gastric content volume?

- Gastric residuals (GR) are not a reliable indicator of gastric content volume
- Careful assessment of other indicators of gastric content volume is necessary

When should we consider gastric residual volume?

Consider GR evaluation only when other clinical symptoms are present