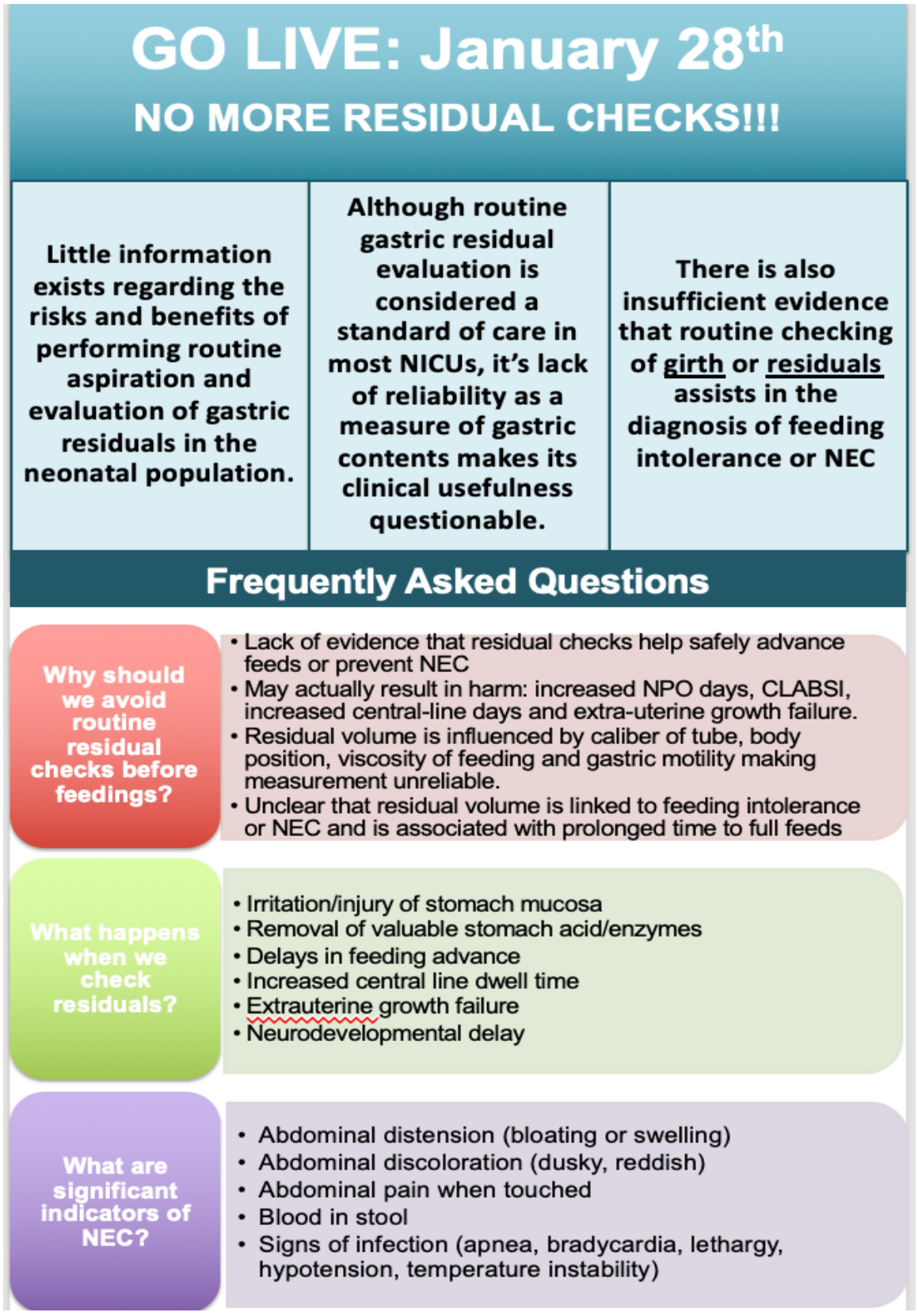
No routine residual checks/abdominal girths



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